

# GAMHPA

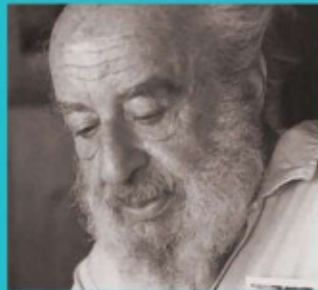
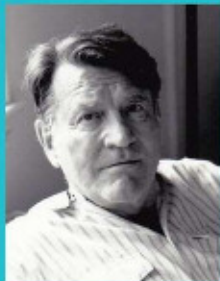
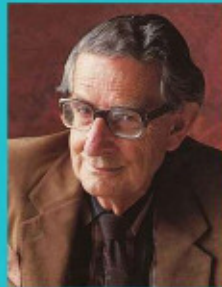
# NEWSLETTER

*Your Source for  
Mental Health News*

*Glendale Area  
Mental Health  
Professionals  
Association*

*Autumn 2023  
Volume 31, Issue 4  
Circulation 2,350*

## Can You Correctly Name These Famous Figures in Mental Health?



**Answers to the Quiz are on Page 26**

## Highlights

- Therapist and parent roles
- Brainspotting
- Your sliding scale
- Mindful parenting
- ARFID diagnosis
- Universal telehealth
- Therapist websites

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**Glendale Area Mental Health Professionals Association  
Presents**

# **Virtual Game Night**

**November 9  
Thursday, 7:30-9:30 p.m.**

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**Come play with us at the GAMHPA Jackbox Game Night!  
This is a free event on Zoom.**

**This event is open to all mental health professionals, interns, and associates.  
You do not have to be a member to attend.**

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**Pre-Registration is REQUIRED  
and closes on the Monday night before each event.**

**To join us, go to [www.GAMHPA.org](http://www.GAMHPA.org).  
Upon registration, a Zoom login will be e-mailed to you.**

**Virtual game night will be capped to 12 participants so register early!**

**If registration is already full and you would like to be added to the waitlist,  
e-mail Lauren Worley at [laurenworleylcsw@gmail.com](mailto:laurenworleylcsw@gmail.com).**

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**For questions, contact our Virtual Game Night hosts:**

**Lauren Worley, LCSW  
[laurenworleylcsw@gmail.com](mailto:laurenworleylcsw@gmail.com)  
(626) 314-7477  
GAMHPA Member**

**Cadyn Cathers, PsyD  
[cadyn@affirmativecouch.com](mailto:cadyn@affirmativecouch.com)  
(323) 545-4114  
GAMHPA Member**

# GAMHPA Continuing Education

## Pre-recorded CEUs

From our annual conference workshops, we offer recorded videos granting CEUs toward BBS licensure renewal. Watch a video of your choice for an hour, complete the course evaluation and attestation (free for members, non-members \$30 fee), then receive your certificate.

[www.shrinksync.com/gamhpa-conference-2023.html](http://www.shrinksync.com/gamhpa-conference-2023.html)

## Available 2023 topics:

- Chronic Pain (1.0 BBS CEU)*
- EMDR (1.0 BBS CEU)*
- Lifespan Psychological & Neuropsychological Assessment (1.0 BBS CEU)*
- Somatic Therapy & The Community Resiliency Model (1.0 BBS CEU)*



August 2023 Virtual Networking Event

## GAMHPA Networking

In August, GAMHPA hosted its seventeenth virtual networking event. In attendance, 22 participants introduced themselves and exchanged practice information.

Membership is not required to join us. Everyone is welcome, including students, associates, allied professionals, and organizations.

**Photo above, top row:** Scott Harris, Jim De Santis, Sipan Nazaryan, Ellen Butterfield, Niari Markarian

**Second row:** Jeremy Treat, Chalon Barnett, Marissa Esquibel, Anita Avedian, Abby McCarrell

**Third row:** Marirose Occhiogrosso, Melissa Dellens, Kimberly Wong, Lauren Worley, Lorraine Cummings

**Fourth row:** Daria Stepanian, Mervin Maier, Jamie Given, Jacki Schreiber, Christine Kerian

**Fifth row:** Pablo Rodriguez, Sydney Scanlon

## Events 2023

### Virtual Game Night

November 9  
Thursday, 7:30-9:30 p.m.

#### Registration

[www.GAMHPA.org](http://www.GAMHPA.org)

#### Questions

Lauren Worley, LCSW  
[laurenworleylcsw@gmail.com](mailto:laurenworleylcsw@gmail.com)

Cadyn Cathers, PsyD  
[cadyn@affirmativecouch.com](mailto:cadyn@affirmativecouch.com)

### Virtual Networking Events

December 6  
Wednesday, 12-1:30 p.m.

All are welcome, including clinicians, interns, students, associates, organizations, and allied professionals.

Reserve ahead at (818) 551-1714 or [JJDeSantis@aol.com](mailto:JJDeSantis@aol.com), and we will send you Zoom login information. Virtual events are free.

Registration closes the Monday night before each Wednesday event.

Upon registration, you will be able to forward your promotional materials for advance distribution to attendees.



## **GAMHPA Mission**

GAMHPA was founded in 1992 by a few local area mental health professionals in private practice. Within several years, the organization grew to over 100 members.

Our mission is to advance professional development through networking, continuing education, and public awareness.

We offer equal membership to all licensed mental health professionals, reflecting how clinicians actually cross-refer to each other based on expertise rather than discipline.

We are an interest group only and do not make referrals to the community. We are not a profit-making organization.

## **GAMHPA Welcomes . . .**

Please welcome our newest GAMHPA members:

- Lilit Abraamyan-Chaidez, PsyD
- Carissa Berger
- Andi Cabello, AMFT
- Luke Cehak, MA
- Melissa Dellens, AMFT
- Jill Drenth, LCSW
- Kayla Farfone
- Sudi Khosropur, LMFT
- Henry Kimmel, PsyD
- Kellum Lewis, LMFT
- Kelsey Milano, AMFT

- Amelia Painter, RDN, CEDS
- Cate Parker, AMFT
- Karissa Provost, LMFT
- Natalie Weisman

GAMHPA membership dues have not increased in twenty years. Dues are just \$60 for licensed professionals, \$35 for students, interns, associates, and allied professionals, and \$125 for group practices and organizations. Join online at [www.gamhpa.org](http://www.gamhpa.org).

## **GAMHPA Listserv**

### **GAMHPA member listserv**

As a free, exclusive benefit of GAMHPA membership, you are entitled to participate in our active and supportive listserv, an internet discussion group.

The listserv is a rapid and effective method to communicate with colleagues. When you post your message to the listserv, it is sent out to 157 subscribed members. Anyone in the listserv may respond publicly to the community as a whole or privately only to the sender.

The listserv accepts messages seeking or offering:

- Office rental space
- Jobs & internships
- Groups & workshops
- Clinical & ethical discussion
- Case consultation
- Sharing of techniques
- Events & activities
- Specialized resources

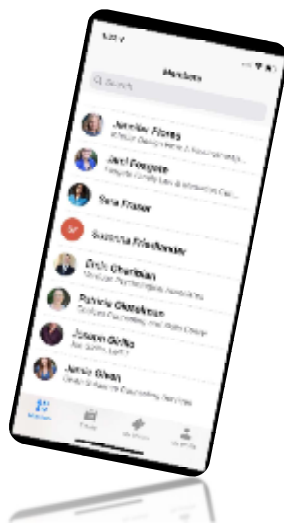
To be added to the listserv, contact our moderator at [lynnemazpeitia@yahoo.com](mailto:lynnemazpeitia@yahoo.com).

# GAMHPA Mobile App

## Free benefit of membership

Our smartphone app lets you search 193 specialists by diagnoses treated, modalities offered, age-range seen, insurance accepted, and second languages available.

From the Apple Store or Google Play Store, download "Wild Apricot for Members." Enter your GAMHPA username (e-mail) and password to login. It's that easy!



July Virtual Game Night

# GAMHPA Virtual Game Night

GAMHPA members Cadyn Cathers and Lauren Worley have been hosting a series of fun game nights over Zoom, open to all mental health professionals, interns, and associates.

Above is a screenshot from a recent game night in July.

**Photo above, clockwise from upper left:** Melissa Dellens, Cadyn Cathers, Lauren Worley, Jill Lummus, Maureen Tyra

**Last virtual game night of 2023**  
Thursday, November 9  
7:30-9:30 PM

**Registration**  
[www.GAMHPA.org](http://www.GAMHPA.org)

**Questions?**  
Lauren Worley, LCSW  
[laurenworleylcsw@gmail.com](mailto:laurenworleylcsw@gmail.com)  
Cadyn Cathers, PsyD  
[cadyn@affirmativecouch.com](mailto:cadyn@affirmativecouch.com)

# Member Benefits

Members receive a number of exclusive benefits. Members are listed in the annual membership directory that is distributed to the local professional mental health community and posted on our website. They also have access to our internet discussion group.

Members can present a talk or publish an article on a professional topic. They receive reduced rates for newsletter advertising and continuing education. Members are automatically entered in a drawing for free newsletter advertising, below. New members can submit a brief professional biography for publication in the newsletter.

# Winners Of Free Advertising

In each newsletter, we randomly select six members, each awarded the opportunity to submit a display advertisement in the newsletter at no charge. This benefit can be used anytime in the next 12 months. Contact the editor to submit your ad. Congratulations go to the following winners:

Charlene Alugbue  
Dina DeSanctis, LMFT  
Kate Hellen, LMFT  
Abby McCarrell, LCSW  
Kiel McFarland, PsyD  
Natasha Dellinger Singer,  
LCSW

# Feature Article

## Being a new parent and a therapist

Eliza Steel, LMFT

As everyone under the sun will tell you, the journey of parenthood is a transformative one. For many, it is filled with unparalleled joys and challenges. For some, including myself, there have been parallels to the journey of becoming a relational psychotherapist.

After all, a therapist is not just a professional, we are also human beings, with emotions, vulnerabilities, and responsibilities to the wellbeing of others. When the two worlds of being a parent and a therapist collided for me, it created a unique set of challenges and a widening of perspectives I could not have foreseen or imagined.

In very similar ways, being a licensed marriage and family therapist and a mother continues to reshape my priorities, my worldview and my identity. I am a relational trauma therapist. Each week I loan my nervous system to my clients for fifty minutes per session when they need extra support.

Ten minutes between sessions is time to reboot. While boundaries apply in very different ways, my children are also using my nervous system to learn self-regulation---this requires a very different reboot than the one I need for work as our babies don't disconnect (for years I am told). Call me naïve, I did not expect this.

For me this is entirely about bandwidth. The amount of energy expended in an hour varies

depending upon the role I am inhabiting. In the same way that a pound of feathers takes up a whole lot more space than a pound of steel, an hour of parenting takes up a whole lot more space in my person than an hour of being a therapist.

Moreover, because the rebounds of energy in parenthood are hard to come by and not totally in our control, I had to shift my ideas of what I would have left for work and what a full work schedule would look like for me upon my return. I am lucky enough to have more control over when I work than when I am and am not a mom (so far, I haven't found the off switch and doubt that I will).

I see half the number of clients I previously did, and I am better and smarter not only as a mother but also as a therapist because of it. I also want to acknowledge that privilege is a large part of how I have been able to make these changes, I have a lot of help that allows me to shift in these ways.

I identify as a highly sensitive person (HSP). It took me years to learn how to tap into this as a strength. It is one of the great pleasures in my life to help others tap into their own sensitivities as power. It is something I absolutely love about my career.

As a parent, it is much harder for me to tap into being an HSP as a strength. I haven't had as much practice. The cost of an hour of energy output is higher as a parent and the depth of my sensitivity is deeper. When I am able to resource it in my toughest moments as a mother, my experience as a trauma therapist helps me immensely. After all, the therapist part of me has been soothing my nervous system for years as I experience the joys

and pains of my clients. The therapist part of me strengthens the parent part in exactly the same way.

In addition to being an HSP, I also identify as a very open person with a strong ability to hold and model complexity. This is something that also took me years to develop and to this day, I am still constantly seeking to widen my perspectives (with less energy available than before parenthood). Being a therapist and witnessing so many lives and life stories helps me keep this ability sharp and greatly impacts how I experience the world outside of being a therapist.

All of which brings me to another truth: becoming a mother has widened my perspective as a therapist in ways I didn't imagine. I assumed I would be more relatable to clients who are parents; I didn't assume all the family systems theory that would be activated. I am curious in more and different ways than prior to the birth of my children. I am also more dug-in in other ways. In these instances, the mother part of me is resourcing the therapist part of me.

Am I exhausted? Yes. Am I stressed? Quite. Do I love being a mom? I do. Do I love being a therapist? I do. Will I continue to learn and discover how these two parts of me can coexist in a healthy way? I will. Does self-care look the same as it did before kids? Nope, a lot more is required with a lot less time. Am I committed to it? I am. What has helped the most? Speaking with other therapist parents who have experiential input AND being consistent with my own therapy.

**(Article continues on page 7.)**

(Article continues from page 6.)

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Eliza Steel, LMFT

**GAMHPA Member, Eliza Steel, LMFT, has offices In Eagle Rock and Larchmont. She can be reached at (424) 274-1596, [elizasteeltherapy@gmail.com](mailto:elizasteeltherapy@gmail.com), or [www.elizasteel.com](http://www.elizasteel.com).**

***“I am a relational trauma therapist and supervisor who is passionate about what I do. I am committed to continual learning and growth in order to be the best therapist I can be. I believe in humanity and our capacity to adapt to an ever-changing world. As therapists, we have the privilege of impacting people in healthful and healing ways. This is a very precious responsibility I take seriously and do my best to model for Associate therapists on their journeys.”***

# Feature Article

## Brainspotting

Lauren Worley, LCSW

Brainspotting was developed in 2003 by Dr. David Grand. He was a respected EMDR practitioner whose specialty was working with elite athletes. He was using EMDR with an ice skater and noticed that every time he moved his finger past a certain eye position the skater's eye wobbled.

David practices from a place of curiosity, so he chose to stop and see what happened. The skater began to explore a previously undiscussed trauma and processed deeper and faster than she ever had before. A few days later she called David and told him she hadn't missed a jump she had been struggling with since starting therapy.

David realized he had stumbled on to something big and started to find a fixed eye position with every EMDR client and asked his colleagues to do the same. Everyone reported similar results of deep trauma processing. Thus began the work of bringing Brainspotting to a larger community.

So, what is Brainspotting? It is a bottom-up approach to therapy that relies on a few core beliefs. First, where you look affects how you feel. Think of something that brings you joy. As you think about it, notice if you feel that joy in your body. Maybe your heart feels warmer, maybe your legs feel solid, or maybe you feel a gentle vibration in your chest. Pay attention to that sensation in your body and slowly begin to look around the room. There is a good chance that you will find a

spot where that sensation felt stronger. Where you looked affected how you felt. Brainspotting takes that knowledge and helps people to dive deeply into their therapeutic work.

Second, our brains know how to heal, we just need to access that healing. Our job as therapists is generally not to suggest solutions, but to help the client find their own path toward understanding and healing. Brainspotting recognizes that if we give our brains space to heal, we will discover that we are able to release the hurt and pain that is lingering. Our clients can heal, they just need our guidance and space to feel safe enough to do that healing.

Finally, third is dual attunement. Brainspotting relies on the relationship between the client and the therapist AND the client and themselves. As a Brainspotting therapist, I have to stay in the eye of the comet. I don't come in with preconceived notions of how the client will heal, I help guide them to a place of activation and then trust them to find the healing there.

Brainspotting has a multitude of frames (suggested set-ups for healing) that allow for processing at whatever speed is necessary. The basics are similar to freeways, surface streets, and back roads. All get you to your destination, some just faster than others.

We can use a pointer to find an activation spot and find where it is strongest in the body (the freeways), or notice where a client is looking and guide them to stay on that gazespot (surface streets), or find a place where they are grounded, neutral, or calm and process a traumatic

memory from a resourced space (the back roads). All lead to healing, but let the client heal at the pace that feels right to them. Brainspotting can also incorporate other modalities, such as parts work or somatic experiencing, to allow for the deepest healing possible.

Brainspotting is effective in working with people with trauma, anxiety, depression, eating disorders, OCD, and enhancing performance to name just a few. If you would like to learn more or become trained in Brainspotting you can visit [www.brainspotting.com](http://www.brainspotting.com).



Lauren Worley, LCSW

**GAMHPA Board Member, Lauren Worley, LCSW, is a certified Brainspotting therapist with a hybrid group practice in La Crescenta, CA. Lauren works with queer teens and young adults and supporting parents who are struggling with their kids coming out. She has a passion for using Brainspotting to help clients who are stuck and feel lost in the talk therapy world. She has been supervising for eight years and currently has two associates in her practice. As a GAMHPA board member, Lauren is helping to plan the virtual game nights. Lauren can be reached at (626) 676-3841 or through her website at [foothillspsychotherapy.com](http://foothillspsychotherapy.com).**



# Feature Article

## Introducing your sliding scale: The words you use can make a difference

Lynne Azpeitia, LMFT

“Do you have a sliding scale?”  
“What’s your sliding scale?”  
“How low is your sliding scale?”  
“What’s your discounted rate?”

These words are often the first challenge a therapist encounters when a potential client calls, e-mails, texts, or DMs you about therapy. It’s no surprise that mental health professionals can find this a jarring and highly awkward beginning to an interaction about starting therapy. Therapists, themselves, can have many questions about the best way to respond effectively, both clinically and professionally, to these potential questions during this important first contact.

In fact, the most often asked question I encounter in Money Matters Workshops and at LA Practice Development Lunches is: “What’s the best way to respond when the first thing a caller—or a text, email or message—asks about is a discounted rate or sliding scale?” Responding to callers and clients who are asking, but don’t really need or qualify for a lower therapy rate, is a very different type of conversation than the one that clinicians trained for and are familiar with—people who genuinely have a financial need.

Just because clients are anxious about the price or cost of services doesn’t necessarily mean therapists should automatically give a price accommodation. The price a client can afford and the price a client wants to pay may not

always be the same thing. It’s often hard for us as helping professionals to remember that helping a client doesn’t always have to mean giving everyone who asks a reduced rate or routinely offering the lowest possible price for therapy. It also can mean helping people find a lower-priced type of treatment and referring them.

While I wholeheartedly support the values that the term “sliding scale” represents, that professionals can help people in need—at their discretion and when their schedules allow it—by sometimes charging less or making other specialized arrangements, so that people can still get affordable help when they need it, I also firmly support mental health professionals charging and being paid a fair price for the professional services they provide to clients.

As therapists, our task is to find the right balance of how, and how much, we can adjust session prices, for which clients, and how many—and not go out of business. In the current climate, talking about prices with these clients takes more specialized skills and requires a totally different mindset, approach, and vocabulary.

As in any clinical endeavor, the words you use to describe your services do make a difference. Yes, the meaning our words convey can either increase or decrease the amount of money we earn and are paid for our professional services. You’ll find that more people will pay in full and out of their own pocket for your services, when they believe you are the professional who can give them what they want—and the wording you use to describe your services conveys that.

## Words & phrases to consider

Here are some examples of words that can make a difference in income when a clinician talks, writes, or communicates about therapy or money matters—and how and why these words can affect the perceived value, and subsequently, the amount a person is willing to pay for the therapy services provided as a clinician.

As you read the following examples, remember to only do and say things that fit for you, your clients, and your practice—and always within legal and ethical guidelines.

## Presenting your pricing & adjusted pricing

These days the term “sliding scale” seems to come with a lot of baggage for clinicians, clients, and those seeking therapy. For many laypeople, the word “sliding scale” means: the price can slide all the way down to zero; upon request, the rate will always be adjusted to the lowest possible price regardless of the financial need or available resources of the asker; and therapists will always give a lower price to anyone who asks because it’s their job to take care of people’s needs.

An alternative to using “sliding scale” is to use more definite or declarative wording: for those with a lower income or who demonstrate a financial need—and are eligible, pricing based on lower income . . . special arrangements . . . specialized price/prices/pricing . . . price accommodation(s) can be discussed/made. The adjusted price for a 50-minute session of

(Article continues on page 10.)

(Article continues from page 9.)

therapy is . . . The charge for your therapy session is . . .

Here are four examples of what can be said when callers or clients ask about or mention a sliding scale, discount or reduction. These are meant to be tailored to what works for you, your practice, and clientele.

#### **Example 1: Offer wait list**

“There are A/1/2/3/couple/few places/spaces/openings when my schedule allows it for clients who pay/receive/qualify for/are in need of an adjusted fee/alternate price/special rate/economy rate, etc. Those are filled/there aren’t any openings/I can put you on the waiting list.”

#### **Example 2: Request evidence**

“Those are reserved for low income and those who have a financial hardship when possible/when available/when my schedule allows. To qualify for those, you’ll need to submit proof of your household’s income—pay stubs/tax return/bank statements, etc.”

#### **Example 3: Adjust format**

“There are A/1/2/3/couple/few places/spaces/openings when possible/when available/when my schedule allows, for clients who pay/receive/qualify for/are in need of an adjusted fee/alternate price/special rate/economy rate. You don’t seem to qualify. We can talk about other options to be able to manage paying the session cost, for example, less than weekly sessions/shorter length sessions/group therapy/family loan/credit card payment.”

#### **Example 4: Offer referrals**

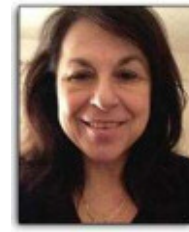
“If you’re not able to pay/do not want to pay this session price, I don’t offer a sliding scale or adjust the price for a session. I can refer you to a low-cost counseling center, a training center, free clinic, or counseling practice specializing in low-income clients.”

By using this type of wording, the therapist will be conveying the message that the stated cost of services is the actual price and not just a negotiation starting point when no fee adjustment is realistically needed—but that some pricing accommodations are available to those in need of them. As a result of making this wording change, the clinician’s money conversations are usually shorter and the amount decided upon is usually higher but still what the client can afford.

#### **Conclusion**

Confidently take charge of money conversations about prices by using any of aforementioned professional and clinical language recommendations that work with your client population and clinical practice. Focus on the value, cost, worth of the therapy service to the client and their life.

Remember to keep the language, wording, and focus of the clinical and professional money matters conversations on the client responsibility for payment for services needed, received and provided—not on what or how much the therapist gets or charges or how much the number is. Allow the client to pay a fair price for the therapy benefits they receive from you—the highly skilled and trained professional that you are.



Lynne Azpeitia, LMFT

***GAMHPA Board Member and AAMFT-Approved Supervisor, Lynne Azpeitia, LMFT, is in private practice in Santa Monica where she works with couples and gifted, talented, and creative adults across the lifespan. Lynne has been providing business and clinical coaching to mental health professionals for more than 15 years, helping them develop even more successful careers and practices. To learn more about her in-person and online services, workshops, or monthly no-cost Online Networking & Practice Development Lunch, visit [www.Gifted-Adults.com](http://www.Gifted-Adults.com) or [www.LAPracticeDevelopment.com](http://www.LAPracticeDevelopment.com).***

# Feature Article

## Mindful parenting: Strengthening the parent-child relationship

Rosalie Finer, PhD, and  
Azine Graff, PsyD

Almost every parent will feel stress at some point. It is a normal part of raising a child. At times, the parents with whom you work in your practice may struggle to feel up to the challenges that accompany being a parent. One approach that has been shown to be helpful in both addressing parenting challenges and supporting development/maintenance of a strong parent-child relationship is the practice of mindful parenting.

Mindful parenting supports parents to be present in the moment, to define what matters, and to map a pathway to help them get there. As part of this process, parents learn to identify and address what may get in the way of what is important to them (values). It also results in parents being present in interactions with their children and strengthening the parent-child bond.

Parents may then meaningfully teach their children to identify, think about, and cope with daily life. Thus, potentially optimizing the developmental trajectory of children includes better grades, improved social relationships, and positive work outcomes.

### Being mindful

Mindfulness is an evidence-informed practice and a prevalent component of Third Tier Cognitive Behavioral Therapy (CBT) including Acceptance and Commitment Therapy (ACT) and Dialectical Behavioral Therapy

(DBT). In addition, the work of Jon Kabat-Zinn has been well integrated into parenting practices.

Mindfulness is the practice of paying attention to the present, on purpose and without judgment. It allows for full awareness of what is happening in the moment, enabling increased capacity to make space and thoughtfully approach situations.

Mindfulness sounds easy, but it can be challenging. The human mind is very distractible and moves from one thing to the next without awareness. It is a process for all of us, including parents, to learn these skills, but mindfulness is obtainable with practice.

### Mindful parenting components

There are five components of mindful parenting as reflected below:

#### 1. Listening with full attention

Listening with focused attention helps parents to determine the meaning under the words, assess verbal/non-verbal communication, and understand what their child is thinking and feeling.

#### 2. Nonjudgmental acceptance of self and child

Nonjudgmental acceptance of self and child includes being aware of biases/expectations, while limiting judgement. This allows the parent to interact with the child based on what is happening in the moment and to act with intention. Thus, parents can convey acceptance of the child while also providing clear and consistent standards rather

than basing their reaction on their expectation or experiences.

#### 3. Emotional awareness of self and child

How aware a parent is of their own emotions during interactions with their children is important. The way a parent feels can trigger strong thoughts, feelings, and reactions that are not always beneficial. Emotional awareness is key. Without the parent being aware of their emotions, they may undermine their own parenting.

#### 4. Self-regulation in the parenting relationship

Self-regulation allows parents to exercise control over what they say and do. This requires pausing before reacting and enables parents to continue to experience emotions while simultaneously exercising control over how they are expressed. As a result, parents may select parenting practices to implement, aligned with their values. Self-regulation by the parent promotes more emotionally and socially competent youth.

#### 5. Compassion for parent and child

Compassion is an emotion intended to alleviate suffering and may motivate a person to help others. Compassion emerges from empathy and has been shown to increase kindness toward oneself (self-compassion) and toward parenting efforts. As a result, parenting is more responsive and less harsh, which promotes positive connections between the parent and child.

**(Article continues on page 12.)**

(Article continues from page 11.)

sdfadfd

## Conclusion

Mindful parenting allows parents to intentionally engage with their children. Through this practice, parents may provide a space for both themselves and their children to notice what is important and intentionally choose the next parenting steps.

In this way, parents move toward their values and goals as an alternative to getting caught in reacting to situations without intention. This practice holds promise to support attuned and responsive parenting, valuable in promoting optimal child development.



*Azine Graff, PsyD*



*Rosalie Finer, PhD*

***GAMHPA Members, Azine Graff, PsyD, and Rosalie Finer, PhD, are co-founders of Harmony in Parenting, specializing in evaluation and treatment of children and parents. They can be reached at (818) 810-7079 or [www.harmonyinparenting.com](http://www.harmonyinparenting.com).***

# Feature Article

## Does my client's child have ARFID?

Tracy Ballardo, PsyD

As a mental health professional, you may work with families, couples, and adults who are parents. Often, parenting can come with challenges for our clients that may not necessarily be related to the reason they sought therapy with you. If you notice that your client(s) are concerned about the possibility of their child having an eating disorder but it does not seem the child is motivated to engage in food restriction to achieve weight loss, you may want to consider Avoidant/Restrictive Food Intake Disorder (ARFID). This article will help you guide your parent clients to explore the possibility of their child meeting criteria for this eating disorder.

### What is ARFID?

ARFID often presents itself in early childhood and may be discussed by your clients as great challenges with their child displaying “picky eating” that controls large aspects of the family’s livelihood. It can feel quite scary and helpless for families to watch their child have a lack of interest in food, struggle with eating certain types of food, or to expand variety in their food intake. Many families do not realize that there is a difference between their child being a “picky eater” and struggling with a serious eating disorder.

ARFID is a serious eating disorder that is often mistaken as “picky eating”. Sometimes it is also mistaken as a person

restricting food with a desire to change the shape, size, or weight of their body. As some of these characteristics are present in other eating disorders like Anorexia Nervosa, ARFID is different in that there is **no** desire to change one’s outward appearance that motivates food restriction (Diagnostic and Statistical Manual of Mental Disorders 5th ed.; DSM-5; American Psychiatric Association, 2013; Kennedy et al., 2022).

As a mental health professional, if you find yourself wondering why ARFID does *not* sound familiar to you, it could be because it is a fairly new diagnosis. ARFID is an eating disorder that was introduced to the Diagnostic and Statistical Manual of Mental Disorders 5th Ed. in 2013 (DSM-5; American Psychiatric Association, 2013). A current study found adolescents with ARFID to have a similar prevalence rate as Anorexia Nervosa and Binge Eating Disorder (Van Buuren et al., 2023).

ARFID is characterized by challenges with feeding that often begin in infancy or early childhood and can often continue into adulthood for many individuals (DSM-5; American Psychiatric Association, 2013; Kennedy et al., 2022). This often includes sensory challenges, such as having high levels of sensitivity to the appearance, color, smell, texture, temperature, or taste of food. Psychological factors, such as having a history of trauma, can lead to fears of vomiting or choking on food (DSM-5; American Psychiatric Association, 2013).

### So, it's more than “picky eating”?

If you notice that your client frequently struggles to find something for their child to eat outside of the home, such as at school, on vacation, or on a play date, this may be one warning sign of an eating disorder.

ARFID is more than “picky eating” and can often lead to serious medical complications, such as failure to meet developmental growth milestones due to a significant weight loss or nutritional deficiency in childhood and adolescence.

So how is it different than being a “picky eater”? If your client answers “yes” to most of these questions about their child, it could be helpful to recommend that they are screened for an eating disorder by their pediatrician and/or another mental health professional that specializes in eating disorders.

### 10 questions for parents to consider

1. Do you ever notice that your child appears anxious around food, such as at the dining table or at a grocery store?
2. Do you and/or your child experience anxiety if your child’s preferred foods are not available?
3. Does your child usually struggle to enjoy eating more than a few entrée options on a menu?
4. Do you have a difficult time increasing variety in your child’s food intake?
5. Does your child struggle with changes to meal routines?
6. Do you often find yourself justifying to others what, how, or the amount your child is eating?
7. Do family dinners typically take longer than 30 minutes due to your child’s lack of interest in food or difficulty with eating?

(Article continues on page 14.)

(Article continues from page 13.)

8. Do you find yourself worrying about what your child is going to eat when you are away from them, such as when they are at school or at a sleepover with friends?

9. Does your child seem less interested in food compared to peers?

10. Does meal planning or completion ever interfere with tending to daily functioning, such as getting to school on time or eating outside of the home?

### Eating disorder treatment for ARFID

ARFID is *not* chosen by those who suffer with the condition. It is also not an outcome of poor parenting. Therefore, it is not encouraged that families “will” their child to eat. Eating disorders, like ARFID, are often accompanied by medical complications and psychological conditions, such as OCD, anxiety, or autism (Kennedy et al., 2022).

### Conclusion

Professional, evidenced-based treatment is available and ARFID is treatable (Coglan & Otasowie, 2019). Therapy can benefit by supporting an individual with an eating disorder, providing parenting support skills, and reducing the likelihood that ARFID persists into adulthood through individual and family therapy.

**\*NOTE: It is strongly recommended that caregivers seek immediate medical attention for their child if they believe that any symptoms of malnutrition are present, such as irregular menstruation, fainting, fatigue, lethargy, and/or significant weight loss.**

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Tracy Ballardo, PsyD

**GAMHPA Member, Tracy Ballardo, PsyD, is a licensed psychologist who specializes in treating eating disorders across the lifespan. Dr. Ballardo has a passion for working with youth and serves children, adolescents, families, and adult clients with various types of eating disorders and co-occurring issues. Dr. B also actively consults with treatment teams that typically consist of pediatricians and other medical doctors, psychiatrists, registered dietitians, and outpatient eating disorder treatment centers.**

**Dr. Ballardo helps clients with eating disorders build adaptive skills, increase self-esteem, and reduce rigidity around food. If you are interested in exploring ways to help your parent clients increase their child's independence with food, contact Dr. Ballardo for a free consultation today.**

**More information is available on her website at [www.drtracyballardo.com](http://www.drtracyballardo.com). She can be reached at (844) 372-2019 or [drb@drtracyballardo.com](mailto:drb@drtracyballardo.com).**

# Feature Article

## Universal telehealth is coming

James De Santis, PhD

With the digital revolution, accelerated by the global pandemic, psychotherapists are now practicing in an environment more dynamic than ever before. Telehealth has substantially increased access to mental health services, which can now be delivered and received synchronously anywhere on Earth. This advance has focused our attention on important questions in mental health law and ethics about practice across state lines.

### The example of PSYPACT

Just two years ago, during the height of the pandemic, only 11 US states had so far entered into an interstate agreement—PSYPACT—allowing the practice of clinical psychology across state lines (Clay, R.A., 2021). Now 38 states are members of PSYPACT, and two more states have introduced legislation and are pending approval (PSYPACT, 2023).

California is notably absent among these states. However, in all likelihood, all state psychology licensing boards will eventually enter into this agreement, and all mental health disciplines will surely follow with their own versions of a PSYPACT-style interstate agreement.

### Ethical and legal concerns

In the meantime, California mental health professionals should not routinely treat clients in other states without licensure in both states and an understanding of both states

mental health laws and regulations. If universal reciprocity of mental health practice across state lines is coming, we may eventually need a field guide for every combination of states to disentangle the legal and ethical "big three" of clinical practice: 1) child/elder/dependent abuse/neglect reporting, 2) great bodily harm/Tarasoff/Hedlund/duty to warn and protect, and 3) involuntary commitment/danger to self/suicide.

Remember, laws regulating these clinical responsibilities can differ from state to state, so it assuredly will be incumbent on us to know the laws not only in the state in which we practice but also in the state in which the client resides. Moreover, we must know which state's laws apply in various circumstances.

### Examples of special cases

With some frequency, California psychotherapists are already coping with a variety of clinical dilemmas where state laws restricting interstate practice must be weighed against the needs of the client.

During and after the pandemic, I have seen my own share of special telehealth cases. I have treated a few ongoing clients when they are traveling temporarily out of state or internationally for work or vacation. After treating a client for several years, I continued to provide short-term treatment when they moved out of state until we located a therapist in their new community who was a good match clinically and on their insurance panel. I have provided consultation with multiple family members across multiple states on managing an aging parent. These are cases where it may be

better to manage the gray area than to say the client is just "out of luck."

### Insufficient guidance

Until licensing authorities in California join with other states in the effort to better manage access to interstate healthcare delivery, we will continue to be challenged by real-world gray-area scenarios that arise in clinical practice. Unfortunately, a discouraging recommendation posted too often on mental health listservs is that a clinician with an active, ambiguous, or fraught interstate telehealth dilemma should "just call and ask the local licensing authority or their malpractice insurance."

Regulations, laws, and ethics may currently leave this question open and just say, "It depends" (Board of Psychology, 2023). It depends on the needs of the client, frequency, and clinical judgement.

### Needs of the client

When clinical conditions are unclear about practice across state lines, a first consideration should always be the needs of the client—whether regarding access, confidentiality, safety, or continuity. Even with some therapists now applying for multiple state licenses, identifying the perfect therapist may be impossible when multiple licenses are required, in addition to having the appropriate specializations, desired demography, and accepted in-panel insurances.

(Article continues on page 16.)

(Article continues from page 15.)

### The gray area of the “occasional”

The California Board of Psychology currently offers non-specific guidance that interstate practice should be "occasional" (Board of Psychology, 2023). This still leaves open the question whether this means infrequent, intermittent, short-term? Is this one session, five sessions, or ten sessions? Is this once a month, once a year? This may depend more on clinical judgement than on mathematics.

### Clinical judgement

Certainly, clinical judgement about the appropriate use of telehealth includes an assessment of symptom severity, risk and danger, potential for relapse, and the importance of continuity of care, whether within or across state lines. Always advisable is having in place several trusted, experienced colleagues with whom we can consult in such gray area cases.

Only after the needs of the client are considered come the needs of the community, the needs of the profession, and, lastly, the needs of the therapist. Lastly, it is best to document in the clinical record your peer consultations, the analysis of clinical risks and benefits, principles of ethics and law, and the professional judgements made.

### Conclusion

Universal telehealth is a coming reality. The field of clinical mental health practice is entering a new stage of development. Questions remain about how best to provide interstate telehealth services. The conscientious psychotherapist must think before acting, consult where appropriate, document their decision-making, and proceed with caution.

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*James De Santis, PhD*

***GAMHPA President, James De Santis, PhD, is a licensed psychologist offering telehealth individual and group psychotherapy, accessible throughout California. He has been in practice 30 years and offers consultation to mental health professionals. More information is available at [www.JJDeSantis.com](http://www.JJDeSantis.com). He can be reached at (818) 551-1714 or [JJDeSantis@aol.com](mailto:JJDeSantis@aol.com).***



# Feature Article

## Creating a therapist website that builds trust: Seven essential elements

Natalie Moore, LMFT

If you want to start or grow your private therapy practice, you need a great website. Not only does it need to be beautiful to look at, but it needs to build trust with clients quickly.

Why is that? Well, think of it this way. If a client is referred to your practice by someone they know, say a friend or a doctor, they already have a reason to trust you and want to work with you. But a potential client who finds your website through a Google search has no reason to hire you unless you give them one.

Are you now wondering how to build trust with prospective clients with your website? Here are the seven essential elements you need on your site to do just that:

### 1. Clear niche

When your ideal client is looking for a therapist online, the process is overwhelming. There are so many different therapists to choose from and therapy-seekers don't have a clear idea as to what they should be looking for.

Your job is to make it clear to your ideal client that you are the right choice for them. Your website should not speak to everyone. It should speak to a specific population that you excel at serving.

When you speak to the specific fears, desires, and struggles of your ideal population, they will get an immediate sense of "wow, this person really gets me."

### 2. Great first impression

The first impression a client gets of your practice is the first snapshot they see on your website's home page before scrolling down. This is where they make a split-second decision to either explore your site more or bounce right off.

Your website's first impression needs to include your practice logo, a captivating image (ideally of you), and a brief statement of who you help and the problems you help them solve.

### 3. Simple calls to action

Calls to action (or CTAs for short) prompt your client for what to do next. On your website, you are guiding your client on a customer journey from awareness of who you are and who you serve, to considering if you're qualified to help them, to deciding whether you're the right fit for them.

In order for clients to make that journey, you need to provide clear sign posts throughout your website so they know where to go next. A CTA can look like a button underneath a brief bio of you saying "learn more about me" which directs them to your "about me" page or can look like a button that says "book a call" at the bottom of a specialty page.

### 4. Cohesive brand

Branding makes your business stand out and helps it to be more recognizable. It also looks more professional to have a consistent image across platforms. Your website, your business cards, and your office décor should have a clear color scheme and aesthetic.

### 5. Copy that inspires

The words on your website are called "copy." Your copy needs to inspire your clients to take action. If your copy only reflects back to them the pain they're experiencing, they may feel worse and want to leave! In your website copy, follow the simple formula of pain point, hope point, and bridge.

The pain point speaks to the client's pain. The hope point speaks to their hopes and dreams of what is possible for their future. The bridge is how your therapy approach and modalities can help them get to where they want to go.

### 6. Helpful content

There is a trope in the writing world that says "show, don't tell." It means that in writing don't tell the reader about the scene by writing "it was a dark and scary night"—show them the scene by writing "a full moon barely lit the path ahead and a shiver ran down my spine as the wolves howled in the distance."

Do the same in your therapy website. Don't tell the client "I'm a qualified trauma therapist who is trained in TRM, EMDR, and brainspotting"—show them you're a qualified trauma therapist by offering value-packed information about trauma on your website through blog articles and videos.

(Article continues on page 18.)

(Article continues from page 17.)

## 7. Photos that connect

One place I see therapists go wrong on their websites is primarily having photos of nature scenes on their website and having only one photo of themselves on their "about me" page. This makes it very difficult for clients to connect with you! Include photos of yourself throughout your website to continue to build the connection.

## Conclusion

If you put all of these elements in place, you'll be positioning yourself to connect with your clients before the consultation phone call even happens.

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Natalie Moore, LMFT

***GAMHPA Member Natalie Moore, LMFT, asks: Are you a therapist who struggles to attract your ideal clients into your private practice? Do you feel overwhelmed by the steps outlined here? Not to worry. I help therapists revamp their websites so they can bring in their dream clients. I offer group coaching and individual coaching. Learn more at [www.yourspaceforgrowth.com](http://www.yourspaceforgrowth.com) or contact her at (323) 558-2055, [natalie@awakentheself.com](mailto:natalie@awakentheself.com).***

## Brief Websites

### Like “indeed,” but for therapists

MentalHealthcareCareers.com is a new website—similar to the job board called “indeed,” but for therapists—which is a bridge that links job seekers with employers in the mental health field. The website emphasizes core values of privacy protection, industry connections, and simplicity.

They created a space where you can find personalized jobs or practicum sites that meet your desired work style, schedule, compensation, and career path.

At the same time, they provide employers with the recruiting tools to find local candidates with specific skill sets to assist in all aspects of their business.

The site also offers a marketplace for office space, professional development CEU courses, and allied services like accountants, billers, attorneys, clinical supervisors, and HR support.

**For more information, visit [MentalHealthcareCareers.com](https://www.MentalHealthcareCareers.com)**

## Brief Networks

### “NELA” is back

Having taken a break during the pandemic, the Northeast Los Angeles Therapist Network is back offering casual gatherings that rotate among different locations in the region.

They have held happy hour events in Pasadena, South Pasadena, Eagle Rock, and Highland Park.

NELA’s mission is to connect therapists who practice in Northeast Los Angeles, including Pasadena, South Pasadena, Atwater, Glendale, Highland Park, and Eagle Rock.

Local networks are a great way to stave off professional isolation and build a referral base.

**For more information or to register, contact Meg Bezucha, EdD, LMFT, at (213) 300-8075 or [meg@mjbtherapy.com](mailto:meg@mjbtherapy.com).**

## Brief TED Talks

### Three rules for better work-life balance

**Ashley Whillans, PhD**  
**TED “The Way We Work”**  
**Sept 2021**  
**Duration 5:07**

Harvard Business School Assistant Professor, Dr. Whillans explains that the constant incremental interruptions into our personal lives from work in the form of technology and smart

phones result in unnecessary stress.

As a remedy, she offers three principles for respecting our personal time:

1. Reframe rest as essential.
2. Create clear boundaries between work and home.
3. Negotiate deadlines.

### **What is a TED Talk?**

**A non-profit organization dedicated to disseminating important ideas on a variety of topics, TED records experts in many fields and posts the video at [TED.com](https://www.TED.com).**

# Links On Mental Health

## The rise of non-drug pain treatment

<https://www.apa.org/monitor/2018/11/cover-non-drug-treatment>

## How marijuana impacts pain, sleep, anxiety and more, according to the latest science

<https://www.cnn.com/2023/08/30/health/marijuana-pros-and-cons-wellness/index.html>

## Hot days lead to more mental health emergencies, study finds

<https://www.theguardian.com/environment/2022/feb/23/hot-days-drive-up-mental-health-emergencies-climate-crisis-study-finds>

## Suicide deaths at record levels, driven by an increase in firearm-related suicides

<https://www.kff.org/mental-health/press-release/new-kff-analysis-shows-number-of-suicide-deaths-at-record-levels-driven-by-an-increase-in-firearm-related-suicides/>

## Study suggests single dose of psilocybin safe and effective for major depressive disorder

<https://medicalxpress.com/news/2023-09-dose-psilocybin-safe-effective-treatment.html>

## Mental health experts propose new subtypes of depression. Will it actually improve treatment?

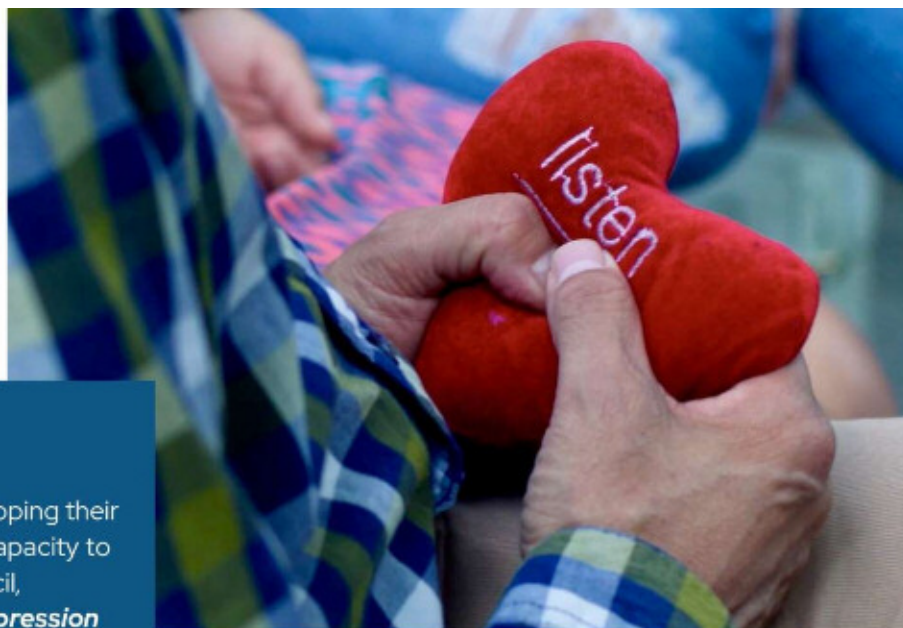
<https://www.salon.com/2023/07/09/mental-health-experts-propose-new-subtypes-of-depression-will-it-actually-improve-treatment/>



Incorporated in 1906, the City of Glendale built its first city hall in 1912, located at the corner of Broadway and Howard Street.

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so as to integrate this methodology into professional settings and personal practice.

This training workshop covers the history, fundamentals and nuances of the forms and modalities of council, as well as the pedagogy, intentions and language used to introduce the practice to others.

In addition to a grounding in the basic procedures and tools of council, broader applications to a variety of scenarios will be explored, along with the benefits of skillful embodiment of compassion in working with patients, interacting with colleagues and to benefit personal wellbeing and balance.

### Center for Council's Council Training 1

June 10-11

9AM-4PM

Los Angeles, CA USA

Cost: \$549

### Center for Council's Council Training 1

September 30-October 1

9AM-4PM

Los Angeles, CA USA

Cost: \$549

This workshop will be led by Center for Council Executive Director Jared Seide, author of *Where Compassion Begins* and certified council trainer with over two decades of experience leading award-winning council programs for schools, businesses, healthcare organizations, elder care facilities, prisons, law enforcement organizations and community based organizations, as well as trainings and retreats focusing on compassion, reconciliation and community-building throughout the U.S., Poland, Rwanda, France, Colombia and Bosnia-Herzegovina.

15 CE credits are available for instructional time and course activities and does not include breaks or mealtime. Course completion certificates will be awarded upon request via email and will be sent within five business days.

## ABOUT US

Center for Council (CAMFT approval number 1000178) delivers programs and trainings that promote communication, enhance well-being, build community and foster compassion. Utilizing science-based methodologies, we offer a wide range of programming that integrates compassion-based skills and practices that engender greater self-awareness and self-regulation and that cultivate skillful communication, leading to more authentic, positive relationships with self, others and the environments in which we live and work. This course meets the qualifications for 15 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. Center for Council is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs. Center for Council maintains responsibility for this program/course and its content. For more information or special needs, email us: [contact@centerforcouncil.org](mailto:contact@centerforcouncil.org).

Learning objectives for CT1 include: identifying and describing methodologies for regulating breath and stress and creating a container for reflection on personal motivation; explaining the five elements and four intentions of council practice; identifying the four planes of awareness and demonstrating the ability to assess one's own physical, mental, emotional, and energetic states; distinguishing the basic, fishbowl and spiral formats of council; identifying the physiological differences between sympathetic and parasympathetic nervous system activation; demonstrating two or more techniques for interrupting the stress response and augmenting the parasympathetic response; creating a council center and explaining the value of council talking pieces; forming council prompts and articulating the four factors that make for a successful prompt; distinguishing three or more critical elements of council practice and effective facilitation; identifying two or more factors that encourage appropriate disclosure and vulnerability; identifying 6-8 formats for council and explaining how these are utilized in varied settings; and identifying two or more valuable take-aways from the workshop.



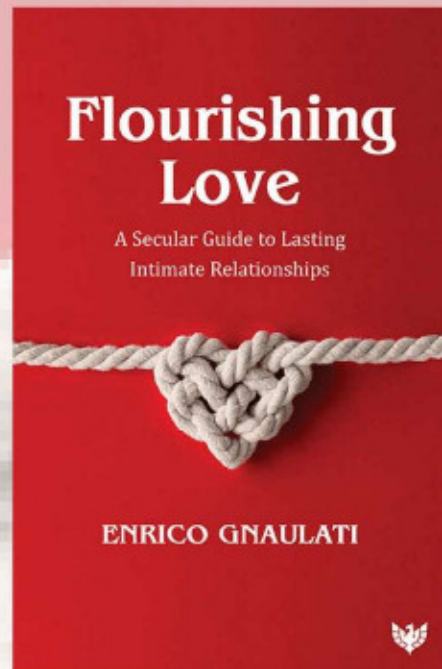
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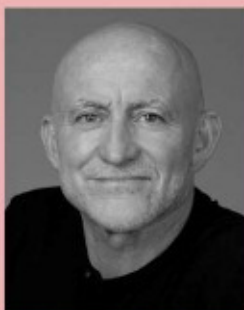


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**Enrico Gnaulati**, PhD, is a clinical psychologist based in Pasadena, California, and Affiliate Professor of Psychology at Seattle University. He has authored many acclaimed books plus articles in academic journals and popular magazines, such as *The Atlantic* and *Salon*. His work has been featured on various TV and public radio outlets, as well as reviewed in *Pacific Standard*, *Huffington Post*, and *The New Yorker*.



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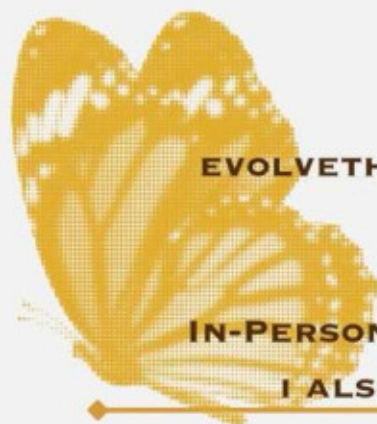
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**stress, life transitions, anxiety, depression, past trauma experience, ADHD, ASD, self-harming behaviors, women's issues, and parenting and relationship challenges.**

Sydney is a **Certified Clinical Trauma Professional**, trained in **Dialectical Behavior Therapy**, and has clinical experience working with middle school, high school, college and IEP students, as well as parents, and individuals.

Sydney is passionate about supporting clients learn how to uncover their resources, build upon their strengths, discover unhelpful patterns, and make the changes necessary to improve daily functioning, health, and relationships.

Her approach is client-centered, trauma-informed, evidence-based, and always guided by the needs of the individual. Sydney support clients through interventions tailored to them, which often include:

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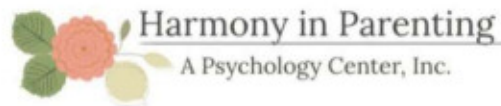


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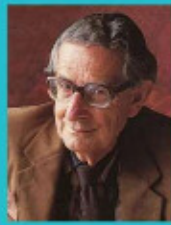
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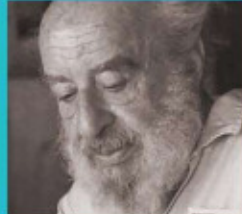
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SKILL-BUILDING EXPERIENTIAL GROUP. Pasadena & Sherman Oaks. Daryn Plancher, PhD, Lic. # 18182. Call (800) 599-8820 or e-mail [frederik@insighttreatment.com](mailto:frederik@insighttreatment.com).

SOCIAL ANXIETY SUPPORT TELEHEALTH GROUP. Glendale & Sherman Oaks. Anita Avedian, LMFT, Lic. # 38403. Call (818) 990-0999 or e-mail [anita@anitaavedian.com](mailto:anita@anitaavedian.com).

SOCIAL SKILLS 7-12 GROUP. Pasadena. Bren M. Chasse, LMFT, Lic. # 94662. Call (626) 765-9944 or e-mail [bchassemft@gmail.com](mailto:bchassemft@gmail.com).

SOCIAL SKILLS GROUP. Glendale. Ira P. Heilveil, PhD, Lic. # 7726. Call (818) 275-2587 or e-mail [iraheilveil@yahoo.com](mailto:iraheilveil@yahoo.com).



STRESS RELIEF ACTING & SHAKESPEARE GROUP. Pasadena. William Haddad, LMFT, Lic. # 133140. Call (213) 793-8744 or e-mail [william.lmft@icloud.com](mailto:william.lmft@icloud.com).

TEENS 12-14 TELEHEALTH GROUP. La Crescenta. Jamie Given, LMFT, LPCC, Lic. # 101387. Call (818) 446-7488 or e-mail [jamielgivenmft@gmail.com](mailto:jamielgivenmft@gmail.com).

TEENS 15-18 TELEHEALTH GROUP. La Crescenta. Jamie Given, LMFT, LPCC, Lic. # 101387. Call (818) 446-7488 or e-mail [jamielgivenmft@gmail.com](mailto:jamielgivenmft@gmail.com).

THERAPIST CONSULTATION ADHD TELEHEALTH GROUP. Montrose. Amoret Kaufman, LMFT, Lic. # 105150. Call (818) 651-6161 or e-mail [amoret@amoretcounseling.com](mailto:amoret@amoretcounseling.com)

THERAPIST CONSULTATION ON DIVORCE GROUP. Brentwood. Scott O. Harris, PhD, Lic. # 8805. Call (310) 422-7468 or e-mail [drharris@scottharrisphd.com](mailto:drharris@scottharrisphd.com).

THERAPIST CONSULTATION SOMATIC GROUP. Pasadena. Christopher Tickner, PhD, LMFT, Lic. # 42576. Call (818) 995-1875 or e-mail [cticksoma@gmail.com](mailto:cticksoma@gmail.com).

THERAPIST CONSULTATION TELEHEALTH GROUP. Encino. Azine S. Graff, PsyD, Lic. # 24847 & Rosalie Finer, PhD, Lic. # 10877. Call (818) 824-9915 or e-mail [rosalie@grefin.com](mailto:rosalie@grefin.com).

THERAPIST CONSULTATION TRAUMA TELEHEALTH GROUP. Montrose. Amoret Kaufman, LMFT, Lic. # 105150. Call (818) 651-6161 or e-mail [amoret@amoretcounseling.com](mailto:amoret@amoretcounseling.com)

THERAPIST PRIVATE PRACTICE DEVELOPMENT VIRTUAL CONSULTATION GROUP. Biweekly support group for therapists who are either recently licensed or relocated, re-entering the private sector, wanting to increase net income, not seeing the type of patients they work with best. Offers practical action-oriented guidance and peer support to help set customized goals, identify target markets, design coherent and ethical marketing strategies, and track results. James J. De Santis, PhD, Lic. # 10315. Call (818) 551-1714 or e-mail [jidesantis@aol.com](mailto:jidesantis@aol.com).

TRANSGENDER ALLY SUPPORT GROUP. Los Angeles. Thomas Blake, LMFT, Lic. # 136903. Call (949) 371-3766 or e-mail [thomas@thomasblaketherapy.com](mailto:thomas@thomasblaketherapy.com).

TRAUMATIC LOSS SUPPORT GROUP. Pasadena. Jennifer L. Nyhan, LMFT, Lic. # 132408. Call (626) 415-7432 or e-mail [jennifer.nyhan@therapyheals.com](mailto:jennifer.nyhan@therapyheals.com).

WOMEN & INTIMACY GROUP. West Los Angeles. Alexandra Katehakis, PhD, LMFT, CSAT-S, CST-S, Lic. # 36902. Call (310) 843-9902 or e-mail [alexk@centerforhealthysex.com](mailto:alexk@centerforhealthysex.com)

WOMEN 55+ TELEHEALTH GROUP. Burbank. Angela Williams, PsyD, Lic. # 23374. Call (818) 452-3339 or e-mail [awpsyd@gmail.com](mailto:awpsyd@gmail.com).

WOMEN WITH LOW SEXUAL DESIRE TELEHEALTH GROUP. Sherman Oaks. Kimberly Resnick Anderson, LCSW, Lic. # 72906. Call (818) 334-5811 or e-mail [kimberly.sexualhealth@gmail.com](mailto:kimberly.sexualhealth@gmail.com).

WRITERS SUPPORT TELEHEALTH GROUP. Pasadena. William Haddad, LMFT, Lic. # 133140. Call (213) 793-8744 or e-mail [william.lmft@icloud.com](mailto:william.lmft@icloud.com).

YOUNG ADULTS 19-35 TELEHEALTH GROUP. Pasadena. Jennifer L. Nyhan, LMFT, Lic. # 132408. Call (626) 415-7432 or e-mail [jennifer.nyhan@therapyheals.com](mailto:jennifer.nyhan@therapyheals.com).

## SERVICES

CONTINUING EDUCATION. Anger Management Essentials is a NAMA and CAAMP approved anger management certification training. The training offers 21 CE's and offers both in-person and streaming live. Receive both the adult and the teen's book along with the necessary business forms for your practice. Get on the CAAMP Provider's list for the courts and probation. Associates welcome! Group discounts are offered. Register at [www.AngerManagementEssentials.com](http://www.AngerManagementEssentials.com). Contact Anita Avedian for more information at [anita@anitaavedian.com](mailto:anita@anitaavedian.com). [12/22]

FLOURISH THERAPY + WELLNESS CENTER. We're excited to share about our new center for adults! Flourish is a division of the Institute for Girls' Development, a Psychological Corporation, located in our beautiful space in Old Pasadena. Services include therapy, learning and connection opportunities, and wellness programs for adults of all ages. For more information, visit [www.flourishtherapy.care/](http://www.flourishtherapy.care/). [6/21]

LOWER INCOME DBT. Choices Counseling & Skills Center in Sierra Madre currently has openings for lower income California clients in our comprehensive DBT Program in partnership with Living Success Center, a non-profit organization, to offer more DBT services to the public who are having difficulty affording DBT treatment. Service is provided by masters-level practicum trainee clinicians being supervised by DBT-trained supervisors. Fees are based on a sliding scale related to client income. Contact us at (626) 470-9834 or [info@choices.care](mailto:info@choices.care). [10/23]

MARKETING CONSULTATION. Individualized coaching for mental health professionals and students/interns wanting to start or build a private practice. Formulate goals, identify optimal niches and target markets, design ethical and effective marketing strategy, write effective advertising materials, and track results. Flexible format uses in person meetings, telephone, and e-mail as needed. James J. De Santis, PhD, Glendale, at (818) 551-1714 or [JJDeSantis@aol.com](mailto:JJDeSantis@aol.com). [10/23]

MENTAL HEALTH BILLING AND CREDENTIALING. We're accepting new clients. No minimum and free verification of benefits. Need to be credentialed in telepsychiatry? We can help your enrollment in all insurance networks. Contact us at Doris Mollenkopf, MBA, CPC, CRC, CCDS-O, CNA, (818) 238-9280 x5 or [info@managementresourcesbilling.com](mailto:info@managementresourcesbilling.com). [3/23]

NEUROPSYCHOLOGICAL EVALUATIONS for all types of neurological disturbances such as memory loss, attention/concentration difficulties, language deficits, and change in mood and behavior. Accepting most insurance plans including Medicare. Assessments also available in Armenian and Farsi. Audrey Khatchikian, PhD, Lic # PSY18823, (818) 476-0066. [1/22]

NEUROPSYCHOLOGICAL/ PSYCHOLOGICAL EVALUATIONS for neurological conditions (dementia, strokes, head injuries), learning disabilities, and ADHD. Specialization in clinical and forensic evaluations for academic accommodations for standardized tests/licensing exams, immigration hearings, mental health diversion and mitigation, violence risk, civil and criminal competency/capacity, fitness for duty, pre-employment, personal injury, and workers compensation. Contact Emin Gharibian, PsyD, Lic. # PSY29643, at (818) 253-1161 or visit [www.verdugopsych.com](http://www.verdugopsych.com). [1/22]

PEDIATRIC NEUROPSYCHOLOGIST. UCLA-trained clinical neuropsychologist, specializing in evaluation of children and young adults. I have expertise with neurodevelopmental disorders (e.g., learning disorders, ADHD), traumatic brain injury, epilepsy, emotional and behavioral difficulties, and other complex medical conditions. Available for consultation and education in these and other mental health-related topics, across healthcare/community settings. West-LA-Pasadena. Jesse Fischer, PhD, Lic. # PSY32710, (424) 272-1374, [www.JFischerPhD.com](http://www.JFischerPhD.com). [1/22]

## PUBLICATIONS

THE BUSINESS OF PRACTICE. Paperback inspires mental health professionals to expand their opportunities for a private practice that is personally fulfilling. Emphasizes pragmatic, action-oriented steps to offering mental health services, respecting established business concepts and ethical principles. [www.Lulu.com](http://www.Lulu.com). [10/23]

CHILD PSYCHIATRIST DIRECTORY. 550 physicians who provide psychiatric services to children and adolescents throughout LA county. On the internet at [www.JJDeSantis.com](http://www.JJDeSantis.com). [10/23]

DIAGNOSTIC TESTING DIRECTORY. 300 licensed psychologists throughout LA county who offer psychological testing services, including educational, forensic, vocational, or neuropsychological evaluations. Download from [www.JJDeSantis.com](http://www.JJDeSantis.com). [10/23]

**EAST SAN GABRIEL VALLEY DIRECTORY.** 170 mental health professionals from Pasadena to Claremont, cross-indexed by specialties, services, second languages, and insurance accepted. View or download PDF at [www.JJDeSantis.com](http://www.JJDeSantis.com). [10/23]

**GROUP THERAPY DIRECTORY.** Free directory of 700 outpatient psychotherapy groups offered by 300 licensed mental health professionals throughout Los Angeles County. Online directory has been viewed on the internet over 59,000 times. Download a PDF copy from [www.TheGroupList.org](http://www.TheGroupList.org). [10/23]

**PARENTING RESOURCES.** Free online resources including tip sheets and activities for parents, children, and professionals in supporting management of stress, anxiety, ADHD, emotional regulation, and social-emotional learning to promote overall well-being are available to download from [www.harmonyinparenting.com](http://www.harmonyinparenting.com). [1/22]

**PRIVATE PRACTICE OFFICE FORMS.** Field tested, up-to-date quick-start kit of forms includes patient intake, financial agreements, HIPAA notice, consents and releases, telehealth, and clinical screening forms. Paper forms or PDF files via e-mail. For more information or to examine samples, visit [www.JJDeSantis.com](http://www.JJDeSantis.com). [10/23]

## **OFFICE SPACE**

**BEVERLY HILLS.** Part-time space on Beverly Drive, south of Olympic Boulevard, in a quiet first floor suite, with easy metered street parking. Within walking distance of Pavilions Market, restaurants, shopping. Printer/copier, Wi-Fi, and basic supplies available for renters. Potential for case consultation. For more information, please contact Karen Wulfson, LMFT, at (310) 475-1759 or [karen@karenwulfson.com](mailto:karen@karenwulfson.com). [7/23]

**BURBANK/TOLUCA LAKE.** Subletting opportunity for those looking to get back to in-person sessions. Conveniently located near other businesses, the studios, and the 134 freeway. Professional and inviting office space. Perfect environment for newly licensed clinicians looking to build their practice or for established clinicians needing a second office location 1-2 days a week. A choice of two offices with windows, waiting room, Wi-Fi, and storage area. Convenient parking. Rate of \$20/hour. For more information, please reach out to Wendi Svoboda, LCSW, at (818) 288-6711. [7/23]

**GLENDALE.** Full or part-time office available in two-story professional building surrounding a tree-lined central courtyard on Arden Avenue, in a suite of offices with furnished waiting room, amenities. Quiet neighborhood just minutes from heart of downtown Glendale. Close freeway access. Contact Margaret Stoll, PhD, at (310) 375-3607 or [margaret.stoll@gmail.com](mailto:margaret.stoll@gmail.com) or call Nora Chitilian, LMFT, at (818) 634-1063. [7/23]

**GLENDALE.** For sale: Four-office condominium perfect for medical/dental use located in the Plaza Verdugo Medical Center across from USC Verdugo Hills Hospital. Corner unit with abundant natural light, soundproofing, solid core doors, includes bathroom, reception, two HVAC units. Elevator access. HOA fees include trash, water, insurance. One reserved parking space. Plenty of parking for patients. Access to Foothill 210 and Glendale 2 Freeways. A great source of income with plenty of write offs! Asking \$850,000. For further information, go to <https://reporting.loopnet.com/report/8329e602-1e30-47e9-8e8f-02c2053d428a>. [10/23]

**GRANADA HILLS.** Sublet located in the Citibank building, a quiet and peaceful, two-office, fully furnished suite with high ceilings and bright floor to ceiling windows, waiting room with beverage service, kitchenette, free parking, internet, HVAC. Office #1 is large and set up for play/child therapy and can also accommodate groups. Office #2 has a wonderful view of trees, and comfy stressless chair! Great for therapists that want to keep a hybrid practice. Availability for full day sublet during the week from 7 am-7 pm and Saturday 9 am-3 pm. Jill Drenth, LCSW, (818) 621-4283 or [jilldrenthlcsw@gmail.com](mailto:jilldrenthlcsw@gmail.com). [9/23]

HOLLYWOOD. Furnished, windowed office, prefer to sublease full-time (but might consider part-time), in a private two-office suite in a clean, modern, quiet building perfectly located in a safe neighborhood adjacent to Hollywood, West Hollywood, Larchmont, Hancock Park, and the Fairfax District. Private waiting room, call light system, Wi-Fi, A/C and heat controlled within the suite, with disability access. Free parking for clients among the neighboring homes in the daytime, then metered parking next to the building at night. Private parking spot available for therapist in garage under the building. Contact Daniel J. Alonzo, PsyD, at (323) 549-9409 for more details. [6/23]

LA CRESCENTA. Office space available for sublease conveniently located near schools, has ample parking, large windows offer lots of natural light. Individual offices and a group room available to rent. Tea and water bar, Wi-Fi. For further information, please contact Lauren Worley, LCSW, at (626) 676-3841 or [laurenworleylcsw@gmail.com](mailto:laurenworleylcsw@gmail.com) or Amoret Kaufman, LMFT, at (818) 651-6161 or [amoret@amoretcounseling.com](mailto:amoret@amoretcounseling.com) [3/23]

PASADENA. Part-time and full-time office spaces available at 95 N. Marengo Avenue in Pasadena, located in a beautiful two-story historic building across from City Hall. We have a great community of therapist professionals throughout the building, including the Institute for Girls' Development. Contact Angela Lopez at [ALopez@IFGD.care](mailto:ALopez@IFGD.care) for more information. [12/22]

PASADENA. Part-time and full-time space available in our office suite located in the Thatcher building (960 E. Green Street) near Lake Avenue in a seven-office suite of supportive professionals. Waiting room, group room, Wi-Fi, kitchen, private bathroom, elevator access, paid lot or free street parking. \$250 one day a week on a monthly basis. \$1250 for a full-time two-year lease. For more information, please contact Jennifer Levin, PhD, LMFT, at (626) 695-4211 or [jennifer@therapyheals.com](mailto:jennifer@therapyheals.com). [7/23]

PASADENA. Charming Marengo Avenue private bungalow office full-time sublet between Del Mar and California near 110 Freeway. Waiting room, separate exit, bathroom, kitchen, Wi-Fi, free parking. You can furnish and decorate as you like. In walking distance to Whole Foods, Trader Joe's, Old Town, and the Gold Line. \$925/month. For more information, contact Lisa Lewis, LMFT, LPCC, by text at (626) 319-5076 or by e-mail at [lisa@lisalewis counseling.com](mailto:lisa@lisalewis counseling.com). [9/23]

PASADENA. Office available in restored Victorian with modern conveniences: two waiting rooms, free off-street parking, a staff room with amenities, rooms with individualized HVAC control, call lights, and spare first floor space to see handicapped patients. Contact Alex Beebee, MD, PhD, at (626) 577-1305 x1 or [dralexbeebee@gmail.com](mailto:dralexbeebee@gmail.com). [7/23.]

PASADENA. Sublet available in the beautiful Thatcher Green Building. Minimum block rental 4 hours. Availability Monday, Wednesday, Friday, 8 am-8 pm. Tuesday, Thursday, Saturday available, 8 am-2 pm. Three-suite office, private bathroom, kitchenette, call light system, internet, printer, office supplies. Please e-mail Hillary Wright, PhD, at [hwrightpsych@gmail.com](mailto:hwrightpsych@gmail.com). [10/23]

SHERMAN OAKS. Part-time space available. Anita Avedian, LMFT. Call (818) 426-2495 or e-mail [anita@anitaavedian.com](mailto:anita@anitaavedian.com). [7/23]

SIERRA MADRE. Furnished office within a three-office suite to sublease. Contact Elizabeth Ortiz, LMFT, at [eortizmft@gmail.com](mailto:eortizmft@gmail.com). [7/23]

STUDIO CITY. Beautiful office for rent in a spacious psychotherapy suite on Ventura Blvd. Full or part-time. Large office with space to run groups. Furnished or unfurnished. Windows that open with views, free parking, opportunity for cross referrals from four experienced psychologists. Microwave and small refrigerator available. Please note: this office is located on the second floor and there is no elevator. Photos available upon request. For further information, contact Dale Rose, LMFT, at (818) 783-1283. [7/23]

WOODLAND HILLS. Full-time and part-time space available. Anita Avedian, LMFT. Call (818) 426-2495 or e-mail [anita@anitaavedian.com](mailto:anita@anitaavedian.com). [7/23]

# Newsletter Policies

The GAMHPA Newsletter is published and circulated at no charge to the local mental health community, including San Fernando Valley, San Gabriel Valley, and downtown Los Angeles.

GAMHPA encourages members to contribute articles of clinical or scholarly interest for publication. Submissions should be forwarded to [JJDeSantis@aol.com](mailto:JJDeSantis@aol.com).

Opinions expressed in this newsletter are not necessarily those of the association or its members. GAMHPA does not endorse any of the products or services advertised. Readers are advised to open links in this publication at their own risk.

## EDITORIAL COMMITTEE

Proofreading, Silva Deapanian  
Content/Ads, Jim De Santis

## PUBLICATION DEADLINES

Winter Issue	Dec 1
Spring Issue	Mar 1
Summer Issue	Jun 1
Autumn Issue	Sep 1

## ADVERTISING POLICIES

Submit display ads in PDF or JPG format. Classified and display ads run for one issue.

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## ADVERTISING RATES

	Member	Non-Mem
Classified	Free	\$20
Business card	\$20	\$25
1/4-page	\$30	\$45
1/2-page	\$55	\$80
Full-page	\$100	\$150

### Mem Non-Mem

Member e-mails	\$20	\$30
Mailing list labels	\$30	\$50
Mailing list digital	\$50	\$80

## PAYMENT

Payment for advertising services can be submitted through our online store at [www.gamhpa.org](http://www.gamhpa.org) or mailed to GAMHPA, P.O. Box 894, Glendora, CA 91740-0894.

## GAMHPA

**Glendale Area Mental Health Professionals Association**  
Post Office Box 894, Glendora, California 91740-0894  
[www.GAMHPA.org](http://www.GAMHPA.org)  
(818) 771-7680

## On the Web

[www.GAMHPA.org](http://www.GAMHPA.org)



Instagram

LinkedIn

# Member Application and Renewal Form

Glendale Area Mental Health Professionals Association

P.O. Box 894, Glendora, CA 91740-0894  
(818) 771-7680      www.GAMHPA.org



## \_\_\_ New Applicants Only

Print your full name and all information below.  
Check box next to appropriate membership category.  
If student/intern, obtain a full member's signature.  
Sign and date at the bottom.  
Complete all directory information on reverse side.  
For individuals, enclose a copy of license.  
Enclose check with this application and license.

## \_\_\_ Renewing Members Only

Print your full name below.  
Enter changes in your information below and check box.  
Check box next to appropriate membership category.  
Sign and date at the bottom.  
If you need to make changes to your directory information,  
check box on reverse side and complete all sections fully.  
Enclose check with this application.

\_\_\_\_\_ Full Individual Name (Please Print)

\_\_\_\_\_ Full Organization Name (If Applicable)

For Office Use Only	
Application _____	Phoned _____
License _____	Packet _____
Dues _____	cc Newsletter _____
	cc Webmaster _____
	cc Listserve _____

## Contact Information ONLY For New Members and Renewal Changes Below

**RENEWING member:** There are \_\_\_ NO changes \_\_\_ changes to my contact information below from last year. In the event I have made changes, **ALL** sections below are **FULLY** completed.

Office Address		
Second Office Address		
Office Phone Number	Second Office Phone Number	Office Fa x Number
E-Mail Address	Website U RL	
Accredited Institution Which Granted Your Degree	City & State	Program/Area of Study
Degree	Year Granted/Anticipated	License Number
		Yea r Issued

Would you like to be added to our listserv (internet discussion group)? (e-mail is required, above) \_\_\_ Yes \_\_\_ No

Dues schedule below applies for the calendar year, January 1 through December 31. For new members joining after October 1, your dues will apply through the following year.

- |                         |              |  |
|-------------------------|--------------|--|
| <b>Full Member</b>      | \$60 Annual  | ___ Board Certified or Eligible Psychiatrist                         |
|                         |              | ___ Licensed Psychologist  |
|                         |              | ___ Licensed Clinical Social Worker                                  |
|                         |              | ___ Licensed Marriage and Family Therapist                           |
|                         |              | ___ Licensed Professional Clinical Counselor                         |
| <b>Organization</b>     | \$125 Annual | ___ (Please attach separate application for up to 4 clinical staff.) |
| <b>Associate Member</b> | \$35 Annual  | ___ Student, Intern, Pre-Licensed                                    |
|                         |              | ___ Other Allied Professional  |

*I, the below signed applicant, hereby apply to the Glendale Area Mental Health Professionals Association (GAMHPA) for membership. I certify that the above information is true and correct to the best of my knowledge. I will notify GAMHPA of any changes in this information. I understand that GAMHPA is an interest group only, will not provide referrals, and does not credential in any way. I understand that to be a full member, I must be in good standing with my state licensing board. I understand that if I am a student or intern, I must have a GAMHPA full member sponsor me.*

\_\_\_\_\_ Applicant Signature      \_\_\_\_\_ Date      \_\_\_\_\_ Sponsor Name & Signature (For Student or Intern)

**Directory Information ONLY for New Members and Renewing Member Changes**

**RENEWING member:** There are \_\_\_ NO changes \_\_\_ changes to my directory information below from last year. In the event I have made changes, ALL sections below are FULLY completed.

**Groups Offered**

Topic, Target Problem, or Focus	Members	Time/Day	Fee
Topic, Target Problem, or Focus	Members	Time/Day	Fee
Topic, Target Problem, or Focus	Members	Time/Day	Fee

**Clients Treated**

- Children
- Adolescents
- Young Adults
- Adults
- Seniors

**Non-English Languages**

- Spanish
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Problem Areas Treated**

- Addictions
- AIDS/HIV
- Anxiety Disorders
- Attention Deficit
- Behavioral Problems
- Brain Damage
- Chronic Illness/Pain
- Divorce
- Eating Disorders
- Learning Disabilities
- LGBT Issues
- Marital Problems
- Medical Management/Non-Compliance
- Mood Disorders
- Multicultural/Ethnic Diversity
- Multiple Personality
- Occupational Problems
- Panic/Phobias
- Personality Disorders
- Physical Abuse
- Rape/Molestation/Incest
- Reproductive Issues
- Sexual Dysfunction
- Trauma/PTSD
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**How did you hear about GAMHPA?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Services Offered**

- Anger Management
- Behavior Therapy
- Biofeedback
- Child Custody Evaluation
- Couples Therapy
- Cognitive Therapy
- Critical Incident Debriefing
- Divorce Mediation
- Educational Testing
- Family Therapy
- Forensics/Expert Witness
- Hypnosis
- Individual Therapy
- Inpatient
- Medication
- Neuropsychological Testing
- Organizational Consultation
- Play Therapy
- Psychoanalysis/Psychodynamic Therapy
- Psychological Testing
- Religious Issues
- Sex Therapy
- Stress Management
- Telehealth
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Funding Accepted**

- Will provide superbill for out-of-network PPO
- Aetna
- Anthem Blue Cross
- Beacon Health
- Blue Shield
- Cigna (Evernorth)
- Healthnet/Managed Health Network
- Medi-Cal
- Medicare
- Magellan
- Motion Picture
- Optum (UH, UBH, UBHPC)
- TriCare/TriWest
- Victim Witness
- Worker's Compensation
- Sliding Scale
- Cash
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_