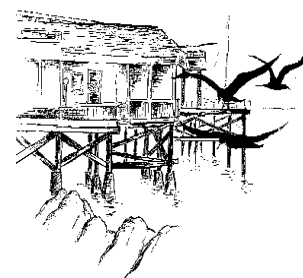




The Monterey County Chapter
California Association of Marriage and Family Therapists

September / October 2020 Newsletter



Benefits to MC-CAMFT Membership:

- Reduced fees at our events
- Invitation to our Members only annual gatherings
- Access to Members only Salons, which are intimate workshop offerings taught by fellow Members
- Periodic Newsletter with relevant CAMFT information and Member created writing
- Opportunity to contribute your writing to our Newsletter, including things such as a column, book review, workshop or conference review, poem, opinion piece or article
- Free advertising in our Newsletter and “Classifieds” section of our website
- Inclusion in our “Find a Therapist” website directory
- Access to Member and Announcements Forum on our website where you can seek feedback from other members and post things to the community
- Opportunity to submit a proposal to host a Salon for our Members
- Option to join us on the Board as a volunteer committee chair or ad hoc committee member
- Opportunity for MC-CAMFT to co-sponsor your workshop, so you can offer CEUs to your attendees
- Free Mentoring by experienced clinicians
- Invitation to suggest any member activity you find interesting, and we’ll consider it!

Benefits to MC-CAMFT Website:

- ◇ Current Member Directory
- ◇ Classifieds Page for Members
- ◇ Chapter Board Contact
- ◇ Specialized Forums
- ◇ Online Newsletter
- ◇ Networking Opportunities
- ◇ Chapter Documents Access
- ◇ Sponsorship Opportunities
- ◇ Membership Information

MC-CAMFT CALENDAR

SEPTEMBER: STAYING CONNECTED

Date/Time: **September 11th, 2020**
4:30-6:00 PM via Zoom

Host: **Olivia Fae-Stadler**

More Info: <https://mccamft.org/Staying-Connected-Salon/>

NOVEMBER: C.E. PRESENTATION

Date/Time: **November 7th, 2020**

Topic: **Introduction to Systemic Affair Recovery Therapy**

Presenter: **Dr. Talal H. Alsaleem**

***More information to follow**

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2020 MC-CAMFT Board Roster

2020 Board of Directors - Officers -

President:

Jennifer Farley
jennifer@shamanhealingmonterey.com

Past President:

Kristine Jensen
jensentherapist@gmail.com

Treasurer:

Susan West
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Secretary:

Rochelle Hall
rochellehall.consult@gmail.com



We are here to **heal**,
not harm.
We are here to **love**,
not hate.
We are here to **create**,
not destroy.

~A.D. Williams

EmilysQuotes.Com

2020 - Committee Chairs -

Continuing Education: OPEN

Membership Chair: OPEN

Public Relations: OPEN

Programs Chair: OPEN

Disaster Response:

Carmen Martin, LMFT
lovehealing@me.com

Legislative & Ethics Chair:

Michael Newman

Mentorship Chair:

Pat McDermott, LMFT
patmcdermft@comcast.net

Newsletter Editor:

Ross E. Farley III
ross@shinealight.info

Programs Chair:

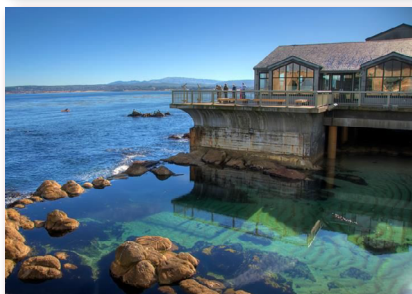
Judy Masliyah
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Hospitality Chair:

Olivia Fae-Stadler
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Prelicensed 3000 Hour Club Chair:

Jennifer Lewis
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through the Monterey Chapter
CAMFT Facebook page.

Jennifer Farley



2020 Board President

PRESIDENT'S MESSAGE

Hello! I wish everyone health, safety and resiliency as we navigate the aftermath of widespread fires on our local land and throughout the state of California. We've had no shortage of crises in 2020, and for lack of being able to come up with any profound reflection, I just simply reiterate that I hope everyone is coping and tending to your own personal experience amidst this time of upheaval in the best way possible.

Thank you to everyone who participated in our inaugural virtual all day workshop this past July! I deeply appreciate everyone's willingness to gather together for a whole day over the computer. It was very encouraging to see such a robust turnout. We, the MC-CAMFT board, will continue learning how best to provide these events as virtual offerings, starting with hosting our next on-line CE event on November 7, 2020 with Dr. Talal Alsaleem. Dr. Alsaleem will be introducing Systemic Affair Recovery Therapy to participants in this workshop. This event was originally scheduled for March right when we went into Shelter in Place, and so I am extra excited to have the opportunity to finally delve into this material. Registration will open soon via the website, but please save-the-date!

Also, MC-CAMFT continues to host Staying Connected Salons as an informal way to gather. Our next salon will be on September 11, 2020 hosted by our Hospitality Chair, Olivia Stadler. I've really enjoyed these meetings! It's nice to get to hear how people are doing and have the complete focus of attention be simply on sharing with one another.

As we round into the latter part of 2020, I'd like to call attention to a couple of areas where I encourage MC-CAMFT Members to participate. Firstly, this newsletter is an opportunity for you to be heard by your community. Did you know that there are many types of submissions you could offer to the newsletter? Examples of submission types include book reviews, CEU experience, clinical expertise, opinions/reflections, and countless other creative offerings. If you are interested in submitting but uncertain of the parameters, reach out to our Newsletter Editor, Ross Farley III, for feedback. I don't know about you, but with each edition of this newsletter, I look forward to Cristin DeVine's Couples Corner writing. Thank you, Cristin, for taking the time to thoughtfully share your expertise; it inspires and supports me in my approach to couples work. We have so much wisdom in our community, and I'd love to have our newsletter reflect that fact! Secondly, it is time to plan our offerings for 2021. Do you have a topic you'd like to share via a CE event or other type of gathering? If so, please submit a proposal. Do you have a specific topic or speaker that you'd like to see MC-CAMFT host? We want to know that too! Of course, we look at the feedback from our CE evaluations for information on what is of interest in future events, but please also do not hesitate to share continued areas of interest with us.

Thank you and take care!

May You Be Well,

Jennifer Farley

Chapter Events & News Cont'd...

September 11th, 2020- Staying Connected with Olivia Fae-Stadler



Staying Connected

Just because we can't gather in person, doesn't mean we can't stay connected! At this Zoom gathering, we will create space for you to connect with your colleagues and hear how people are doing. This is also a forum where we can discuss questions, concerns, approaches and considerations about continuing our work amidst ongoing extraordinary circumstances.

Bring snacks, drinks and even pets to this virtual gathering with your colleagues!

If you'd like to attend this gathering, please RSVP. Because this is an informal meeting, you RSVP by sending Olivia Stadler an email confirming your desire to attend (there is no official on-line registration through the website). Once the host has received your RSVP, she will send you a Zoom invite with a passcode for the event. Due to the informal nature of this event, CEUs will not be offered.

November 7th, 2020 - C.E. Presentation with Dr. Talal H. Alsaleem



Introduction to Systemic Affair Recovery Therapy

Working with couples in crisis can be overwhelming for new as well as seasoned clinicians, especially when it comes to working with clients struggling with infidelity who are often in extreme emotional distress and feeling lost and hopeless about the future of their relationship. Giving counselors effective tools to deal with the trauma of infidelity will make them feel empowered, energized, and confident in their ability to help guide their clients during such difficult times.

Completing this workshop will expand your understanding of the process of healing and introduce you to the clinical tools you need to help your clients recover from the trauma of infidelity. The knowledge base you will gain from this workshop as well as the clinical interventions you will learn are based on extensive clinical work with couples dealing with infidelity.

Specific learning objectives include the following:

Participants will be able to describe four core principles of infidelity counseling.

Participants will be able to list the seven milestones of healing from infidelity.

Participants will be able to identify three clinical treatment challenges of infidelity counseling.

Participants will be able to list three limitations of the current treatment methods for infidelity counseling.

About Dr. Talal H. Alsaleem:

Award-winning marriage counselor and researcher, Dr. Talal H. Alsaleem is recognized as a leading expert in the field of infidelity counseling. He is the author of the acclaimed book, *Infidelity: The Best Worst Thing that Could Happen to Your Marriage*, and the founder of the Infidelity Counseling Center. His research interests and clinical work are focused on identifying the causes of infidelity and providing the best treatment for recovery from its impact. He developed Systematic Affair Recovery Therapy (SART)™, a method of infidelity counseling that has helped hundreds of couples navigate the challenges of the healing journey from affairs. Dr. Alsaleem is an international lecturer and speaker. His engaging talks have helped many counselors broaden their understanding of infidelity and gain the necessary clinical tools to help their clients recover from affairs. Learn more at TalalAlsaleem.com.

Member Article

Couples Corner

Bi-monthly musings by Cristin DeVine, certified Imago Relationship Therapist

Making Love

As we continue to ride the cultural and global wave of this Corona Virus time, many of us are sitting with the ongoing questions of well-being, safety, security, justice, and equality. As we take inventory on the efficacy of safety measures and structures outside of us, we are also given the opportunity to take inventory on the inside.

Am I taking optimal physical, emotional, and spiritual care of myself at this time? Am I cultivating a loving presence within and without? Am I engaging in enough self-care to be present for myself and the people I love?

Let's face it, the majority of the time, we are not making love in the bedroom. Making love happens in the small moments of the day when we extend our kindness and send the message of "thank you for being in my life. I cherish you." We are making love with morning eyes while filling the kettle in the kitchen. We are making love while putting our own agenda aside and helping our partner get out the door in a hurry. We are making love in small moments of considering how we can bring more joy or fun into our partner's life.

I believe that a relationship is the expression of the individuals involved, and the sex life is an expression of the relationship. What if making love was the commitment to truly show up for ourselves and our partner in our very best version as often as we possibly can. Making love is using our tools, practicing self-care, living in balance, feeling our pain, and healing. What if, by making love in this way, we could allow both our wells to be full and flow into the garden of mutual sexuality that blossoms when it is well-tended and no longer a war zone, wrestling match, or desert of deprivation.

There is the physical evolutionary drive of sex, and there is the physical, emotional, and spiritual drive of making love. Perhaps it is not coincidence that the slogan, "make love not war" came out of the 1960s, also a time of cultural upheaval, political unrest, and civil protest. In my own experience, I make better decisions about my health and wellbeing and am significantly more available to being of service in my work and the larger world when I am coming from the loving part of my brain rather than the warring part of my brain.

Cultivating love and kindness engages the frontal lobe of the brain and helps us to consider "team we" (our relational drives) rather than only "team me" (our survival drive).

During this time when our safety and security feel at stake, taking time to do an inventory on our loving can provide important balance and sow seeds for what is to come. A loving perspective values the good of the whole – a paradigm where one doesn't have to lose in order for another to win. Relationships are shared structures, and a relational field is the shared space between those who are in the relationship. Healthy and happy relationships, as well as a healthy and happy sex life, require us to play well together – to be good teammates.

A few characteristics of a good teammate include:

- plays/performs for the benefit of the entire team
- sees the skills/talents/gifts/values of other team members as unique and equal in importance (i.e. diversity is essential)
- makes space for each team member to shine with what they do best
- functions as a single organism made of multiple parts

In a time of great divisiveness on many levels, we are given the opportunity to also bring the energy of unity – of love. Let's remind our clients that making love starts in the beginning of the day – with opening our eyes to gratitude and making our behaviors small (or large) gifts of love that can't help but bring delight. Couples therapy is the perfect venue for addressing broader perspectives, such as individualism versus collectivism, and the fact that relationships remain turbulent until individuals learn the art of caring simultaneously for the wellbeing of self and for the wellbeing of both other and the whole.

Member Book Review

By Pat McDermott

Book title: **What a Feeling**

The ABC'S for Emotions

By Stephanie Alexandra Kaufman

This book is a delightful romp through many of the emotions that children from 2 until adulthood have to learn to cope with as they grow and mature. The emotion is shown as an animal experiencing the emotion and how to cope with it. The art work is enchanting and the prose gives the adult reading the story to the child words to help the child understand the feeling and sometimes the cause. It gives the adult suggestions on how to help the child talk about the emotion. I highly recommend this book as a guide for professional and parents.

Effects of the COVID-19 Pandemic and Nationwide Lockdown on Trust, Attitudes Toward Government, and Well-Being

Chris G. Sibley, Lara M. Greaves, Nicole Satherley, Marc S. Wilson, Nickola C. Overall, Carol H. J. Lee, Petar Milojev, Joseph Bulbulia, Danny Osborne, Taciano L. Milfont, Carla A. Houkamau, Isabelle M. Duck, Raine Vickers-Jones, Fiona Kate Barlow

This research study was taken from the American Psychologist Journal, 2020, Vol. 75, No. 5, 618-630

<https://doi.org/fulltext/2020-39514-001.pdf>

Abstract:

The contagiousness and deadliness of COVID-19 have necessitated drastic social management to halt transmission. The immediate effects of a nationwide lockdown were investigated by comparing matched samples of New Zealanders assessed before (Nprelockdown1,003) and during the first 18 days of lockdown (Nlockdown1,003). Two categories of outcomes were examined: (a) institutional trust and attitudes toward the nation and government and (b) health and well-being. Applying propensity score matching to approximate the conditions of a randomized controlled experiment, the study found that people in the pandemic/lockdown group reported higher trust in science, politicians, and police, higher levels of patriotism, and higher rates of mental distress compared to people in the prelockdown prepandemic group. Results were confirmed in within-subjects analyses. The study highlights social connectedness, resilience, and vulnerability in the face of adversity and has applied implications for how countries face this global challenge.

In late 2019, the first cases of a novel pneumonia were reported in Wuhan, China; on January 7, 2020, the novel coronavirus was genetically sequenced and linked to the respiratory disease COVID-19 (World Health Organization, 2020). Four months after its emergence, the virus has spread to 210 countries and territories, officially infecting over 3 million people and claiming more than 225,000 lives (as of April 30, 2020; Worldometers, 2020). The virus represents a unique global challenge due to its contagiousness and lethality (World Health Organization, 2018). In response to the rapid spread of the virus, thousands of deaths, and expected exponential growth, many countries have entered “lockdown” (Frank & Grady, 2020). Lockdowns typically mandate staying at home, shutting businesses or working from home, and avoiding physical contact with others. The consequences of the virus are thus not only physical (e.g., illness, hospitalization) and financial (e.g., redundancy, financial insecurity; McKibbin & Fernando, 2020), but also likely psychological (e.g., fear, loneliness).

At present, however, little information is available to assess the psychological effects of responses to COVID-19 in the immediate to short term. Answering recent calls for social scientific responses to the pandemic (Van Bavel et al., 2020), this article presents a comprehensive analysis of data collected during the first 18 days of a nationwide lockdown in New Zealand. Participants report on their institutional trust, attitudes toward the nation and government, physical and psychological health, and subjective well-being. The responses of participants in lockdown are then compared to those of propensity-matched participants surveyed in October to December 2019 (before the global pandemic began), as well as their own (within-person) responses approximately a year earlier. In making these comparisons, this article aims to provide both practical information and theoretical insight into the ways in which complex crises immediately affect people’s feelings about themselves, and their social world. The Context on March 23, 2020, 24 days after the first case of COVID-19 was identified in New Zealand, the government declared that the country would go into lockdown (after 48 hours; Ardern, 2020). This lockdown required New Zealanders to stay within household-level isolation “bubbles.” People could only leave their homes if they needed groceries, medical supplies or treatment, and exercise within their immediate neighborhood, with a few exceptions for personal safety, blended families, single individual households, and “essential workers” such as health care and grocery workers (Bloomfield, 2020). To assess the psychological effects of lockdown during the COVID-19 pandemic, this article uses data from a longitudinal national probability panel survey (the New Zealand Attitudes and Values Study; NZAVS). A total of 1,003 New Zealanders answered the survey, which collects data on a rolling basis, during the first 18 days of lockdown. Comparing their responses with those of a propensity-matched control sample who completed the NZAVS late in 2019 (before the pandemic emerged) provides the conditions of a natural experiment to compare the immediate effects of the lockdown on how participants felt about the nation, the government, and their own lives. Confirmatory within-subjects analyses are also reported.

Institutional Trust and Attitudes Toward Nation and Government

In countries where citizen surveillance and control is limited, the success of lockdown to reduce COVID-19 depends on a complicated voluntary process of information processing and institutional compliance. Specifically, individuals and communities need to trust and adhere to advice from scientists, politicians, and law enforcement, while ignoring disinformation and conspiracy theories. It is possible, however, that the pandemic itself (and subsequent lockdown) not only relies on, but may change, the extent to which people trust institutions (Van Bavel et al., 2020).

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On the one hand, people facing a shared external threat might reflexively increase their trust in institutions partly because they have few other options. The source model of group threat suggests that when groups (e.g., nations) face external threats, they respond by tightening in-group ties (Greenaway & Cruwys, 2019). Consistent with this idea, panel data shows that societal trust increases following natural disasters, perhaps due to the shared need to work together as a society to overcome the disaster (Toya & Skidmore, 2014). On the other hand, people often respond to threatening events with suspicion, developing conspiracy theories about their nature and cause (Dussaillant & Guzmán, 2014; van Prooijen & van Dijk, 2014; Wilson & Rose, 2014). Work conducted during previous pandemics also yields mixed findings. Research from the United States during the H1N1 pandemic suggests that people largely trust public health officials (Paek, Hilyard, Freimuth, Barge, & Mindlin, 2008; Quinn et al., 2013). Longitudinal data collected in Switzerland also showed that people displayed high levels of trust in government and industry during the initial stages of the H1N1 pandemic, but that trust declined over time (Bangerter et al., 2012; see also Quinn et al., 2013). Similarly, longitudinal United States work as the H1N1 pandemic developed reveals that people's perceptions of risk from the virus increased over time, while their interest in becoming vaccinated (and engaging in precautionary behaviors) decreased (Ibuka, Chapman, Meyers, Li, & Galvani, 2010). In the present article, several indices of institutional trust are included: trust in police, engagement with police (i.e., intentions to report suspicious activity to police; adapted from Tyler, 2005), trust in politicians, trust in science (Hartman, Dieckmann, Sprenger, Stastny, & DeMarree, 2017; Nisbet, Cooper, & Garrett, 2015), beliefs about the safety of vaccinations (Lee, Duck, & Sibley, 2017), and belief in conspiracy theories (a measure of mistrust; Lantian, Muller, Nurra, & Douglas, 2016). Each of these indices is relevant to the COVID-19 lockdown. Politicians and scientists are cooperating to plan a response and communicate the reasons behind the response to the public, the police are tasked with enforcement, and beliefs in vaccinations and conspiracy theories relate to how people might understand the causes and nature of COVID-19. Broader attitudes toward the nation and government were also considered. As suggested above, the sense of common fate instilled by national events such as the COVID-19 lockdown may increase focus on in-group (vs. intergroup) considerations, including identification with, and positive feelings about, one's nation (Greenaway & Cruwys, 2019; Li & Brewer, 2004). For example, Americans responded to 9/11 with heightened feelings of patriotism and identification with fellow citizens (Skitka, 2005).

However, although satisfaction with the government and society might increase during the early stages of a pandemic and lockdown, the financial ramifications of both (e.g., unemployment, recession; Meltzer, Cox, & Fukuda, 1999; Smith, Keogh-Brown, Barnett, & Tait, 2009) may reduce satisfaction with national business and economic conditions. These possibilities were assessed by comparing people's broad perceptions of the well-being of government, business, and social and economic conditions (Tiliouine, Cummins, & Davern, 2006), as well as their identification with their nation (Postmes, Haslam, & Jans, 2013) and patriotism (Kosterman & Feshbach, 1989).

Mental and Physical Health and Subjective Well-Being

The lived reality of watching the pandemic unfold, coupled with social isolation and financial insecurity resulting from the lockdown, is also likely to affect people's mental and physical health. A large related literature reveals that living through community-wide disasters (e.g., natural disasters, war, fires, terrorist attacks) results in immediate risk to people's mental and physical health and social relationships (e.g., Bonanno, Brewin, Kaniasty, & Greca, 2010; Norris, Friedman, & Watson, 2002). Rapid research from China confirms relatively high levels of anxiety and depression as a result of the COVID-19 pandemic, particularly among those who perceived themselves to be in poor health prior to the outbreak (Qiu et al., 2020; Wang et al., 2020). In a sample of residents of the Wuhan area, 7% of participants reported posttraumatic stress symptoms, with some evidence that women were more affected than men (Liu et al., 2020). These initial findings are consistent with the high levels of fear and anxiety in the wake of the 2003 global SARS outbreak (Kan et al., 2003; Yu, Ho, So, & Lo, 2005). To assess pre- and post pandemic/lockdown health, a clinically validated measure of mental distress (Kessler et al., 2010) was employed. Indices of rumination (adapted from Nolen-Hoeksema & Morrow, 1993), physical health (Ware & Sherbourne, 1992), self-perceived access to health care, and fatigue were also included. Moreover, because health includes the presence of positive well-being rather than simply the absence of disease or infirmity (World Health Organization, n.d.), two indicators of subjective well-being were analyzed: satisfaction with life (Diener, Emmons, Larsen, & Griffin, 1985) and personal well-being (construed broadly, and involving satisfaction with standard of living, future security, personal relationships, and health; Cummins, Eckersley, Pallant, van Vugt, & Misa-jon, 2003). Indicators of social well-being were also compared, including perceived social support (Cutrona & Russell, 1987), felt belongingness (Hagerty & Patusky, 1995), and sense of community (Sengupta et al., 2013). Given the lockdown has reduced face-to-face social contact and broader connections with others, and that large-scale social threats (e.g., disasters) typically undermine social well-being, a uniform drop in these indices might be expected (Kaniasty & Norris, 1993). However, common threats also provide an opportunity for people to increase social cohesion and connection (Parker, 2006).

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Understanding the social effects of the pandemic and lockdown is necessary because social belonging and support are critical to people's ability to cope and remain resilient in the face of shared threat (e.g., natural disasters; Bonanno et al., 2008; Kaniasty & Norris, 1993). Finally, although disasters may increase support within the immediate family, there are increasing concerns that lockdown conditions (e.g., increased financial strain, alcohol consumption, stress) are likely to increase domestic violence (Capaldi, Knoble, Shortt, & Kim, 2012; Peterman, 2020; Taub, 2020). Pre- and postpandemic/lockdown attitudes toward investment in domestic violence initiatives were therefore compared.

Overview of the Present Study

To elucidate the immediate effects of the drastic social management required to contain the spread of COVID-19, propensity-matched samples of New Zealanders who completed the NZAVS before the beginning of the global COVID-19 pandemic (October 1 to December 31, 2019) and immediately after the New Zealand government's nationwide lockdown in response were compared (refer to Figure 1). Propensity score matching uses data in a way that approximates a randomized controlled experiment (Rosenbaum & Rubin, 1983; Thoemmes & Kim, 2011), increasing the ability to make causal inferences (Austin, 2011; Foster, 2010; Stuart, 2010). Specifically, people who completed the NZAVS during the first 18 days of lockdown ($n=1,003$) were compared with an equally sized control group ($n=1,003$) matched on a range of key variables. Results were then replicated with supplementary within-subjects analyses ($n=918-940$), comparing the responses of people in lockdown to their own responses approximately a year earlier. Two categories of outcomes were examined: (a) institutional trust and attitudes toward the nation and government and (b) health and subjective well-being.

Method

Participants Sampling procedure. The NZAVS is an ongoing national longitudinal panel study of social attitudes, personality, and health outcomes that began in 2009 ($N=4,441-47,951$). Commencing in October 2019, data collection for the 11th wave of the study was underway during the COVID-19 crisis. Participants were originally sampled from the New Zealand electoral roll, which contains contact details of all registered voters. In terms of representativeness, participants in the NZAVS closely reflect the New Zealand population on socioeconomic status, region of residence, and age. Small deviations are evident, however. Women are overrepresented by approximately 10%, as are Europeans; Maori (indigenous peoples) are overrepresented by 5%,

and Asians are underrepresented by 5% (for further sampling information, see the Detailed Method section in the online supplemental materials). All participants provided informed consent. Although the NZAVS accepts opt-in responses, all of the participants in the current article were completing at least their second annual wave of the survey (i.e., were recruited before the lockdown).

Propensity score matching. Given that the NZAVS started surveying participants for the current wave in October 2019, thousands more people had completed the questionnaire prior to the implementation of the lockdown than after it. Therefore, propensity score matching (using the propensity score matching algorithm in SPSS Version 26) was used to match the 1,003 post lockdown (March 26 to April 12, 2020) respondents with 1,003 respondents from the pool of 23,351 prelockdown "controls." These controls had completed the questionnaire from October 1 to December 31, 2019, well before the threat of COVID-19 became known (see Figure 1). Note that these time periods were determined a priori as stated in our pre-registration (see <https://osf.io/e765a/>). The 18-day window for postlockdown data collection was chosen for practical reasons, to ensure that data processing, coding, and analysis could be performed quickly, to provide rapid information. The goal of propensity score matching is to allow valid comparisons between a treatment group and a matched control group when random allocation to condition is not possible (as is the case with experiences of a pandemic). This is achieved by matching participants in the treatment group to similar participants drawn from a larger control sample on demographic (or other "third-variable" factors). In the present article, participants were matched on ethnicity, gender, age, place of birth, New Zealand citizenship (vs. permanent residency), diagnosis with depression or an anxiety disorder in the last 5 years, smoking status, disability status, education, socioeconomic status, rural (vs. urban) location, having a partner or children, and religiosity (the match tolerance was .01 without any failures to match). Thus, any observed differences between the treatment and control group are more likely to be due to the treatment effect (being in the COVID-19 lockdown period) rather than other confounding factors. The full list and description of demographic variables on which propensity score matching was based are presented in Table 1 and in full in Table S1 in the online supplemental materials. We complemented these between-groups comparisons with within-person analyses.

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Conditions of the treatment group. The full timeline of the response rate by date for both the pre- and post lockdown groups is provided in Figure 1. On March 23, 2020, it was announced that New Zealanders had 48 hours to prepare for a nationwide lockdown. The vast majority of New Zealanders have obeyed the lockdown, with opinion polling suggesting that upward of 80–90% agree with the action (Crothers, 2020). All data for participants in the treatment group were collected after March 26, and thus, all participants in the treatment group were in lockdown.

Materials

Full descriptions of the dependent variables are presented in Table S2 in the online supplemental materials.

Institutional trust and attitudes toward the nation and government. Participants were asked about their trust in the police, general police engagement (i.e., intentions to report suspicious activity; Tyler, 2005), trust in politicians, trust in science (Hartman et al., 2017; Nisbet et al., 2015), vaccination attitudes (Lee et al., 2017), and belief in conspiracy theories (Lantian et al., 2016). Participants also rated their satisfaction with the economy, business, social conditions, the current government (Tiliouine et al., 2006), and access to health care (Lee & Sibley, 2017); level of identification with New Zealand (Postmes et al., 2013); and patriotism (Kosterman & Feshbach, 1989).

Mental and physical health and subjective well-being. Measures included the Kessler-6, a short-form scale of psychological distress (Kessler et al., 2010); rumination (Nolen-Hoeksema & Morrow, 1993); and subjective fatigue. Participants' subjective health (Ware & Sherbourne, 1992) and satisfaction with their own health (Cummins et al., 2003) were also assessed. Three other scales assessed perceived social support (Cutrona & Russell, 1987), felt belongingness (Hagerty & Patusky, 1995), and satisfaction with life (Diener et al., 1985). Other questions assessed participants' sense of community with others in their neighborhood (Sengupta et al., 2013); attitudes toward increasing funding for domestic violence prevention; and personal satisfaction with their standard of living, future security, and personal relationships (Cummins et al., 2003).

Results

Full descriptions of the demographic variables, the dependent variables, bivariate correlations among the dependent variables, and sample sizes and confidence intervals for the estimated means are presented in Tables S1–S4 in the online supplemental materials. Means for the prelockdown and the postlockdown groups across variables within the two broad categories of outcomes are presented in Tables 2 and 3. Given low levels of missing data (5% on any variable),

listwise deletion was employed in all analyses.

Institutional Trust and Attitudes Toward Nation and Government

A multivariate analysis of variance (MANOVA) was first conducted to assess whether the linear combination of all outcome variables relating to trust and attitudes toward the nation and government differed between the pre- and post-lockdown groups. The overall model was statistically significant, suggesting that, broadly speaking, levels of trust and attitudes toward the nation and government changed following lockdown (Wilks' .851, $F(13, 189) = 125.44$, $p < .001$, $\eta^2 = .215$; refer to Table S5 in the online supplemental materials for all results from the between-subjects tests using only participants who completed all measures). Within-cell correlations ranged from .02 to .64 (refer to Table S7 in the online supplemental materials for the residual correlation matrices [adjusted for the effects of pre- vs. postlockdown]). Inspection of the residuals indicated they were normally distributed with no extreme values, or values with substantial leverage or Cook's distance. No outliers were deleted. Levene's tests of equality of variances indicated that the variances in specific outcome measures did not differ significantly, with the exception of levels of satisfaction with government, which had less variance in the lockdown condition, $F(1, 1903) = 7.66$, $p = .006$. To maximize sample retention, the MANOVA was followed-up with paired-sample *t* tests (as per the pre-registration). Comparison of means across measures of institutional trust and attitudes toward the nation and government for pre- and post lockdown groups are displayed in Table 2 and Figure S1. The postlockdown group reported slightly greater trust in science, trust in politicians, and trust in police, compared to the prelockdown group. The postlockdown group also reported higher levels of patriotism as well as higher levels of satisfaction with the performance of the New Zealand government compared to the prelockdown group. Three differences did not meet our preregistered criteria of $p < .01$ for comparing across groups: The postlockdown group reported greater national identification ($p = .039$), lower belief in conspiracy theories ($p = .016$), and lower satisfaction with business in New Zealand ($p = .041$). No differences between the two groups were observed in reported satisfaction with health care, social conditions, and the economy, engagement with the police, or vaccination attitudes.

Mental and Physical Health and Subjective Well-Being

Again, a MANOVA was first conducted to assess whether the linear combination of all outcome variables relating to mental and physical health and subjective well-being differed between the pre- and postlockdown groups.

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This overall model was significant, Wilks' .958, $F(13, 1925) = 6.42$, $p = .001$, $\eta^2 = .204$ (refer to Table S6 for all results from the between-subjects tests using only participants who completed all measures). Within-cell correlations ranged from .50 to .72 (refer to Table S7 for the residual correlation matrices [adjusted for the effects of pre- vs. postlockdown]). Inspection of the residuals indicated they were normally distributed with no extreme values, or values with substantial leverage or Cook's distance. No outliers were deleted. Levene's tests of equality of variances indicated that the variances in specific outcomes measures did not differ significantly, with the exception of satisfaction with future security, which had more variance in the lockdown condition, $F(1, 1937) = 12.95$, $p = .001$. Again, following preregistered plans, paired-samples tests were employed to examine these differences. Means across measures of mental and physical health and subjective well-being for pre- and postlockdown groups are displayed in Table 3 and Figure S2 in the online supplemental materials. The postlockdown group reported slightly higher levels of mental distress, as assessed by the Kessler-6, than did the prelockdown group. The distribution of mental distress across the two conditions was then tabulated, as per the cut-off criteria recommended for the Kessler-6 (Kessler et al., 2006). The proportion of participants in the "mild or moderate distress" category was greater in the postlockdown group than in the pre-lockdown group, but the overall chi-square was not significant as per our predetermined criteria (see Table 4), $\chi^2(2, n = 1,970) = 7.85$, $p = .020$.

In addition, the postlockdown group reported a greater sense of community than did the prelockdown group. Of interest, higher levels of sense of community were associated with lower levels of psychological distress postlockdown (as well as prelockdown; $r_s = .21$ and $.24$, respectively; refer to Table S3 in the online supplemental materials). Returning to the main analyses, the postlockdown group reported higher levels of support for investment in reducing domestic violence than did the prelockdown group. In addition, one difference did not meet the predetermined significance criteria: people in the postlockdown group reported less fatigue ($p = .023$). There were no other significant differences between the two groups in the other indicators of mental and physical health and subjective well-being: rumination, felt belongingness, perceived social support, satisfaction with life, one's standard of living, future security, personal relationships, or health, and subjective health assessment.

Follow-Up Within-Subjects Analyses

Complementary analyses that were not part of the pre-registered plan were performed to assess within-person comparisons for those participants who were in the postlockdown group. Because of the longitudinal nature of the data collection,

a large number of these participants had filled out questionnaires approximately a year earlier ($Ns = 918-940$). All measures reported in this article were included in the previous wave except trust in science and belief in conspiracy theories. The results of paired-samples tests for the within-subjects comparisons largely mirror those from the propensity-matched samples (refer to Tables S8 and S9 in the online supplemental materials for the full results). In terms of institutional trust and attitudes toward the nation and government, trust in police and politicians increased within-subjects from pre- to postlockdown ($p_s = .001$, Cohen's $d_s = .22$ and $.27$, respectively). Similarly, patriotism and satisfaction with government also increased ($p_s = .001$, Cohen's $d_s = .24$ and $.58$, respectively). Moreover, additional significant effects emerged. National identification and assessment of vaccination safety both increased ($p_s = .003$, Cohen's $d_s = .08$ and $.19$, respectively), where as satisfaction with business and intentions to engage with the police both decreased ($p_s = .001$, Cohen's $d_s = .16$ and $.13$, respectively). No other differences were significant ($p_s = .053$). Turning to health and subjective well-being, again similar patterns emerged to those reported in the analyses of propensity-matched samples. Sense of community increased ($p = .001$, Cohen's $d = .17$), as did mental distress ($p = .027$, Cohen's $d = .06$). Finally, the drop in fatigue during lockdown was more apparent in these analyses compared to the comparisons across matched groups ($p = .001$, Cohen's $d = .20$). No other significant differences were observed ($p_s = .076$).

Discussion

Countries across the world are implementing measures to fight COVID-19, and their efforts will be enhanced by understanding the psychological effects of the pandemic, lockdowns, and social distancing (Van Bavel et al., 2020). The present article aims to provide rapid and reliable high-quality data on the immediate effects of the pandemic, and lockdown efforts, on social attitudes and health and well-being. In addition to theoretical and scientific implications, these results provide useful information to governments who are quickly needing to devise and adapt policies to manage COVID-19, and useful information to people across the world who are collectively facing this challenge.

Institutional Trust and Attitudes Toward the Nation and Government

Understanding how the pandemic and lockdown might affect institutional trust and attitudes toward the nation and government is important for several reasons. First, research from previous pandemics reveals that trust in government is strongly associated with adherence to health guidelines (Gilles et al., 2011; Prati, Pietrantonio, & Zani, 2011; Quinn et al., 2013). There are also competing theoretical possibilities. Facing a shared threat could foster a greater sense of community by binding people to local and national identities and strengthening affective ties (Greenaway & Cruwys, 2019; Li & Brewer, 2004).

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Alternatively, threat could prompt the uptake of conspiracy theories and the spread of misinformation (Dussaillant & Guzmán, 2014; van Prooijen & van Dijk, 2014; Wilson & Rose, 2014). At a practical level, politicians may be reluctant to adopt strict measures for fear of reprisal from voters. Refuting this concern, results suggest that in the short term, bold and decisive action—even that which puts the economy at risk—has the potential to bring people together at the national or state level. Consistent with theoretical models highlighting that external threats motivate people to band together (Greenaway & Cruwys, 2019), in the early stages of the nationwide lockdown in New Zealand, people reported increased trust in politicians and police, increased satisfaction with the government's performance, and increased patriotism, as well as within-person increases in national identification (Postmes et al., 2013). The conditions of lockdown provide a threat to the economy, with an impending recession meaning increased unemployment, changes to the future of many sectors of the economy, and other uncertainties (McKibbin & Fernando, 2020; New Zealand Treasury, 2020). In the early stages of lockdown, however, there were no effects on broad satisfaction with the economy, although small within-person decreases in satisfaction with business were observed. Moving onto other indices, satisfaction with access to health care and general social conditions did not decrease, indicating that the unprecedented restrictions were not immediately affecting participants' perceptions of society. There has been concern that conspiracy theories will increasingly take hold during the COVID-19 pandemic (El-lis, 2020). Indeed, the pandemic has seen the proliferation of conspiracies and misinformation about the origin and nature of the virus, as well as governments' initiatives to combat it. The present data provides a positive counterpoint to these fears—relative to the prelockdown group, the postlockdown group reported significantly greater trust in science and lower conspiracist ideation (albeit nonsignificantly, $p=.016$). Thus, the data indicate that conspiracist ideation has not increased, perhaps because such ideation is being suppressed by increased trust in government and institutions. Additionally, it may be that small subsections of the population are showing increased attraction to conspiracy theories, while the broader population has moved to reject conspiracies.

Finally, results were mixed for support for vaccinations: no difference was found in the propensity-matched samples, whereas within-subjects analysis suggests that support for vaccines increased postlockdown. These inconclusive results will need to be followed up. In sum, in the early stages of the pandemic and a nation-wide lockdown in New Zealand, people displayed none of the negative threat effects that might be feared. Instead, the effects are consistent with the concept of “rallying around the flag,” a phenomenon also observed by researchers investigating responses to disasters and terrorism (Skitka, 2005; Toya & Skidmore, 2014).

Mental and Physical Health and Subjective Well-Being

There has been much public and academic discussion of the possible negative effects of lockdown, and fears are well-founded. Decades of research demonstrate that social connections are vital to well-being and coping with difficult situations (Holt-Lunstad, Smith, Baker, Harris, & Stephen-son, 2015; Jetten, Haslam, & Haslam, 2011; Muldoon et al., 2017; Putnam, 2001; Val-torta, Kanaan, Gilbody, Ronzi, & Hanratty, 2016). Furthermore, there is manifold evidence that societal threats negatively affect people's health and well-being (Bonanno et al., 2010; Bonanno et al., 2008; Kessler et al., 2006; Norris et al., 2002). Promisingly, in the immediate term at least, there were no significant differences for rumination, felt belongingness, and perceived social support. There were also no differences in reported satisfaction with life, standard of living, future security, personal relationships, and health. Interestingly, there was one potentially positive effect: participants in lockdown reported slightly less fatigue than those prelockdown ($p=.041$ in the propensity-matched samples; $p=.001$ in within-person analyses). Perhaps reduced commuting and out-of-home commitments have given the average person more time to sleep, warding off fatigue. In the context of this general picture of resilience, two findings highlight the dual effects of the lockdown and the pandemic. First, the postlockdown group reported a small increase in psychological distress ($p=.007$ in the propensity-matched samples, $p=.027$ in within-person analyses). The Kessler-6 is the only validated measure of psychological distress in this study, and has been shown to be clinically relevant: Established cutoffs for levels of mental distress on this measure can be used to indicate low, moderate, and serious mental distress (Andrews & Slade, 2001; Kessler et al., 2010; Prochaska, Sung, Max, Shi, & Ong, 2012). Although serious levels of mental distress usually indicate mental illness, moderate levels of distress also warrant intervention (Kessler et al., 2010; Prochaska et al., 2012). Closer examination of scores show that 16.2% of those in the prelockdown group reported moderate mental distress, but this increased to 21.1% in the treatment group (see Table 4; note that the chi-square was not significant, $p=.020$, so results should be interpreted with caution). Thus, even in the very early stages of the pandemic and lockdown, the risk for mental health issues may have increased. Moreover, given that immediate changes can predict longer term distress (Bonanno et al., 2008), it is critical to act quickly to support people who are struggling (see Van Bavel et al., 2020, for suggestions). Second, however, dovetailing with the increased trust and satisfaction at the national level, people currently in lock-down reported a greater sense of community than did those prelockdown. As stated earlier, sense of community and broader social connectedness have been shown to buffer the effects of stress and help people cope with challenges at both a psychological and physical level (Jetten et al., 2011). In fact, it is possible that mental distress may have worsened substantially more in response to the pandemic and lock-down, were it not for the added effects of community and national connectedness and trust. In line with this suggestion, higher levels of a sense of community were associated with lower levels of psychological distress postlockdown (as well as prelockdown).

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Finally, results revealed that, compared to the prelockdown group, support for funding efforts to reduce domestic violence was slightly higher postlockdown. These results may reflect media attention to domestic violence, align with the widening of a sense of social community, and/or an increased awareness of domestic violence as people live through or witness the struggles of being contained in close quarters (Taub, 2020). In sum, the general picture for health and well-being was one of resilience. The findings indicate that the initial stages of the pandemic and lockdown had minimal short-term detrimental effects on physical health and subjective well-being, perhaps in part because of increases in community connectedness. Nonetheless, slightly greater mental distress was evident post lockdown, consistent with prior research—showing that crises negatively affect mental health (Bolin & Kurtz, 2018; Bonanno, Galea, Bucciarelli, & Vlahov, 2007, 2010; Jetten et al., 2011).

Strengths and Limitations

It is not ethically or practically possible to have a tightly controlled experiment in which one group is subjected to a pandemic and another not. The propensity scoring method, however, uses data in a way that approximates a randomized controlled experiment (Rosenbaum & Rubin, 1983; Thoemmes & Kim, 2011). This method was chosen as it allowed for the comparison of similar people at similar times (i.e., separated by only a few months), that differed mainly on whether they were experiencing the lockdown and pandemic. This method is not perfect, however. It is possible, for example, that unmeasured and/or matched variables could account for between group differences, rather than the conditions of the pandemic and lockdown. To account for this concern, supplementary within-subjects analyses were performed, and largely confirmed the results of the propensity matched analyses, increasing confidence in the results. The pandemic is currently unfolding, and solid, reliable information about how people are responding to this crisis is needed now—information that this article uniquely provides. Nevertheless, the results should be interpreted in light of their temporality. Immediate increases in national trust and patriotism, for example, may wane over time, as the economic effects of lockdown worsen and the lived reality of social distancing becomes starker. However, initial compliance with lockdown restrictions requires people to have an immediate trust in government. Likewise, the small effects on mental distress may increase; note that many of our participants were completing surveys only days into the lockdown. Thus, despite a general picture of resilience, with only a small percentage of people becoming moderately distressed, early increases in mental distress must serve as a warning. Continuous efforts must be made to track people throughout the pandemic and varying lockdown measures; steps should be taken to flatten the curve of mental distress as well as viral spread.

Other strengths of this contribution include the measures of particular theoretical and practical relevance to understanding and responding to the effects of COVID-19. The national sample is also a considerable strength. Yet, some of these results may be specific to New Zealand, where strong measures to combat COVID-19 were introduced early (Baker & Wilson, 2020). However, international data showing that many leaders have enjoyed increased approval ratings during the pandemic (Bowe, 2020) allay concerns that these patterns are not relevant to other countries where the response to COVID-19 has been less swift, decisive, or effective. Instead, understanding the effects of different responses to COVID-19 provides unique insights into the widespread effects lockdown efforts may have at a national level; insights needed to make key decisions in combating COVID-19 in countries across the world.

Future Directions

The ongoing social and economic problems arising from the (necessary) COVID-19 response leave open a growing number of important questions. Will increases in patriotism and governmental trust continue? Who will recover from loneliness and loss? Longitudinal work conducted after 9/11 in the United States found that the majority of people were resilient, but a sizable minority went on to develop post-traumatic stress disorder (Bonanno et al., 2007). Futurework will need to look at people's trajectories during and after the pandemic, with a focus on factors that are protective or present risk. For example, although the general picture of resilience across multiple indices may represent many people's experiences, those without social connections and with preexisting vulnerabilities may be more at risk (Bonanno et al., 2007; Jetten et al., 2011; Putnam, 2001). Likewise, compound stressors, such as unemployment or relationship instability, may exacerbate or modify the impact of COVID-19. Multiple potential moderators of the effects reported in this article should be examined, including gender, ethnicity, preexisting health condition or disability, and employment status. Such analyses require large samples (e.g., of unemployed, as well as employed people) and should ideally be longitudinal. One particularly important focus of future work should be efforts to understand how the virus, social distancing, and lockdown is experienced by people from different ethnic and socioeconomic groups (Van Bavel et al., 2020). In New Zealand, Maori (indigenous) academics and community leaders have expressed concerns over the potential for COVID-19 to reinforce the existing structural inequalities brought about by colonization (Te Rōpu Whakakau-papa Uruta, n.d.). Moreover, because Maori have less access to health care, stable housing, and economic opportunities, COVID-19 outbreaks and associated lockdowns are more likely to affect Maori communities (Te Rōpu Whakakau-papa Uruta, n.d.). Similar patterns emerge elsewhere in the world. In the United States, the virus is disproportionately affecting Black Americans who are overrepresented in hospital admissions and fatalities (Garg et al., 2020). This inequality is unlikely to end with the pandemic. Past work reveals that minority ethnicity is a risk factor for ongoing health problems following disasters and terrorist attacks (Bolin & Kurtz, 2018; DiGrande et al., 2008; Fothergill, Maestas, & Darlington, 1999).

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Beyond ethnicity, economic equality will likely emerge as a robust predictor of both mortality and recovery; wealth confers privileges on both national and individual levels, including the capacity to engage in social distancing, and the ability to do so in a comfortable location with adequate food and safety (Ayyub, 2020). Gathering larger samples that provide more in-depth information about these risk factors will be important in engaging with how inequality, disadvantage, and privilege produce differential outcomes from the COVID-19 pandemic.

Conclusion

This article provides information about what can happen in the face of a shared threat and a national lockdown. The results suggest that, under the conditions of a strong and cohesive national response, people are likely to lean on and trust their politicians, scientists, police, and communities. The results also offer insight into how to leverage these responses in different countries, where decisions are less-cohesive and governing bodies are divided on the course of action to take. Research indicates that compliance with leaders is more likely when they build a shared social identity and are seen as acting for collective interest to foster engaged followership (Haslam & Reicher, 2017; VanBavel et al., 2020). Given that trust in government is strongly associated with adherence to health guidelines during pandemics (Gilles et al., 2011; Prati et al., 2011; Quinn et al., 2013), our results raise the possibility that a strong national response to COVID-19, bolstering national attachment, may serve to promote adherence to lockdown and health guidelines. The absence of such a response, however, may provide fertile ground for division, lack of adherence to guidelines, and conspiracy theories. Turning to health and well-being, participants in the present research displayed resilience, with one important exception: days into lockdown, participants reported a small increase in mental distress relative to controls. Coming together in the face of adversity is necessary, especially when the threat can only be defeated through a collective response. But even as people work to protect their communities (and stay home to save lives), they may pay a cost in mental well-being. Continued efforts to monitor responses to COVID-19 and social efforts to contain the disease will be important, as well as early intervention that promotes societal and psychological health, even as physical health is prioritized.

All tables, graphs, and supplemental data are available at:

<https://doi.apa.org/fulltext/2020-39514-001.pdf>

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If history repeats itself,
and the unexpected
always happens, how
incapable must Man be of
learning from experience.

george bernard shaw

HATE
IT HAS CAUSED A LOT
OF PROBLEMS IN THIS
WORLD, BUT IS HAS
NOT SOLVED ONE YET.
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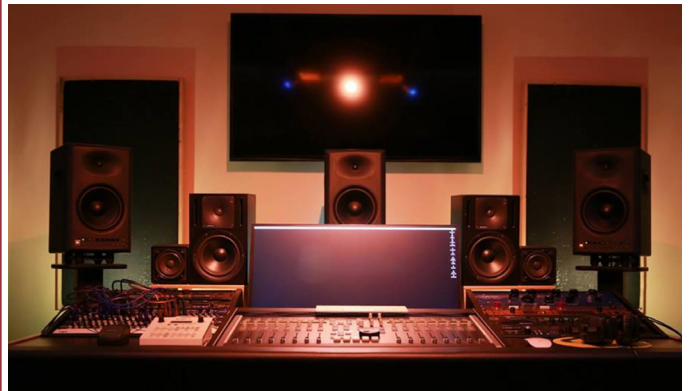
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