



INSIDE THE NET



bayareanet.org

1300-A Bay Area Blvd
Houston, Texas 77058
281.282.6000



Volume 18, Issue 11

13 November 2012

Inside this issue:

Dr. Melissa Martinez' Biography	2
Expert's Corner	3
The Emotional Experience of Eating Disorders	4
Practice Tip of the Month	6
NET Lunches	8
Speakers' Bureau	9
Member Highlights	10
2012 Schedule	11
Board of Directors	13
Last Page	14

CEU Opportunities

November's NET Presentation

Title: "Depression: A Review"

Presenter: Melissa Martinez, M.D.

Objectives:

1. To review the signs and symptoms of depression.
2. To review how to distinguish bipolar depression from unipolar depression.
3. To review treatment strategies for unipolar depression.

Next Meeting:

Tuesday, November 13, 2012 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 \$45 for professionals and \$25 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.

Dr. Melissa Martinez' Biography

Dr. Melissa Martinez is a private psychiatrist and a voluntary Clinical Assistant Professor at Baylor College of Medicine. In 1996, she graduated from Princeton University Phi Beta Kappa with a degree in Psychology. She then attended medical school and residency at Baylor College of Medicine. She was the former Clinical Director of the Mood Disorders Center at Baylor College of Medicine, where she saw patients, conducted research in mood disorders, and published multiple papers related to depression and bipolar disorder.

CASE CONSULTATION WITH GEORGE PULLIAM, MSW

Case Consultation with George Pulliam - George Pulliam, MSW has graciously volunteered to provide group case consultation for NET members on their challenging cases. George brings to us a wealth of experience and a knack for helping therapists see things in a different way. We will get together Wednesday, December 5th, from 9 – 10:30, in the large conference room, upstairs in the United Way building. Come join us and get unstuck!

PERK FOR ATTENDING THE NET GENERAL MEETING:

We have offered a Starbucks gift certificate for years. There will be a drawing for a pair of Starbucks gift certificates, one for a member who brings a guest and the other for their guest.



Expert's Corner

Client problem

I could use some help with a client who wants to stop having a foot fetish because it is creating a lot of marital trouble. He is in his 20's and has a young child. His wife complains about the fetish and is considering separating from him.

An Expert's Opinion

Well, you have given me a symptom that I have never treated. Having said that I do have some remarks and some thoughts.

First, Foot Fetish is among if not the most common of fetishes of body parts. There are at least two kinds and possibly more. One is the admiration of the foot as in an artistic interest; the other of course results in sexual arousal which I think is the kind you are asking about.

You said this person has had the fetish since childhood which makes me think that it was not an initially sexual arousal object. So I would certainly want to get as much history as possible about his initial interest and how it progressed. I would also want to know if it has intensified over time; what is the nature of his arousal, i.e., observing or touching or smelling or tasting. And what mostly does his wife object to?

I think the therapist is at a disadvantage if he/she does not see the wife. I would want to know what her observations and reactions are and what disturbs her the most? What does she do or say? How has the fetish affected their relationship, sex and everything else? Can he become aroused with pictures of feet or a particular foot?

Depending on the answers to the above might determine to some extent what I would try next. First I will assume there is no cure as we normally think of cure. However I wonder if enough changes could be made to satisfy him and salvage the marriage. So what are he and she willing to do or willing to try? For instance getting them to agree to no sex, no attempts at looking at feet on certain days as well



Expert's Corner, Continued

as having a “foot” looking day with descriptions. I am hoping that one can tickle out some humor about this situation as it certainly lends itself to lots of humorist’s possibilities. Other behavioral and disruptive assignments are possible. I would also seek out their understanding of the nature of his problem and look for a context from their descriptions that we might work with.

It would not at all surprise me if the incidents of foot fetishes have not increased over time what with many women wearing sandals, painted toe nails and little tattoos on the ankles and feet as well as ankle bracelets. The attractiveness and attraction to the ankle and foot might offer an explanatory principle and might also help to normalize the symptom.

George Pulliam, MSW

THE EMOTIONAL EXPERIENCE OF EATING DISORDERS BY JENNY DEITZ, MA, LMFT-A

It would come as no surprise to many clinicians that Eating Disorders (ED) are accompanied by intense emotional experiences. A less familiar concept, however, is how those emotional experiences tend to weave themselves into the very core of an ED client.

Emotions are often used synonymously with the word “feeling”; however, this interchange may be misleading. Many clients are highly attuned to avoiding the experience of their emotions, as the fear of what they imply or how they could overpower the client seems too great. There is no exception within the realm of EDs; however, the interesting phenomenon here is that of alexithymia (the inability to express one’s feelings with words). While many clients may have difficulty experiencing or articulating their emotions, ED clients wrestling with alexithymia have so greatly interwoven their emotional experiences with their physiological responses, that distinguishing the two seems virtually impossible.

- The physiological response of hunger can be linked to the emotional experience of loneliness and emptiness.
- The physiological experience of fullness becomes synonymous with the heightened anxiety.
- The physiological trigger to compensate (purge, over-exercise, etc.) becomes a metaphor for how the body must rid itself of negative emotions.

While these experiences vary from individual to individual, a notable relationship exists between the underlying emotional experience and how it becomes associated with the typical

THE EMOTIONAL EXPERIENCE OF EATING DISORDERS, CONTINUED

functioning of a human being. As such, the clinician is well-advised to start by separating the emotional experiences in such a way that they can be distinguished from the body's physiological processes.

As this separation continues, it is fitting for a therapist to then allow the client to slow down into those emotional experiences. An effective metaphor for this process is illustrated as standing on the shoreline and watching the large waves build as they approach you. Rather than run, we allow ourselves to witness the waves dissipate as they crash against little more than our ankles. This scenario has a way of reminding us that, like waves, our emotions will continue to drift, crash, and coast regardless of our efforts to stop them. Attempting to hold our hands out against them or run away in avoidance only deprives us of the serenity offered through the rush of cool water brushing by.



As a therapist who primarily utilizes emotionally focused modalities, an appropriate next step includes distinguishing between primary and secondary emotions. Greenberg (2004) distinguishes the two by saying that primary emotions are those that are directly related to the antecedent; whereas, secondary emotions are those that respond to or defend against the primary emotional experience. As an example, an ED individual might exhibit a secondary emotional response that indicates anger towards others, all the while primarily experiencing a fear of rejection and unworthiness as an individual. As the therapeutic rapport grows, the therapist will discover that there is much hidden beneath that secondary surface that is feared, discounted, and avoided.

As you can see, taking an emotionally-focused journey through the internal terrain of an ED client requires a good deal of patience with a healthy dose of intentional pacing, as the integrity of this process becomes jeopardized if rushed. The great reward that I find in working with this population is that I become a sojourner with my clients through their peaks and valleys, as they are often endured in isolation. For them, having someone alongside to remind them that they need not battle this alone can give the client a sense of hope for a victory they once believed to be impossible.

Jenny Deitz, MA, LMFT-A, JennyDeitz@gmail.com

References

Greenberg, L. S. (2004). Emotion-focused therapy. *Clinical Psychology and Psychotherapy, 11*, 3-16.

NOVEMBER PRACTICE TIP OF THE MONTH – LEARN TO MANAGE DISAPPOINTMENT IN BUSINESS

Some time late last month I found myself thinking about the presidential election, wondering how many of my friends and colleagues might be disappointed with the results, maybe even me. And then I began to think about how we might move past disappointment, and move toward some higher purpose, beyond the goal of winning or losing. As I contemplated further I thought about the mental health business and how it is different from, yet similar to, other businesses. We usually do not get caught up in the win-lose aspects of our clients dilemmas, but we certainly need enough cash to pay the rent or to put food on the table for our families. Sometimes I think being a therapist in private practice is like living in two worlds – the world of possibilities and the world of reality. So, how do mental health practitioners cope with the disappointments that influence our bottom line, that impact the way we do business with our clients?

I remember what it was like to be a new therapist just starting out. I did not know what to do and not many practicing therapists were willing to share their ideas. Many of my colleagues were also struggling, and competing with each other as well. Our options were to work in an inpatient or outpatient psychiatric setting, or go the non-profit route and work with an agency. For me it was impossible to have my own office without having another source of income to help pay the rent. At one time I was working in three different settings. We did not have the internet. There were no business coaches. And there were no support groups for mental health professionals this far out from central Houston. From these humble beginnings came The NET and the Clear Lake mental health community we have today. There was plenty of room for disappointment.

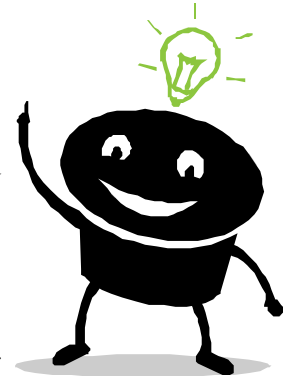
The terms “disappointment” and “failure” are often used interchangeably. Disappointment has to do with expectations and the resulting feeling when expectations are not met, whether ours or those of our clients or business associates. When expectations are not met we are challenged to look at the situation to see what lessons can be learned and what changes can be made. Sometimes we are faced with the need to reorganize or totally throw out an idea or direction. Energy can then be channeled in a new direction, with emerging possibilities, and different priorities.

Failure is a harsher term, often implying disastrous results. An example is structural failure leading to collapse. Examination of past structural failures has led to the building safety standards we have today. Even though a bit different, both disappointments and failures often lead to extraordinary success. Michael Jordan, the great basketball player, says it this way, “I’ve missed more than 9000 shots in my career. I’ve lost almost 300 games. 26 times, I’ve been trusted to take the game winning shot and missed. I’ve failed over and over and over again in my life. And that is why I succeed.”

Disappointment presents us with an opportunity to reassess reality. What is really happening here? Allow yourself to experience the disappointment. Look beyond the obvious into your own dreams and values. What’s driving the disappointment for you? Hurt? Anger? Fear? Loss? Dreams turned into nightmares? External pressure? Look at your expectations. Are they reasonable? Too high? Too low? Are there factors you can or cannot control? Are you expecting too much too soon? What are your limitations? Physical? Educational? Lack of

NOVEMBER PRACTICE TIP OF THE MONTH, CONTINUED

contacts? Can you work with, or around, limitations without allowing them to become barriers to success? What about the timing? Is your direction in sync or out of sync with what is going on in your professional world? In your community? With specific clients? What lessons have you learned in the process? How have your personal values been clarified to make way for a new direction? Acceptance of disappointment and the circumstances provides the insight that allows you to take the next step.



Once basic insights are gleaned, collaborative conversations with others can further expand possibilities from which creative solutions can emerge. Both peer and expert business consultation and coaching can be helpful. Here a question can be raised: “Does insight lead to change?” Perhaps it helps. However, change must still occur. Once change occurs, new insights emerge, leading to further change, and so on. So, how does the change happen? Sometimes change is spontaneous, sometimes intentional. Change is one of the few basic things predictable in life.

Keep in mind that recovery from anything is a process that takes time. People tell me that the pain of surgery mysteriously lingers until one day it is simply no longer noticed. Depending on the extent of your disappointment you may be making major revisions to your business and your life. Be willing to take risks, to do something different. Realign your goals with your new reality. Let go of what is not working and acknowledge and reinforce what contributes to your success. One day you will experience the rewards.

Contributed by Gayle A. McAdoo, MA, LMFT-S, LPC-S, LCDC, gmcadoo@ev1.net

SANTÉ CENTER FOR HEALING

914 COUNTRY CLUB RD.

ARGYLE, TX 76226

1-800-258-4250

The Santé Center for Healing has been contributing a plant to the NET for the last year and a half. Put your name in the hat at the registration desk and enter the running for a beautiful plant. Please thank Anthony Ford of Santé the next time you see him.



NET Lunches - Volunteers Needed!



Lunch will be provided by Anthony Ford
of Santé Center for Healing

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 35-40 in attendance); the meeting room is open by 10:50 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.

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 Mark Groblewski, LMSW, CIRT at (832) 687-7915 or Groblewski7@msn.com 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 30th 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 from 12-1:30, in a different location each month. For information about the next meeting, call or email Gayle McAdoo at 281-280-8641, gmcadoo@ev1.net.

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.

Missy Cobb
Memorial Hermann Prevention and Recovery Center
3043 Gessner
Houston TX, 77080
(832) 794-1548, missy.cobb@memorialhermann.org, www.mhparc.com

Populations Served:
Teenagers, Adults, Elderly, Individuals, Couples, Families
Clinical Interests:
Depression, Mood Disorders, Grief, Loss, Trauma, Crisis Intervention, Drugs, Alcohol, Relationships, Separation, Divorce, Blended Families, Eating Disorders

Kimberly M. Davila, MSW
La Hacienda Treatment Center
P.O. Box 1
Hunt Tx, 78024
(713) 977-5202, kdavila@lahacienda.com, www.lahacienda.com

Populations Served:
Adults, 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

Jenny Deitz, LMFT-A
Private Practice
Houston, Tx 77062
(281)846-4480
jennydeitz@gmail.com, www.jennydeitz.com

Populations Served:
Teenagers, Adults, Individuals, Couples, Families, Groups
Clinical Interests:
Eating Disorders

Laura DiPette, LPC, LMFT
Health Clinic
2104 Balsam Lake Ln
League City, Tx 77573
(409)766-5759, lauradipette@gmail.com

Populations Served:
Children, Teenagers, Families, Groups
Clinical Interests:
Depression, Mood Disorders, Anxiety, Stress, Panic Attacks, PTSD, Grief, Loss, Trauma, Crisis Intervention, Anger, Domestic Violence

Mavis Downey, PhD, LPC
Greater Houston Psychiatric Associates
11000 Richmond Ave
Houston, Tx 77042
(713) 400-7413, mdowney@ghpa.net, ghpa.net

Populations Served:
Teenagers, Adults, Individuals, Couples, Families, Groups
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

2012 Schedule

Date	Topic	Presenter
1/10/12	"Spirituality in Addiction Treatment"	Rev. Leo Booth
2/14/12	"Techniques, Applications and Homework in Working With Couples"	Peggy Halyard, BBA, MA, LPC Douglas Wilson, BBA, JD
3/13/12	"Find the Upside of the Down Times"	Robert Pennington, PhD.
4/10/12	"Art Therapy Strategies "	MaryLou Shackleton, MA, LPC-S
5/8/12	"Communicating Across Generations"	Amy Hart, BA
6/12/12	"Prescription Drug Abuse"	Donna Yi, MD, CHCQM
7/10/12	"Current Trends in Pediatric Psychopharmacology"	Robbie Wright, M.D.
8/14/12	"Conscious Language"	Michael Yeager, BA, LCDC
9/11/12	"Exploring the Nature of Bullying and Helping the Healing Process"	Connie C. Clancy, LMSW, AAC
10/9/12	"Hypnosis for Anxiety and Stress-Related Problems"	Tenley Fukui, MA, LPC
11/13/12	"Depression: A Review"	Melissa Martinez, M.D.
12/11/12	"Stress and Relaxation"	Gwen Brehm, MEd, LPC, LMFT



1300-A Bay Area Blvd
Houston, Texas 77058

Phone: 281-282-6000
E-mail: TheBayAreaNet@gmail.com

bayareanet.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. At the NET's September general meeting the members voted to increase annual dues to \$45 for members and \$25 for students.

Your Board of Directors

President—Peggy Halyard, BBA, MA, LPC
(832) 594-8837
pehalyard@comcast.net

President Elect—Mike Ross, LMSW
(281) 482-3882
mikeross@fwdcofc.org

Treasurer—Tom Winterfeld, MEd, LPC
(281) 837-6463
<http://www.thepsyclinic.com>
tomwinterfeld@gmail.com

Secretary/PR—Larna Loeckle, LPC
(281) 332-3300
lloeckle@verizon.net

Continuing Ed. Coordinator—Mr. Sonny Maxwell
(832) 541-5446
sonnymaxwell@me.com

Membership—Mr. Anthony Ford
Sante Center for Healing
(713) 503-2930
anthony@santecenter.com

Newsletter Editor—Tenley Fukui, MA, LPC
(713) 408-2468
fukuitenley@hotmail.com

Practice Development Group—Gayle McAdoo, MA,
LPC, LMFT
(281) 280-8641
gmcadoo@ev1.net

Speakers' Bureau—Mark Groblewski, LMSW, CIRT
(832) 687-7915
Groblewski7@msn.com

Community Relations—Open Need Volunteer

Crisis Response Team—Open Need Volunteer

LAST PAGE

Our NET speaker last month was: Tenley Fukui, MA, LPC

She presented on: "Hypnosis for Anxiety and Stress-Related Problems "

Tenley Fukui is a Licensed Professional Counselor with a Master's degree in Clinical Psychology from the University of Houston-Clear Lake. She interned at the Michael E. DeBakey VA Medical Center in the Chronic Pain Clinic and Trauma Recovery Program (PTSD). She also worked in out patient pain clinics, an inpatient addiction rehabilitation facility and a Partial Hospital Program for the Chronically Mentally Ill. She is in the process of writing up her second Baylor College of Medicine approved study for Treating Veterans with Chronic Low Back Pain with Clinical Hypnosis or Biofeedback and recently served as the hypnotherapist consultant for two chronic pain research studies for the National University of Singapore (NUS). While in Singapore she also co-presented a 1-day workshop on "Clinical Hypnosis for Medical Problems." She has a private practice in Houston and Clear Lake and specializes in chronic pain management, anxiety disorders, opiate dependence, alcohol dependence, insomnia, Irritable Bowel Syndrome (IBS), clinical hypnosis and biofeedback.

Tenley Fukui, MA, LPC
620 W. Main St., #101
League City, TX 77573
(713) 408-2468
www.tenleyfukui.net

Job Announcement

H.O.P.E. Psychotherapy of Houston is a psychotherapy clinic conveniently located in the heart of Cypress, TX. H.O.P.E. has recently expanded to better meet the needs of the Cypress community as well as Houston and surrounding cities. It is beautifully appointed with a calming and Zen like atmosphere conducive to the healing process. No hectic parking lot or high rise to challenge patients or clinicians.

H.O.P.E. is seeking a part-time psychiatrist or nurse practitioner to sublease space and treat 1-2 days per week so that patients can have continuity of care in one location. 20+ psychotherapists (including a psychologist who offers psych/neuropsych/ADHD, personality testing, etc.) with varied specialties are at H.O.P.E. so that once seen by their psychiatrist or nurse practitioner patients can be referred to the therapist of their choice.