

ftm
FAMILY THERAPY MAGAZINE

THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

AAMFT 19

The logo features the text 'AAMFT 19' in a bold, sans-serif font. 'AAMFT' is written in red and '19' is in white. The background is a stylized American flag with a blue field containing a white star and a red field containing a white silhouette of a city skyline, including a prominent domed building.

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AAMFT19 Preliminary Conference Program
Austin, Texas | August 29 – September 1, 2019

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FAMILY THERAPY
MAGAZINE

“As AAMFT continues to strive to be a more open and engaging organization, I strongly encourage you to come and participate in this year’s annual conference in Austin, Texas. Throughout this issue, you can find the conference program, view the many topics being presented, and see that AAMFT is providing a vibrant and compelling environment to engage, learn, and accentuate the notion that **relationships matter.**”



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A Message from the CEO



WHETHER IT IS ASSISTING OTHERS to change their personal relationships, whether it is our own relationships with family and friends, or whether it is among our professional colleagues, the postulate at the very core of systemically-trained therapists is “Relationships Matter.”

Reflecting these values, AAMFT, as the professional home for MFTs, is constantly reviewing member needs and wants as compared to benefits to ensure that those vital professional connections are available. Over the last few years, much energy has been spent in creating sustainable networking opportunities that reflect the evolving interests of members and growth of our profession. I’m surprised, and incredibly proud, of the speed at which these platforms developed:

1,857 members are participating in the following Interest Networks

- Family Therapists in Healthcare
- MFTs Working with Trauma
- Family Therapists in Schools
- Queer and Trans Advocacy Network
- Systemic Perspective Across the Lifespan
- Telehealth and Technology
- Couples and Intimate Relationships
- Working with Military Personnel and their Families

820 members are invested in advocacy and participating on Family TEAM.

8,076 members are participating in the following Geographic Networks and Independent Affiliates.

- Alabama
- Florida
- Louisiana
- North Carolina
- South Carolina
- Alberta
- Georgia
- Manitoba
- Ohio
- Tennessee
- Arizona
- Idaho
- Montana
- Oklahoma
- Washington
- California
- Indiana
- New Hampshire
- Ontario
- Wisconsin
- Colorado
- Missouri/Kansas
- New Jersey
- Oregon
- Wyoming
- Connecticut
- Kentucky
- New York
- Pennsylvania

With nearly half of our members voluntarily participating in these engagement programs, it appears that members are resonating with these platforms and supporting our long-held belief that relationships matter. AAMFT understands that members seek relevant and meaningful relationships within the Association and providing opportunities for networking and collaboration will continue to be a primary focal point.

From these connections come vibrant and exciting projects. For example, the Washington Independent Affiliate partnered with the AAMFT Research and Education Foundation and cosponsored the seminar Working with Refugees in the Clinical Context: Legal, Ethical, and Best Clinical Practices. The New York Geographic Interest Network has been hard at work in 2019 planning several workshops across the state focused on a range of topics from modern infidelity to applying trauma-sensitive yoga to clinical practice.

Topical networks have been busy as well bringing diverse perspectives to our members. The MFTs Working with Trauma Network has been hosting monthly networking calls around trauma-related topics of interest while the Queer and Trans Advocacy Network kicked off March with its webinar Affirmative Care with Transgender/Gender Diverse Youth and their Families. These offer just a small snapshot of the work being done by our MFTs to integrate and further the systemic perspective as a model of effective care.

AAMFT is also working on infrastructure changes that create better customer service and ensure positive experiences for members. For example, AAMFT has streamlined the process for booking legal and ethics consultation so members can sign up online for appointments that accommodate their busy schedules. Another impressive example is that the AAMFT Membership Department handles nearly twice as many membership calls as other associations of similar size. Yet, by the end of 2018, the AAMFT Membership Department was also able to decrease the first time reply average by over 10 hours and experienced a significant gain in member satisfaction moving from 88% to 93.5%. This overall customer satisfaction rating is one of the highest for the

department.

While AAMFT will continue to strive in providing positive relationship experiences for members, careful attention also has to be given to our changing member demographics. As our demographics continue shifting due to normative trends such as retirement, AAMFT must look forward and consider new engagement programs and benefits that will be relevant to future members.

Numerous studies are finding that young Americans are placing much more emphasis on education, economic and professional accomplishment (U.S. Census Bureau, 2016 Current Population Survey Annual Social and Economic Supplement). Therefore, AAMFT must constantly focus on how to become a more open system with benefits that assist the next generation of systemic family therapists. Looking for ways to expand benefits to the over 1,270 members participating in our Emerging Professionals will be key to this effort.

Developing leadership skills is another critical area for advancing careers and the MFT profession. The Leadership Symposium and Certificate programs continue to grow and receive great reviews from participants. Furthering this path, professional designations, specialty credentials, relevant training opportunities, and other benefits (e.g., license portability) that assist with securing employment and career advancement are all part of AAMFT's coming efforts.

Relevant technology will also play a part in ensuring an attractive association for both current and potential members. AAMFT continues to experiment and integrate new technologies, including recent efforts such as:

- The AAMFT App has made events easier to navigate and has shortened the time it takes for our attendees to receive their continuing education credits.
- Launching of the AAMFT Podcast provides insightful news, information and perspectives from well-known therapists in a new medium.
- A pilot project on mixed reality simulation includes grant opportunities for COAMFTE programs and topical interest networks.

Not only are these types of benefits and advancements important for MFTs in the USA, they are also important for our colleagues around the world. Many systemic family therapists receive their training from a COAMFTE-accredited program and then return to their home country of origin. Challenges occur when these members seek means to encourage their peers to participate with AAMFT. Being a potential member residing in a country without licensing should not bar a systemically-trained therapist from being a member. AAMFT will also focus on benefits and eliminating barriers to participation and thereby create more opportunities for developing professional relationships with fellow systemically-trained thinkers and doers.

As AAMFT continues to strive to be a more open and engaging organization, I strongly encourage you to come and participate in this year's annual conference in Austin, Texas. The last conference in Austin was the most attended conference in many years. This year will be no different. Throughout this issue, you can find the conference program, view the many topics being presented, and see that AAMFT is providing a vibrant and compelling environment to engage, learn, and accentuate the notion that "Relationships Matter."

TRACY TODD, PHD

EXECUTIVE EDITOR

Tracy Todd

SENIOR EDITOR

Kimberlee Bryce

DIRECTOR OF STRATEGIC INITIATIVES AND OUTREACH

Amanda Darnley

DESIGN AND PRINT

Good Printers, Bridgewater, VA

Family Therapy Magazine (ISSN 1538-9448) is published bimonthly (January, March, May, July, September, November) by the American Association for Marriage and Family Therapy, Inc., 112 South Alfred Street, Alexandria, VA 22314-3061. Printed in the USA. Periodical mailing from Alexandria and additional entry points. ©2019 by the American Association for Marriage and Family Therapy (AAMFT), Inc. All rights reserved. Written permission for reprinting and duplicating must be obtained through the Copyright Clearance Center at www.copyright.com.

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Manuscripts may be submitted electronically to FTM@aamft.org or mailed to: Editor, Family Therapy Magazine, AAMFT, 112 South Alfred Street, Alexandria, VA 22314-3061. Telephone: (703) 838-9808. Concise articles (1800 words or less) are preferred. Authors should allow at least two months for a decision.

Single issues of FTM can be purchased for \$10 at www.aamft.org/Store.

Advertising materials are due approximately eight weeks before the month of publication. Please call (703) 253-0447 or write to marketing@aamft.org for exact deadline dates and all advertising questions. All advertising must be prepaid.

POSTMASTER:

Send address changes to:
Family Therapy Magazine
112 South Alfred Street,
Alexandria, VA 22314-3061

LETTERS TO THE EDITOR

We encourage members' feedback on issues appearing in the Family Therapy Magazine. Letters should not exceed 250 words in length, and may be edited for grammar, style and clarity. We do not guarantee publication of every letter that is submitted. Letters may be sent to FTM@aamft.org or to Editor, Family Therapy Magazine, 112 South Alfred Street, Alexandria, VA 22314-3061.

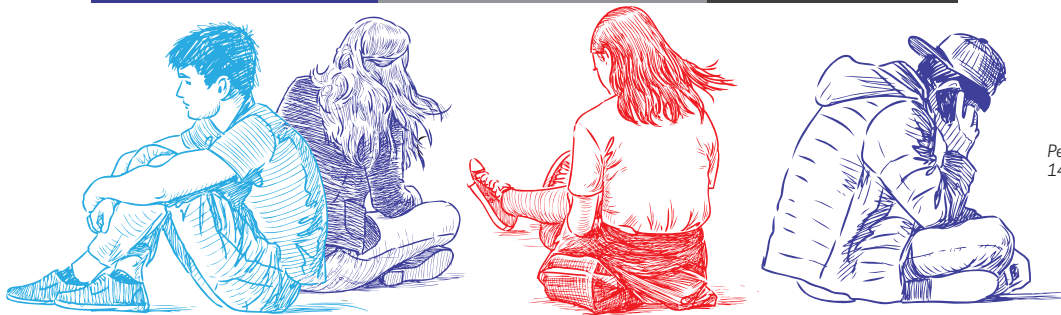
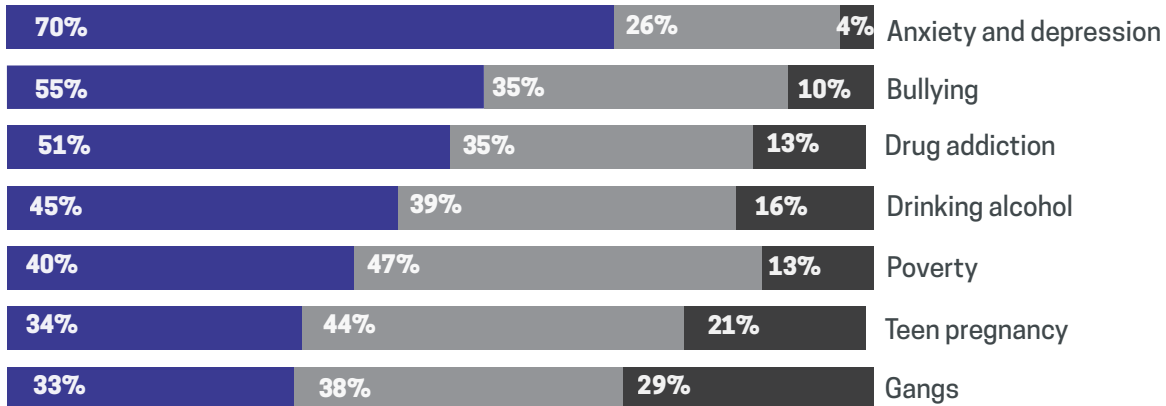


NOTEWORTHY

data note

Anxiety and depression top list of problems teens see among their peers

% of teens saying each of the following is a major problem/minor problem/not a problem among people their age in the community where they live. Some totals do not equal 100% due to unanswered survey questions.



Pew Research Center, Washington, DC. (February 14, 2019). www.pewsocialtrends.org

therapy talk

A study has found that poor mental health is linked with poor diet quality—regardless of personal characteristics, such as gender, education, age, marital status and income level. Findings indicate that adults who consume more unhealthy food are also more likely to report symptoms of moderate to severe psychological distress than their peers who consume a healthier diet. The results are similar to previous studies conducted in other countries that have found a link between mental illness and unhealthy diet choices.

Banta, J. E. et al. (2019, February 16). Mental health status and dietary intake among California adults: A population-based survey. *International Journal of Food Sciences and Nutrition*.

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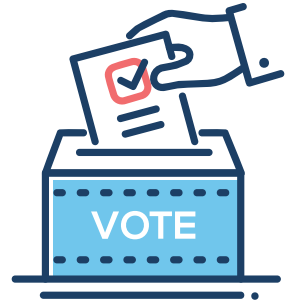
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AAMFT 2018 Preliminary Slate

The AAMFT Elections Council met March 1-2, 2019 to review qualified candidates for various AAMFT elected positions. The council is pleased to announce the preliminary slate for the 2019 elections. The COAMFTE ballot will be sent to Program Directors and Site Visitors in May, and the AAMFT ballot will be sent to eligible members in June. Both ballots will be online only and sent electronically through a third-party vendor.



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2019 Leadership Symposium Inspires Future Leaders of the Profession

In the fifth year of AAMFT's Leadership Symposium, over 130 members came to Arlington, Virginia, to nurture their leadership skills and professional development to further their impact on the profession of marriage and family therapy.

Members participated in interactive keynotes, breakouts, and networking events that supported learning and connection around topics relevant to practice building, career specialization, leadership, professional branding, and more. Each session was customized to the unique needs of marriage and family therapists, concentrating on the common goal of growth within individuals and the profession.

Here are some highlights from the event as told by attendees on #AAMFTLeads: 

I feel a flush of gratefulness right now for the opportunity and content provided by the AAMFT leadership symposium. It is incredibly enriching. [@danupshaw](#)

Based on what I saw at the 2019 Leadership Symposium, the future for the MFT profession is looking bright. Passion. Talents. Dreams. [@cpodgorski](#)

I plan to implement this #AAMFTLeads Leadership Symposium 2019 inspiration by continuing to cultivate relationships w the amazing leaders I've spent time with these past 2 days! As PE, I will promote the vibrancy of this assoc with their shining examples! [@mftshelley](#)



Clockwise from top left: "Lessons Learned from Intersectional Leaders" Breakout Session attendees; Lamba Aziz-Hanifzai and Shelley Hanson; Ulash Thakore-Dunlap; Chef Jeff Hende son, keynote speaker; Deepa Ram-Souza

An AAMFT Staff's Insight as a 2019 Leadership Symposium Attendee

Monica Brile | Member Services Specialist



When I tell family and friends that I now work for the American Association for Marriage and Family Therapy, I frequently hear something akin to “Really!?! Huh. Interesting. . .” My background is in music and arts education. Specifically, I was a high school choir director and art department chair for many years at a college prep school near Boston. That was

prior to incurring a repetitive stress injury which necessitated switching gears professionally. While I was excited to be a part of such important work in my new job at AAMFT, I initially thought my position would be tangential, at best, to my previous career. Over the last seven months, I’ve realized that there are more than a few similarities between my former and current work. This has become more and more clear to me as I’ve delved into my role as a member services specialist. However, the profound resemblance truly resonated when I attended the Leadership Symposium in Arlington, Virginia this year.

As an arts educator, and particularly as a choir director, my students would often hear me expostulating that I was not only teaching them choral or general music, preparing them for musicals and concerts, or generating music for meaningful school events, rather my philosophy of education and the foundation of my work is to inspire creativity and an open-minded approach to living. I strive to foster respect and appreciation for multiple perspectives and approaches to engaging with the world and each other. My passion is developing wide-ranging connections, which I believe are an evolving web between people and ideas. This enables us all to weave a tapestry of mutual understanding, diversity and inclusion that ultimately strengthens the bonds of the community as a whole. Again, as a choir director, the democracy of everyone’s unique voice contributing to the overall harmony of the musical experience is the fundamental goal.

The more that I’ve learned about the systemic approach to marriage and family therapy, the more I’ve been tracing similar threads to my work as an educator. As I experienced at the Leadership Symposium, the systemic perspective can be seen through a wide range of lenses. Chef Jeff told a compelling story of his journey from growing up in a broken home and being sent to prison. It was there he learned to process his family experience and its impact on him so he could rise above his tangled roots and become a world-renowned chef. MFTs Saliha Bava and Laurie Charles demonstrated the necessity of extending the family therapy concept outwards to recognize global mental health as an integral aspect of the well-being of

all humanity as a whole. I explored facilitating socio-culturally diversity inclusion in leadership, as evidenced by the Four Diamonds model which was presented by Michelle Karume, Vishwani Ram-Souza, John Souza Jr., and Ulash Thakore-Dunlap. Leo Mora and Richard Stotts exemplified utilizing systemic awareness and MFT techniques to influence positive organizational change in a larger, bureaucratic setting.

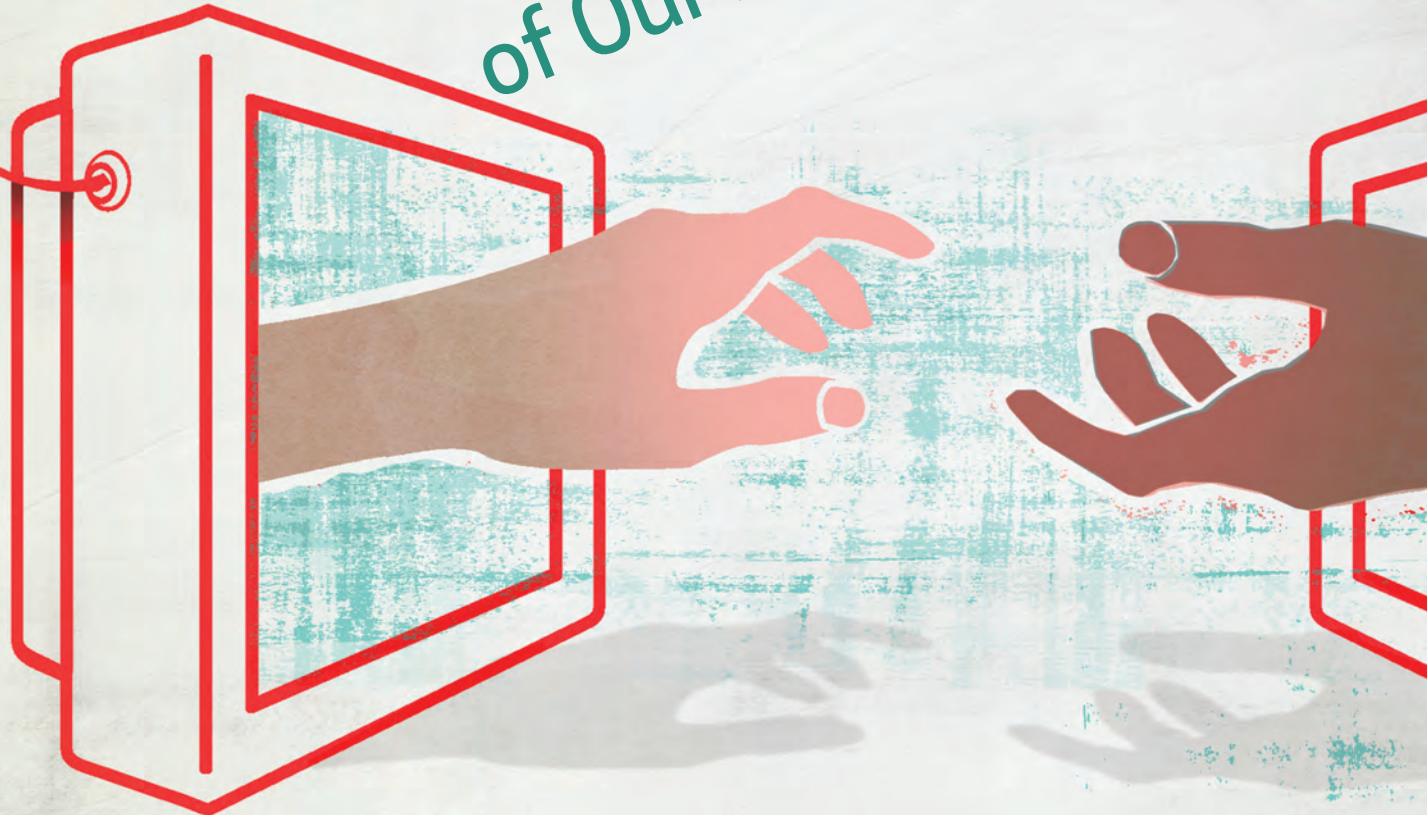
One workshop that particularly resonated with my educator’s soul was that of “Generation Prodigy,” a program developed by Latonya Stephens. She has established an innovative method of presenting non-traditional group therapy to at-risk youth, fostering communication skills, conflict resolution, emotional intelligence and self-awareness in a safe, supportive environment. She offers inner-city teens opportunities to gain perspective on their world through travel, cultural and team building activities and fostering a nurturing community. Most importantly, she is offering a glimpse of the possibilities that life has to offer beyond the limitations, constraints, danger and hopelessness that at-risk youth frequently feel is the only path available to them.

In my work and studies in Arts Education, I’ve frequently promoted the idea of incorporating Emotional Intelligence: both Inter- and Intra-personal EQ, Communication Skills, Conflict Resolution and Self-Reflection into the core curriculum of our educational system. I’ve always wondered why we aren’t teaching and modeling these crucial skills and techniques in school throughout a student’s academic career. Imagine the impact, if all students were actually taught the methods and concepts of making emotionally healthy choices for themselves and in their relationships and interactions with others. If we could guide youth through the various developmental and situational challenges they encounter with an EQ toolkit, our families, schools, communities, organizations and society would be transformed. This type of introspection and collaboration is inherent in the performing arts (or should be), and I’ve been fascinated to realize how directly this relates to the systemic approach that MFTs champion.

I am grateful to have been given the opportunity to participate in the AAMFT Leadership Symposium and to have been enlightened as to the depth and breadth of the work of MFTs. I am also cognizant of the serendipity of joining AAMFT for this chapter of my life story. It’s not a departure in the slightest from my work as an arts educator, and has provided meaningful insight into my personal, artistic understanding of the interconnectedness of humanity. Ultimately, I have found a new and fulfilling community with an inspiring mission to which I can wholeheartedly contribute my skills and talents. I am proud of who we are and what we do at AAMFT, and I’m eager to continue supporting the invaluable work of the MFT profession.

online therapy

Shaping the Future
of Our Field



Jen Labanowski, MS
Shelly Smith, MA

Jaclyn Cravens Pickens, PhD
Aaron Norton, PhD



The widespread availability, affordability, and popularity of technology has influenced individuals' lives in unimaginable ways. The healthcare system has seen significant shifts, with telehealth quickly changing and shaping the future of healthcare accessibility and delivery. Telemental health (TMH) services, or the use of telecommunication to provide and access mental health assessment and intervention across distance, has the potential to significantly change the mental health field. These changes include the opportunity for therapists to reach more clients while decreasing the stigma around mental, emotional, and relational health services. But without the proper research, education, and preparation, we put ourselves and our clients at risk. While technology continues to advance and therapy adapts to new available resources, we, as marriage and family therapists (MFTs), are faced with a decision. We can take advantage of new technology that will shape our field for the better or we can fall short, allow harm, and watch as other mental health fields pass us by.

The interest in TMH increases

Over the last five years, we have seen an increase in consumer utilization of TMH services. Clients are seeking services that are accessible, flexible, and can be incorporated into their daily lives. Clinicians, lawmakers, and thought leaders have also become evermore interested in TMH. Many MFTs are curious and interested in the possibilities and potential that TMH services provide their practices (Blumer, Hertlein, & VandenBosch, 2015).

The increased focus on TMH has occurred for a variety of different reasons. First, the majority of Americans live in locations designated as mental healthcare professional shortage areas, and those areas are growing in number and size (Bureau of Health Workforce, 2018). Across the U.S., the number of licensed marriage and family therapists is not keeping pace with the need for services. TMH services remove barriers to care for those in shortage areas, regardless of location. Living in a rural location no longer becomes a barrier to accessible, affordable mental healthcare. Clinicians can now serve a much larger population than that within driving distance to their offices. Second, insurers are beginning to provide reimbursement for TMH. Third, the continued improvement in the quality of technology has made high quality videoconference sessions possible. TMH platforms such as Simple Practice and Doxy.me allow therapists to offer TMH services that are HIPAA compliant, affordable, and easy to use. Fourth, a growing body of empirical evidence supports TMH services as an effective way to offer mental health

services for individuals for a number of presenting issues and identified populations (Rees & Maclaine, 2015; Spence et al., 2011; Simpson & Reid, 2014; Yuen et al., 2013).

We have a choice

As a field, we now stand at a precipice of a revolution in the way therapy is delivered and accessed by clients. The increased use of, and demand for, TMH has the potential to help or harm our field. While technology continues to advance and therapy adapts to new available resources, we, as MFTs, find ourselves at a crossroads. On one end, we take advantage of technological advances through efficient and effective training, research, and practice. On the other end, we fail to take advantage of the technology revolution, fail to conduct safe and ethical practice, and fail to train therapists properly.

TMH can help our field

Potential exists for TMH to further our field by removing barriers and increasing access to care, while decreasing stigma around all mental and relational health services. As more clients engage in services, we hope stigma around therapy decreases, opening up opportunities and enhancing services offered both online and in the traditional office setting. TMH allows therapy to be more accessible to clients, therefore therapy can feel like a more viable path toward change and increase commitment to the process.

TMH provides clients with increased access to services and specialty providers, and it removes many barriers that impede clients from seeking services. TMH can provide

opportunities for increasing numbers of clients to engage in therapy because it creates access for populations that may otherwise be hesitant or unable to engage in services (e.g., clients in rural areas; clients with physical, emotional, or logistical considerations that may make it difficult to get to a therapist's office on a regular basis; couple or family systems that may have geographical separation or significant difficulties coordinating multiple schedules).

TMH could hurt our field

Conversely, TMH services could tarnish the reputation and credibility of our field. Inadequate training, research, and education can lead to ineffective and unethical treatment of clients.

Inadequate services or therapists untrained in TMH could unknowingly put clients at risk. Such concerns for clients include confidentiality risks due to improper use of technology, inadequate safety precautions for high-risk clients, and ethical violations. MFTs could be at risk for ethical and legal violations due to improper use, description of services, or licensing issues due to inadequate training or certifications. There are a growing number of educational opportunities related to TMH, but the quality and focus of these services vary widely. As a field, we must learn to decipher the difference between high-quality resources and those with outdated, missing, or incorrect information. Research, education, and collaboration are the best paths toward ensuring that TMH will change our field for the better. If we have the proper education, preparation, and adaptation, TMH can almost certainly help our field.

Are we ready?

We might consider how we are preparing ourselves, and the next generation of MFTs, for the increased use of TMH. As all mental health fields work to catch up to the technological advances, current and future MFTs are looking within our field to determine

TMH allows therapy to be more accessible to clients, therefore therapy can feel like a more viable path toward change and increase commitment to the process.

how to provide effective and ethical services. Although research supporting the use of TMH services is growing, research on systemically-based TMH is lacking. AAMFT has produced a helpful guide for best practices (Caldwell, Bischoff, Derrig-Palumbo, & Liebert, 2017) and trainings are offered through various organizations, conferences, workshops, and online institutes. While these resources are helpful steps forward, other areas of training are not often covered in existing trainings (e.g., building a therapeutic relationship through teletherapy, adapting theory of change models).

Further, while research exists on individual teletherapy, MFTs should prioritize determining the effectiveness of teletherapy for relational constellations. These efforts would aid in determining whether we as a field are ready.

In addition to considering how we plan to train therapists to offer TMH services, we may also consider when we plan to do so. As we work to integrate TMH services into our field, we might also consider the following conversation points:

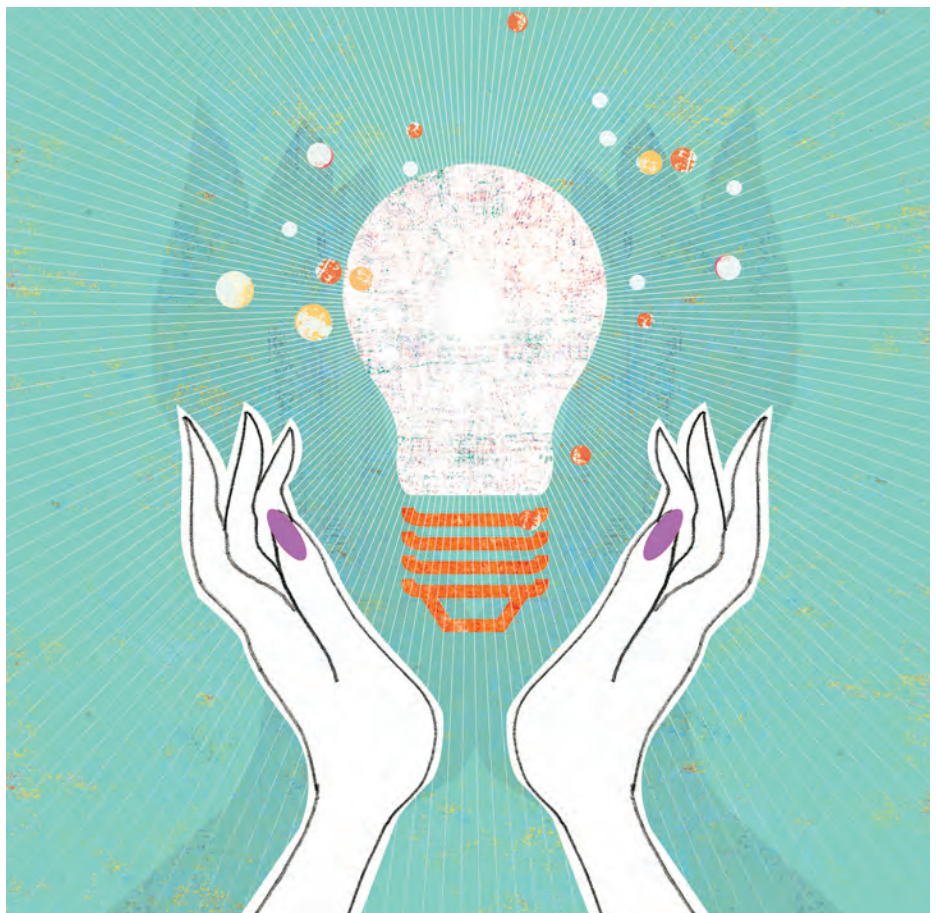
Should TMH training be delayed until the post-graduate level, requiring that trainees' primary focus be in-person services before attempting TMH? Or, is it important that we train student-therapists on how to conduct TMH effectively, safely, and ethically prior to graduation?

If we are not training incoming students in the delivery of TMH, could the next generation of MFTs fall behind other mental health professions? If so, what would be the consequences for our field?

What obstacles and barriers exist for adequate and effective training, for graduate programs and practicing clinicians?

We have a responsibility

Education about TMH is highly



TMH gives providers the opportunity to reach more clients within their specialty area and to enhance their clinical skills in new and innovative ways.

valuable to all MFTs, even for those who do not plan to practice online. Knowledge about TMH decreases the stigma and fear commonly held by therapists, which could be harmful to clients and the future of our field. At any point in the future, we might find ourselves faced with a situation that requires us to confront our fears and biases about TMH. For example, if an existing client requests TMH services due to a change in life factors, could it become our obligation to finish the therapy process online, so as not to abandon the client unnecessarily? Or,

if the next generation of MFT students/supervisees want to be prepared to offer TMH services, how will we properly guide or supervise them if we have no education or training about TMH ourselves? Will employers begin to require experience or knowledge in TMH services? When these situations inevitably arise, we should be prepared with at least a basic level of understanding and openness.

MFTs are innovators

Our field's heritage of innovation positions us to be leaders in the digital age. As MFTs, we are uniquely poised

to simultaneously use technology to our clients' advantage, as well as to use our systemic lens to help guide the direction of TMH for the entire field of therapy. TMH gives providers the opportunity to reach more clients within their specialty area and to enhance their clinical skills in new and innovative ways. TMH services also offer a great deal of time-saving and cost-saving benefits. Further, TMH can create increased access to couples and family therapy by making it easier for clients to engage in services that might otherwise be inhibited by stigma, geographical distance, or difficulties in coordinating multiple schedules.

As MFTs, we know how essential it is to engage in meaningful conversation and the importance of doing so in all parts of the system. The recent surge of TMH growth requires that we have such conversations. Engaging in conversations about TMH, receiving adequate training, and using our forward-thinking, systemic lens will guide the future of MFT. Historically, MFTs were on the edge of dynamic, cutting-edge models of care and treatment, allowing for new, unprecedented ways of practicing therapy. Once again, it is our responsibility to lead the conversation and model best practices.

If we, as MFTs, do not find ways to effectively and ethically provide online services, we will likely find ourselves falling behind other mental health fields. This is not who we are as a field. We are pioneers and innovators. Now

is the time that we must activate as a field to ensure that TMH will change the future of therapy for the better.



Jen Labanowski, MS, LMFT, is co-founder of United Counseling & Wellness, LLC (www.ucwtherapy.com) and Connect, LLC (www.aboutconnect.com).

She is an AAMFT Clinical Fellow working with individuals, couples and families both online and in person. Her interests also include providing therapists with guidance and education about online therapy.



Shelly Smith, MA, LMFT, is co-founder of United Counseling & Wellness, LLC and Connect, LLC. She is an AAMFT Clinical Fellow working with therapists

to provide education and consultation about TMH services. She provides online and in-person therapy services to individuals, couples and families.



Jaclyn Cravens Pickens, PhD, LMFTA, is an assistant professor in the Couple, Marriage, and Family Therapy program at Texas Tech University.

She researches and lectures on technology and couples. Pickens is a Clinical Fellow of AAMFT and maintains a private practice in Lubbock, TX.



Aaron Norton, PhD, LMFT, AAMFT Approved Supervisor, is an assistant professor and program director of the Family Therapy program at Texas Woman's University. He

researches on technology and couples. Norton is a Clinical Fellow of AAMFT and maintains a private practice in Denton, TX.

REFERENCES

Blumer, M. L. C., Hertlein, K. M., & VandenBosch, M. L. (2015). Towards the development of educational core competencies for Couple and Family Therapy Technology Practices. *Contemporary Family Therapy, 37*, 113-121.

Bureau of Health Workforce. (2018, December 31). Designated health professional shortage areas statistics: Designated HPSA quarterly summary. Washington, DC: Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services.

Caldwell, B. E., Bischoff, R. J., Derrig-Palumbo, K. A., & Libert, J. D. (2017). Best practices in the online practice of couple and family therapy. *American Association for Marriage and Family Therapy*.

Rees, C. S., & Maclaine, E. (2015). A systematic review of videoconference-delivered psychological treatment for anxiety disorders. *Australian Psychologist, 50*(4), 259-264. doi:10.1111/ap.12122

Simpson, S. G., & Reid, C. L. (2014). Therapeutic alliance in videoconferencing psychotherapy: A review. *Australian Journal of Rural Health, 22*(6), 280-299.

Spence, S. H., Donovan, C. L., March, S., Gamble, A., Anderson, R. E., Prosser, S., Kenardy, J. (2011). A randomized controlled trial of online versus clinic-based CBT for adolescent anxiety. *Journal of Consulting and Clinical Psychology, 79*(5), 629-642.

Yuen, E. K., Herbert, J. D., Forman, E. M., Goetter, E. M., Juarascio, A. S., Rabin, S., Goodwin, C., & Bouchard, S. (2013). Acceptance based behavior therapy for social anxiety disorder through videoconferencing. *Journal of Anxiety Disorders, 27*(4), 389-397. doi:10.1016/j.janxdis.2013.03.002



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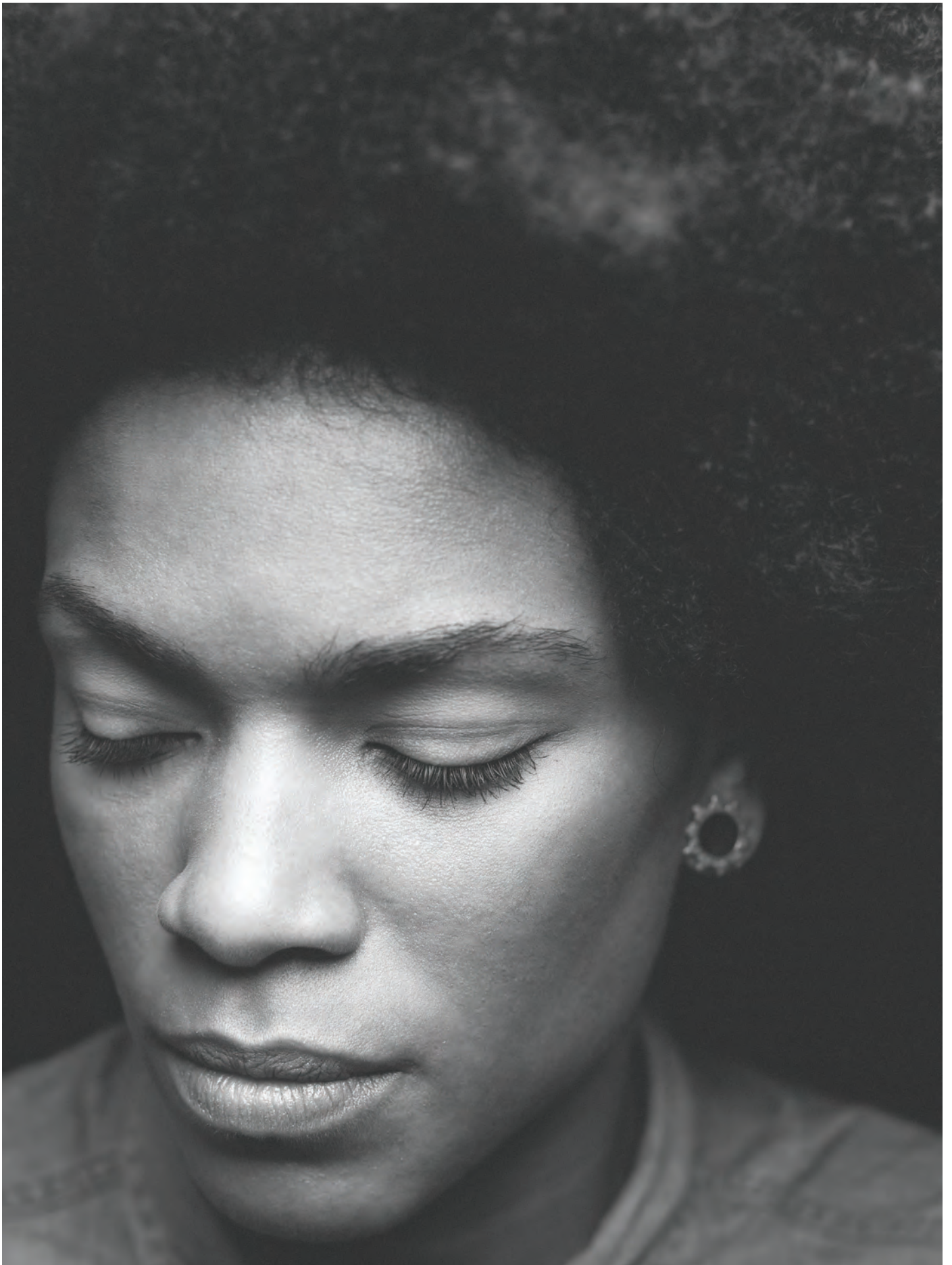
THE AUTHORS PRESENT **Getting Started with TMH**

Part 1: *Online Therapy - Shaping the Future of our Field* | Session 300 | 1:45 - 2:45 p.m., 8/30/19

Part 2: *Logistical Considerations* | Session 400 | 3:00 - 4:00 p.m., 8/30/19

Part 3: *Clinical Considerations* | Session 500 | 8:30 - 9:30 a.m., 8/31/19

Part 4: *Ethical and Legal Considerations* | Session 600 | 9:45 - 10:45 a.m., 8/31/19



Black Superwomen and Depression

REMOVING THE CAPE

Stories covering Black women and depression have increased in many popular magazines and online news sources, highlighting a growing curiosity in Black women and mental health. The intersectionality of race and gender has provided Black women with a unique societal experience (Gay & Tate, 1998; Speight, Isom, & Thomas, 2013). Black girls are considered to be more adult-like, and less innocent than their White counterparts (Epstein, Blake, & Gonzalez, 2017). This presumption, classified as “girlhood, interrupted,” contains the belief that Black girls are well-versed in adult topics, more independent, and do not need to be supported and comforted as much as their peers (Epstein et al., 2017).

DeAnna Harris-McKoy, PhD Taimyr Strachan, MS

Over time, these perceptions have become an established practice for Black women to be on the receiving end of less protection, nurturance, and support in our society (Epstein et al., 2017). In conjunction with historical influences, these perceptions have shaped ideas about Black womanhood.

The “strong black woman” (SBW) stereotype has been internalized by Black women and transmitted over generations. It has become a defining feature of Black womanhood (Beauboeuf-Lafontant, 2009), and is laced with the expectations of managing various roles, being hard-working and resilient, prioritizing the needs of others before self, being a source of nurturing support for all those around while still exuding strength, and disregarding their emotional needs (Abrams, Maxwell, Pope, & Belgrave, 2014; Harris-Perry, 2011; Woods-Giscombe, 2010). Although many have noted that the SBW stereotype is a myth that has its sources in chattel slavery (Jewell, 1993; Romero, 2000), it still remains that Black girls are being socialized into strong Black women. On the surface, it sounds remarkable for Black women to have the ability to contend with so much! While these traits can create a sense of resiliency, drive, and career success (Reynolds-Dobbs, Thomas, & Harrison, 2008; Woods-Giscombe, 2010), they are also sources of stress that have been linked to depression, denying or suppressing existence of mental illnesses, and reluctance in help-seeking (Neal-Barnett & Crowther, 2000).

Depression and Black women

Depression is one of the most common, misdiagnosed, and under-diagnosed illnesses (World Health

Organization, 2016). Depression, not only influences a person’s emotional state, but it also negatively influences relationships with others, work performance, and increases missed days from work (Rice, Elerian, & Gaul, 2014). Despite being a commonly occurring disorder, many are still uninformed or misinformed about symptoms of depression (Hoytt & Beard, 2012; National Alliance on Mental Illness [NAMI], n.d). Due to the stigma of mental health conditions, signs of a disorder are rarely discussed or acknowledged, especially in the Black community (NAMI, n.d.). Signs of mental health conditions, like depression, can be seen as a weakness (NAMI, n.d.), therefore help seeking behaviors may not be encouraged or supported (Dixon & Vaz, 2005; Hoytt & Beard, 2012).

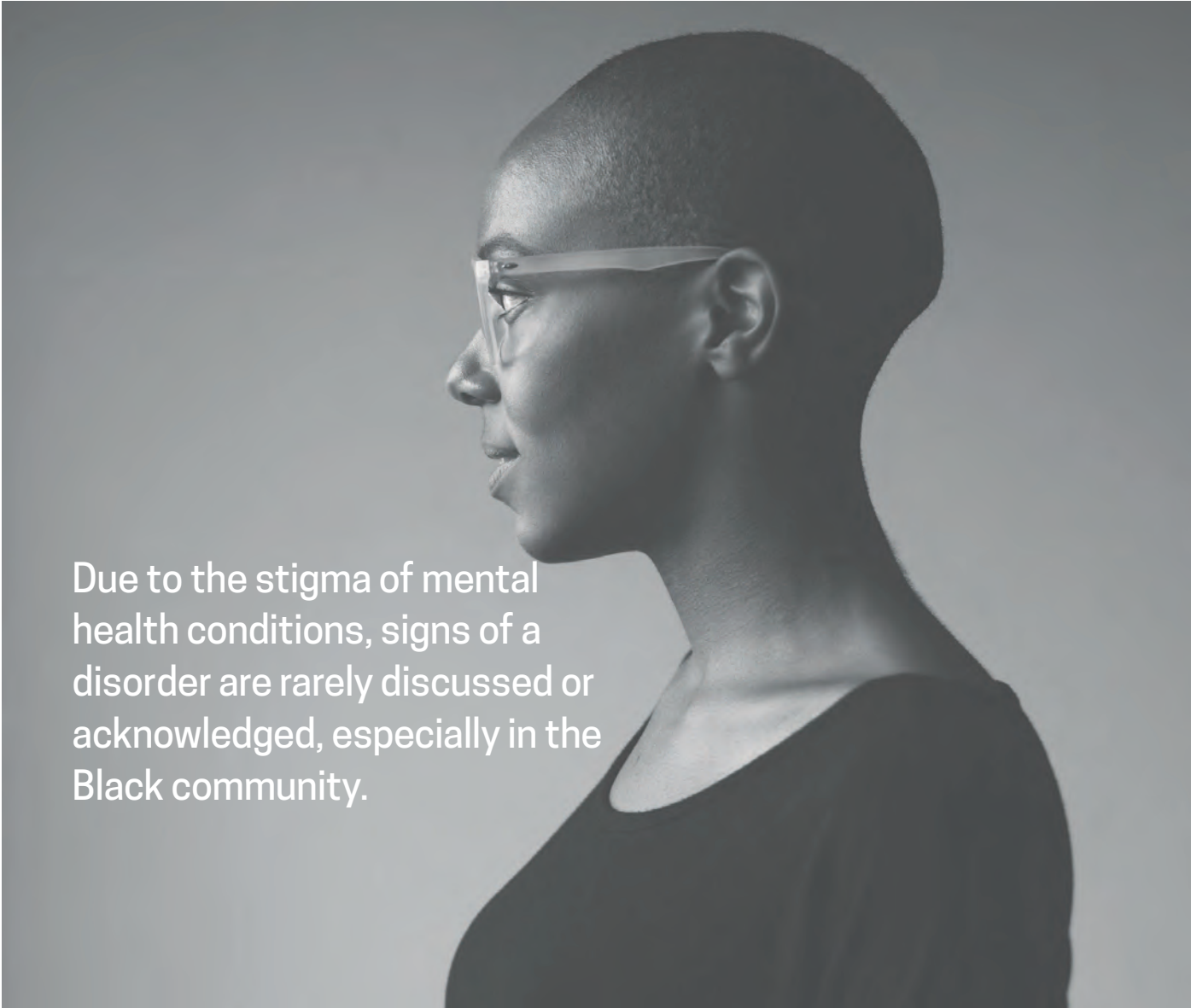
The mental health agenda has historically ignored the unique perspectives of Black women (Allen & Britt, 1984). There are numerous discussions in the literature exploring the psychology of women, and even discussions detailing the psychology of the Black population (Bell, 2017). However, when it comes to discourse regarding the mental health of Black women, there is a concerning deficiency that needs to be addressed. Depression in Black women continues to be an understudied topic, however it has critical implications for the social and psychological wellbeing of the Black community (Abrams, Hill,

& Maxwell, 2018). The percentages of Non-Hispanic Black women reporting feelings of hopelessness, sadness, and worthlessness was significantly greater in comparison to Non-Hispanic White women (Centers for Disease Control, 2016). There is a concern that depression in Black women is often unrecognizable in treatment settings; which leads to symptoms being overlooked, undiagnosed, and possibly invalidated.

The research project

In order to help shed light on what depression looks and feels like for Black women, I (DHM) began a research project that stemmed from my clinical work. A wave of Black women came to therapy discussing symptoms of depression. Being a culturally-informed, community-oriented researcher, I then met with other Black women who experience depression to inform a study design. We decided that the project should involve focus groups and workshops with a *sista circle* feel. I then submitted a grant proposal to the Hogg Foundation for Mental Health, which was successfully funded. The research team provided psychoeducational material at three different community events, one hosted by us. The workshop was titled “Removing the Mask: Black Women and Depression,” which included a lecture and a panel discussion featuring Angela Walton, Charnell Covert, MAWH, and Edna Brinkley, PhD. Participants then completed measures about depression, collective self-esteem, and quality of health. We also conducted three separate focus groups to gain a deeper understanding of the topic.

Black women are rarely invited to participate in research studies, despite their willingness to be involved (Brewer et al., 2014). Three hundred Black women participated in this project with the help of many Black women’s service organizations.



Due to the stigma of mental health conditions, signs of a disorder are rarely discussed or acknowledged, especially in the Black community.

Future research

There is a lack of research involving the Black community (Briggs, Banks, & Briggs, 2014; Jones, Hardiman, & Carpenter, 2007). Future research should continue to study how Black women experience depression, social determinants of depressive symptoms, how they define recovery from depression, and how they recover from depression. Due to historical discrimination, health professionals and researchers may need to gain the trust of this population before engaging in research. When working

with Black communities, Briggs et al. (2014) suggested that researchers should build relationships with key community leaders in order to increase participation in the research projects.

Clinical implications

Clinicians should begin by exploring their stereotypes about Black women. The SBW stereotype may be related to the lack of quality care received from various health professionals. Black women are often perceived as being able to handle more pain (physically and mentally) than their counterparts

(Hoffman, Trawalter, Axt, & Oliver, 2016). Clinicians can also follow my work (TS) concerning Post-Traumatic Slave Syndrome and its influence on anxiety and depression. Clinicians can use Structural Therapy to help Black women move from a parental subsystem with their friends, family, and community. Caring for friends, family, and community can be accomplished without sacrificing themselves. Using Contextual Therapy, clinicians can discuss legacies and ledgers. Black women may not feel entitled to focus on

recovery due to legacies of sacrifice. Understanding Black women's experience with depression may assist clinicians in diagnosing depression, retaining Black women as consumers in therapy, increasing clinical and personal recovery from depression, and reducing health disparities in engagement in mental healthcare.



DeAnna Harris-McKoy, PhD, LMFT-S, is a Clinical Fellow of AAMFT, an assistant professor at Texas A&M University Central Texas, and a couple and family

therapist in private practice. She is also an AAMFT Approved Supervisor and an alumna of the Minority Fellowship Program. She will be presenting on Black women and depression at the 2019 AAMFT Conference.



Taimyr Strachan, MS, AMFT, is a Pre-Clinical Fellow of AAMFT, a doctoral candidate at University of Iowa, and a staff counselor/LGBTQIA liaison at the University

of West Georgia. She is an alumna of the Minority Fellowship Program and has presented at multiple conferences. She will be presenting about Black women and depression at the 2019 AAMFT Conference.

REFERENCES

Abrams, J. A., Hill, A., & Maxwell, M. (2018). Underneath the mask of the strong Black woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among U.S. Black women. *Sex Roles: A Journal of Research*. <https://doi.org/10.1007/s11199-018-0956-y>

Abrams, J. A., Maxwell, M., Pope, M., & Belgrave, F. Z. (2014). Carrying the world with the grace of a lady and the grit of a warrior: Deepening our understanding of the "strong Black woman" schema. *Psychology of Women Quarterly*, *38*(4), 503-518. <https://doi.org/10.1177/0361684314541418>

Allen, L., & Britt, D. W. (1984). Black women in American society: A resource development perspective. In A. U. Rickel, M. Gerrard, & I. Iscoe (Eds.), *Women in society: A community psychology perspective* (pp. 61-79). New York: McGraw Hill/Hemisphere Press.

Beauboeuf-Lafontant, T. (2009). *Behind the mask of the strong Black woman: Voice and the embodiment of a costly performance*. Philadelphia, PA: Temple University Press. <https://doi.org/10.1177/0094306110380384d>

Bell, K. (2017). Sisters on sisters: Inner peace from the Black woman mental health professional perspective. In S. Y. Evans, K. Bell, & N. K. Burton (Eds.), *Black women's mental health: Balancing strength and vulnerability* (pp. 23-42). Albany, NY: State University of New York Press.

Brewer, L. C., Hayes, S. N., Parker, M. W., Balls-Berry, J. E., Halyard, M. Y., Pinn, V. W., & Breitkopf, C. R. (2014). African American women's perception and attitudes regarding participation in medical research: The Mayo Clinic/The Links, Incorporated Partnership. *Journal of Women's Health*, *23*, 1-7.

Briggs, H. E., Banks, L., & Briggs, A. C. (2014). Increasing knowledge and mental health service among African Americans through evidence-based practice and culture injection vector engagement practice approaches. *Best Practices in Mental Health*, *10*, 1-4.

Centers for Disease Control. (2016). Summary health statistics: National health interview survey: 2014. Table A-7. Retrieved from <http://www.cdc.gov/nchs/nhis/shs/tables.htm>.

Dixon, C. G. & Vaz, K. (2005). Perceptions of African Americans regarding mental health counseling. In D. A. Harley & J. M. Dillard (Eds.), *Contemporary mental health issues among African Americans* (pp. 163-174). Alexandria, VA: American Counseling Association.

Epstein, R., Blake, J., & Gonzalez, T. (2017). Girlhood interrupted: The erasure of Black girls' childhood. Washington, DC: Georgetown Law Center on Poverty and Inequality. doi:10.2139/ssrn.3000695

Gay, C., & Tate, K. (1998). Doubly bound: The impact of gender and race on the politics of Black women. *Political Psychology*, *19*, 169-184. doi: 10.1111/0162-895X.00098

Harris-Perry, M. V. (2011). *Sister citizen: Shame, stereotypes, and Black women in America*. New Haven, CT: Yale University Press.

Hoffman, K., Trawalter, S., Axt, J., & Oliver, M. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences*, *113*(16), 4296-4301.

Hoytt, E. H. & Beard, H. (2012). *Health first!: Black women's wellness guide*. Carlsbad, CA: Hay House Inc.

Jewell, K. S. (1993). *From mammy to Miss America and beyond: Cultural images and the shaping of US social policy*. London: Routledge.

Jones, L. V., Hardiman, E. R., Carpenter, J. (2007). Mental health recovery: A strengths-based approach to culturally relevant services for African Americans. *Journal of Human Behavior in the Social Environment*, *15*, 251- 269.

National Alliance on Mental Illness. (n.d.). African American mental health. Retrieved from <https://www.nami.org/Find-Support/Diverse-Communities/African-American-Mental-Health>.

Neal-Barnett, A. M., & Crowther, J. H. (2000). To be female, middle class, anxious, and Black. *Psychology of Women Quarterly*, *24*, 129-136.

Reynolds-Dobbs, W., Thomas, K., M., & Harrison, M. S. (2008). From mammy to superwoman: Images that hinder Black women's career development. *Journal of Career Development*, *35*, 129-150.

Rice, E., Elerian, N., Gaul, L. (2014). Texas Department of State Health Services: The health status of Texas 2014. Retrieved from <http://www.dshs.state.tx.us/chs/HealthStatusOfTexas.pdf>.

Romero, R. E. (2000). The icon of the strong Black woman: The paradox of strength. In L. C. Jackson & B. Greene (Eds.), *Psychotherapy with African American women: Innovations in psychodynamic perspectives and practice* (pp. 225-238). New York: Guilford Press.

Speight, S. L., Isom, D. A., & Thomas, A. J. (2013). From hottentot to superwoman: Issues of identity and mental health for African American women. In C. Z. Enns & E. N. Williams (Eds.), *The Oxford handbook of feminist multicultural counseling psychology*, (pp. 115-130). New York: Oxford University Press.

Woods-Giscombé, C. L. (2010). Superwoman schema: African American Women's views on stress, strength, and health. *Qualitative Health Research*, *20*, 688-683.

World Health Organization (2016). Depression. Retrieved from <http://www.who.int/mediacentre/factsheets/fs369/en/>.



DON'T MISS US IN AUSTIN!

THE AUTHORS PRESENT

Understanding Black Women and Depression

Research Discussion Session 2 | 12:30 - 1:30 p.m. 8/30/19



Autism:

Promoting Whole Family Wellness

Chrystal McDowell, MA

Anna Hernandez, MA



Many marriage and family therapists have a deep compassion and desire to help others. Because of the profession's focus on whole family wellness, MFTs are in a unique position to identify an increase in prevalence of mental health issues facing the community. The Center for Disease Control (CDC) recently increased its estimate of the prevalence of Autism Spectrum Disorder (ASD) in children by 15 percent in its biennial update (Baio et al., 2018). In the study, the CDC estimated that 1 in every 59 children nationally could be diagnosed with ASD based on an analysis of children aged between 8 to 11 years (Baio et al., 2018).

Autism has become a more common diagnosis in that the signs and symptoms are being identified and treated earlier in life. However, access to a diagnosis and then treatment can take months to acquire and this prolonged state of “not-knowing” leads to varied amounts of stress on the families of autistic children. **If 1 in 59 children are diagnosed with autism, then 1 in 59 families can also benefit from whole family intervention style support groups.**

ASD is defined as persistent deficits in social communication and social interaction across multiple contexts; restricted, repetitive patterns of behavior, interests, or activities (American Psychiatric Association, 2013). Given the increased frequency of children being diagnosed with ASD, therapists are becoming more likely to encounter children and their families with this diagnosis. Research suggests that families of autistic children experience unusually high amounts of stress across multiple factions of their life with no real outlet for voicing their daily struggles. Families commonly experience marital stress, parental subsystem stress, sibling stress, and a struggle to develop coping strategies (Rivers & Stoneman, 2003). Despite this, support groups for families of children diagnosed with ASD is a relatively new concept in the field of marriage and family therapy. Creating support groups in local communities has the potential to change lives on a small but impactful scale.

Therefore, an approach focused on whole family wellness with a systemic emphasis mandates the inclusion of support groups in the treatment planning of families with a child diagnosed with ASD and makes the training of systemic therapists in this specific area essential for providing best practice care. Additionally, training in a group setting will provide therapists with a unique perspective they can utilize when working with support groups, as they themselves will be leading the families as a group.

Post diagnosis

Receiving a significant diagnosis such as ASD can elicit a strong emotional response in both the parents and other family members. After the initial diagnosis, common feelings of sadness, anger, depression and disagreement demonstrate various points in the grief process (Barnett, Clements, Kaplan-Estrin, & Fialka, 2003). Marital stress is also a common occurrence with an autism diagnosis. Meadan, Halle & Ebata found that parents, primarily



Creating support groups in local communities has the potential to change lives on a small but impactful scale.

mothers, of individuals with ASD reported significantly more stress and lower levels of well being than both parents of children without disabilities and children with other disabilities. This stress could have a negative impact on parents, leading to depression, anger, anxiety, and marital discord (2010).

Additionally, siblings can experience the process uniquely depending on the present family subsystems in place. Current research findings on the effects on siblings have been inconsistent. One study found negative outcomes for siblings, including loneliness and hassles with their siblings' behaviors, externalizing and internalizing behavior problems, depression and sibling interactions that are less socially reciprocal (Rivers & Stoneman, 2003). However, others found no notable differences (Roeyers & Mycke 1995).

Benefits of early support

Regardless of the severity of the reaction, parents, siblings, and other family members in the child's family system should be invited to the support group to maintain a systemic perspective. Families often seek effective follow up services after a difficult diagnosis, which can offer many potential benefits. These

services, such as support groups, can help facilitate acceptance of the diagnosis by the family members and encourage parental self-care. Because problem behaviors often arise from an ASD diagnosis, support groups provide parental training in necessary behavior modification techniques and parent training. Early supports can help families more readily adapt to a new phase in their life cycle.

Designing a support group

When developing a support group, identifying the type of support that the family is seeking is paramount in determining the initial success of the group. A study completed by Guralnick, Hammond, Neville, and Connor (2008) found there were four basic types of support that parents seek after a developmental diagnosis. They are community support, professional support, parenting support, and emotional support. The type of support needed can be determined by two categories of stressors that families generally experience after a diagnosis. Parent-related stress referred to stresses affecting the parent's general well-being such as depression or feelings of role restriction and parenting competency. Child-related stress was defined as stresses directly linked to their child's particular characteristics such as difficulty

adapting to new situations or mood and emotional responses (Guralnick et al., 2008). The type of stress affecting the parent will determine the type of support most sought by the parent.

We suggest giving a survey prior to beginning a support group, such as the Parenting Stress Inventory (PSI) to help guide the therapist when working with the group's unique needs. Each group may have several families experiencing different levels and types of stress, but a variety of topics can be covered each week to accommodate. Group work can provide parents with a network of other families with similar experiences. A common experience described by 14 parents of children with autism was extreme social isolation and lack of understanding from others. This finding suggests that one of the greatest needs for families coping with a diagnosis is finding acceptance and support from others (Banach, Judice, Conway, & Couse, 2010). These groups can help decrease feelings of isolation by providing long-term supports for families seeking help post diagnosis.

Ecological Systems Theory and support groups

Bronfenbrenner's (1992) Ecological System's Theory asserts that there are four ecological systems nested around a focus individual. The systems described in his theory are macrosystems, exosystems, mesosystems, and microsystems. Bronfenbrenner believed that each system came from a setting where people could readily engage in face-to-face interaction. He believed that each system was interconnected and present throughout the life cycle. Therapists' work, at its root, can be described as an interconnected network where various transactions occur. The factors impacting individuals with ASD and their families are interconnected and the stress factors that impact those families are woven within this inter-connectivity. Since no person can be identified as separate from social context, this must

be viewed as a frame within which the social context exists. An intervention occurring in an interconnected system means that the support groups taking place away from the vicinity of the ASD child often result in desirable outcomes for the families.

Bringing it all together

Families who receive an ASD diagnosis for their child are bombarded with a plethora of decisions and internal emotional reactions through which they have to navigate. One in 59 parents will hope they do not have to wander this sea of overwhelming information alone. Early support and intervention are key in the success of a support group and can give many potential benefits to struggling families. Support groups can provide encouragement in a challenging time, alleviate feelings of isolation, and empower families to take back control of their lives.



Chrystal McDowell, MA, LAMFT, is an AAMFT Pre-Clinical Fellow in Macon, GA, working for a company that specializes in autism services for children. Her research

interests include working with children and families to create integrative programs focused on whole family wellness with a strong emphasis on developmental disorders, parental stress, and sibling interactions.



Anna Hernandez, LAMFT, is a therapist in private practice in Warner Robins, GA. She is a Student member of AAMFT and primarily works with couples counseling and ADHD/

autism/learning disabled children. Hernandez is employed as a marriage and family therapist at Southern Bridge Counseling. a Student member of AAMFT.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5th ed.* Arlington, VA: Author.
- Baio, J., Wiggins, L., Christensen, D. L., Maenner, M. J., Daniels, J., Warren, Z., Kurzius-Spencer, M., Zahorodny, W., Robinson Rosenberg, C., White, T., Durkin, M. S., Imm, P., Nikolaou, L., Yeargin-Allsopp, M., Lee L. C., Harrington, R., Lopez, M., Fitzgerald, R. T., Hewitt, A., Pettygrove, S., Constantino, J. N., Vehorn, A., Shenouda, J., Hall-Lande, J., Van Naarden Braun, K., Dowling, N. F. (2018, April 27). Prevalence of autism spectrum disorder among children aged 8 years: Autism and developmental disabilities monitoring network, 11 sites, Unites States, 2014. *MMWR Surveillance Summaries*, 67(6),1-23.
- Banach, M., Judice, J., Conway, L., & Couse, L. J. (2010). Family support and empowerment: Post autism diagnosis support group for parents. *Social Work with Groups*, 33(1), 69-83.
- Barnett, D., Clements, M., Kaplan-Estrin, M., & Fialka, J. (2003). Building new dreams; supporting parents' adaptation to their child with special needs. *Infants and Young Children: An Interdisciplinary Journal of Special Care Practices*, 16(3), 184-200.
- Bronfenbrenner, U. (1992). *Ecological systems theory*. Jessica Kingsley Publishers.
- Guralnick, M. J., Hammond, M. A., Neville, B., & Connor, R. T. (2008). The relationship between sources and functions of social support and dimensions of child and parent-related stress. *Journal of Intellectual Disability Research*, 53(12), 1138-1154.
- Meadan, H., Halle, J. W., & Ebata, A. T. (2010). Families with children who have autism spectrum disorders: Stress and support. *Exceptional children*, 77(1), 7-36.
- Rivers, J. W., & Stoneman, Z. (2003). Sibling relationships when a child has autism: Marital stress and support coping. *Journal of Autism and Developmental Disorders*, 33(4), 383-394.
- Roeyers, H., & Mycke, K. (1995). Siblings of children with autism, with mental retardation and with normal development. *Child: Care, Health & Development*, 21, 305-319.

**DON'T MISS
US IN AUSTIN!**

THE AUTHORS PRESENT
**Autism: Promoting Whole
Family Wellness using
Parent Support Groups**

Session 309

1:45 - 2:45 p.m, 8/30/19





SPIRITUALLY INTEGRATED FAMILY THERAPY WITH MUSLIM CLIENTS

Globalization has accelerated the growth of diversity in today's societies. It is important now more than ever for marriage and family therapists to be on the cutting edge of practice and research on conducting competent therapy with clients who do not look, act, or think like us. Without proper introspection of one's own biases and training in how to understand and work best with clients from diverse backgrounds, we run the risk of premature termination despite our best efforts to be open and welcoming.

Afshana Haque, PhD

Islam, in particular, is the fastest growing religion in the world. And in the U.S. specifically, the Muslim population is rapidly increasing due to fertility rates and migration of Muslims to the U.S. (Besheer, 2017).

Nevertheless, macro-systemic factors such as the sociopolitical climate, media portrayal, and legislation like the Patriot Act have created negative mental health repercussions which increased the need for systemic therapy for Muslims.

If you have never seen a Muslim in therapy before, chances are you may come across a Muslim client at some point in your career, especially if you practice in large cities. In the U.S., the majority of Muslims are minorities who come from a diverse range of countries, ethnicities, cultures, socio-economic status, political affiliations, levels of biculturalism, religiosity, and spirituality. The ethnic background of Muslims includes Arab, Persian, White, Asian, Black, African, Hispanic and other/mixed. Muslims' ethnic identity, among other identities and cultural contexts, greatly influence the expression of their Islamic faith. Therefore, it is imperative not only to consider these factors in your therapy sessions, but also the intersection of these factors when working with Muslim clients (Haque, Tubbs, Kahumoku-Fessler, & Brown, 2018).

Incorporating Culturally Responsive Therapy (CRT) in your therapeutic work with Muslim clients can help you successfully navigate through the various cultural contexts that influence your clients (Seponski, Bermudez, & Lewis, 2013). CRT also highlights the importance of considering the issues around poverty, language barriers, structural racism, segregation, social isolation, and distrust towards institutions. Moreover, discussing the client's worldviews, traditions, and community support systems can

enhance the therapeutic alliance.

Finally, CRT advocates for the use of cultural consultants such as community members to aid in the therapeutic process and to help avoid unintentional oppression (Seponski et al., 2013).

Understanding the contexts that contribute to the intragroup diversity of Muslims is an important step towards effective therapeutic practice. In addition to the demographic factors mentioned earlier, Muslims' practice of Islam is influenced by (but not limited to) the intersections of their Islamic education, family relationships, multireligious households, level of religiosity, birth into or conversion to Islam, Muslim Identity, sexual orientation, and acculturation or biculturalism. Pew Research Center (2017) reports that 87% of Muslims in America say that religion is either very (65%) or somewhat important (22%) to them. In addition to CRT, incorporating a collaborative relationship can aid in assessing the various identities and contexts that are valued and/or are at the forefront of their lives. Respecting that clients are the experts of their lives while remaining transparent about your own cultural contexts can aid in strengthening the therapeutic alliance, as well as clarify any preconceived notions the client may have about you or the therapy process.

Upon establishing rapport and understanding the Muslim client's social location, the therapist can assess the need for addressing the role of religion and spirituality. The therapist can look for specific indicators that may signal a client's desire for incorporating discussions that are related to religion or

spirituality. Examples include: if clients refer to or quote Islamic scripture, refer to their challenge or issue as the result of God's punishment, test or mercy, if they seek meaning behind their specific issue, ask existential questions and are searching for purpose, or specifically seek out a Muslim therapist in hopes of gaining an Islamic perspective. Overall, if clients demonstrate that religion or spirituality is an integral part of their lives and a source of support for them, religion and spirituality can be an essential component of the therapeutic process.

For therapists who are not familiar with the religion and practice of Islam or Muslim people in general, it is highly recommended that they first uncover and work through implicit biases they may have (Haque, Tubbs, Kahumoku-Fessler, Brown, 2018) and develop a basic understanding of the religion through cultural immersion experiences and researching books and articles (Shannonhouse, Myers, & Barrio Minton, 2018). Some cultural immersion experiences may include attending a Friday prayer service (Jummah), interfaith dialogue events, Eid ul Adha or Eid ul Fitr Service, or having dinner with the family of a Muslim friend or acquaintance. Literature on Muslims is vast. Identifying the cultural contexts of Muslims in your area would help focus the type of research you should do. For example, research on Muslims who are predominantly Black or African American (not recently immigrants) who account for one-fifth of the Muslim population in the U.S., will be significantly different from research on Muslims who are immigrants from Pakistan, or second-generation Arab Muslims, or Latinx Muslims who converted into Islam. A great place for systemic therapists to start is reading Daneshpour's (1998) *Muslim Families and Family Therapy* and Springer, Abbott & Reisbig's (2009) *Therapy with Muslim Couples and Families: Basic Guidelines for Effective Practice*. After acquiring foundational knowledge of

Islam, Muslims and their contexts, it is then ok to ask your client how their experience may be similar or different compared to what you know. This approach avoids burdening clients with teaching therapists about the basics, or causing them to feel they have wasted their session time educating the therapist rather than working on personal goals.



Afshana Haque, PhD, LMFT-S, is an assistant professor of marriage and family therapy at the University of Houston-Clear Lake. Along with her work in teaching and

research, she provides therapy in her private practice (afshanahaquetherapy.com) and is

a contributing author for *Stones to Bridges'* "Dear Fathima" column and *Muslim Matters'* "What's the matter?" forum. She also conducts parenting and other relational and mental health workshops for various groups and organizations. Her research program focuses on the impact of the socio-political context on the mental health and well-being of Muslims and other minority families. Haque is an AAMFT Clinical Fellow.

REFERENCES

- Besheer, M. (2017). New estimates show U.S. Muslim population continues to grow. <https://www.pewresearch.org/fact-tank/2018/01/03/new-estimates-show-u-s-muslim-population-continues-to-grow>. doi:10.1111/j.1752-0606.1998.tb01090.x
- Daneshpour, M. (1998). Muslim families and family therapy. *Journal of Marital and Family Therapy*, 24(3), 355-368. doi:10.1111/j.1752-0606.1998.tb01090.x
- Haque, A. (2018). Conducting spiritually integrated family therapy with Muslim clients: Utilizing a culturally responsive paradigm. In Al-Karam, C. (Ed.), *Islamically integrated psychotherapy: Uniting faith and professional practice*. Conshohocken, PA: Templeton Press.
- Haque, A., Tubbs, C. Y., Kahumoku-Fessler, E. P., & Brown, M. D. (2018). Microaggressions and Islamophobia: Experiences of Muslims across the United States and clinical implications. *Journal of Marital and Family Therapy*, 45(1), 76-91.
- Pew Research Center. (2017). U.S. Muslims concerned about their place in society, but continue to believe in the American dream. Retrieved from <https://www.pewforum.org/2017/07/26/religious-beliefs-and-practices>.
- Seponski, D. M., Bermudez, J. M., & Lewis, D. C. (2013). Creating culturally responsive family therapy models and research: Introducing the use of responsive evaluation as a method. *Journal of Marital and Family Therapy*, 39(1), 28-42. doi:10.1111/j.1752-0606.2011.00282.x
- Shannonhouse, L.R., Myers, J. E., & Barrio Minton, C.A. (2018). Cultural immersion in counselor education: Trends, prevalence, and common components. *Journal of Multicultural Counseling and Development*, 46(4), 283-296.
- Springer, P. R., Abbott, D. A., & Reisbig, A. M. J. (2009). Therapy with muslim couples and families: Basic guidelines for effective practice. *The Family Journal*, 17(3), 229-235. doi:10.1177/1066480709337798



DON'T MISS THE AUTHOR IN AUSTIN!

THE AUTHOR PRESENTS

Spiritually Integrated Family Therapy with Muslim Clients

Session 310 | 1:45 – 2:45 p.m. | 8/30/19

In my session, I will discuss specific Islamic teachings and principles that may be useful in a therapeutic setting. Case illustrations will include issues related to parenting, adolescence, trauma, ailing parents, terminal illness, grief, anxiety, stress, spiritual crisis, depression, multi-racial issues, couple roles, sex, and sexual abuse. I will also illustrate the process and utility of incorporating a cultural consultant in therapy. For example, a young woman who had experienced sexual abuse 20 years earlier from her uncle continued to have unresolved feelings of anger and frustration. Furthermore, she was having extreme difficulty in determining the course of action she should take regarding keeping the incident a secret or letting her family know, as well as understanding what her Islamic obligations were in terms of forgiving her perpetrator. What she found helpful in our interaction together was hearing my perspective and experience of how some Muslims have difficulty in deciphering patriarchal cultural tenets from actual Islamic tenets. Furthermore, with her permission I contacted a scholar and asked for clarification on the Islamic perspective of how sexual perpetration should be handled as well as the victim's obligations to forgive. She found the response of the scholar liberating and felt encouraged to take the steps she needed in her healing journey (Haque, 2018).

I will highlight various challenges that may arise when working with Muslim clients such as expectations of the therapist to serve as an expert and give advice or provide solutions similar to medical healthcare professionals (Daneshpour, 1998). Most Muslims come from countries or collectivistic cultures that are not comfortable or familiar with the therapy process and typically seek religious advisors, leaders or scholars for their relational issues. Clinical cases will be used to demonstrate how some clients may view the therapist as an authority figure who will back their personal agenda, such as a husband trying to assert his control over his spouse or parents trying to assert their control over their children. Further, I will remind attendees that some Muslim clients may not require the integration of religion or spirituality in therapy even if it is a valuable part of their identity and worldview. Sometimes clients may not find religion or spirituality relevant to their issue, but still value a therapist's understanding of their cultural context. To become better prepared in meeting the demands of the increasing diversity of our clientele, I invite you to attend my session at the AAMFT conference where I will speak in detail on some of the aforementioned topics and dive right into discussing case studies and best practices.





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WELCOME LETTER



It's certainly true that everything is bigger in Texas and in our 2019 host city of Austin. With over 250 music venues sampling almost every genre of music, Austin lives up to its reputation as the Live Music Capital of the World. Austin also boasts the largest state capitol, the first and largest Whole Foods, and is home to the largest colony of bats that emerge from beneath Congress Bridge at dusk (trust me—it's a must-see). Austin was also recently ranked as the biggest boomtown, seeing large influxes of residents, work opportunities, and business growth, with particular innovation in the tech field



Likewise, family therapy has considerable potential to innovate and grow in areas of service delivery, training, education, and policy development. We are building on our trend of innovation started at the 2018 Conference where we debuted simulation, which uses technology to raise competency and reduce risk in training situations. Last year also brought the launch of new Topical Interest Networks, which bring members together to further advance the profession with ideas, training, and competencies in areas of telehealth, medical family therapy, trauma, and more.

In the following pages, you will find the full conference program which features clinical sessions that highlight systemic relational foundations, explore innovation in family therapy, and prepare to grow and nurture you in the various stages of your career.

During the conference, maybe you will collaborate on a new model, discuss a new technique, research topic or method while enjoying a music venue and catching the buzz of this sensational city. I expect the ideas presented at AAMFT19 to lead to some form of disruptive technology that invigorates attendees and radically alters the profession for years to come. Let's go big!

AAMFT has a continued commitment to delivering you the best conference experience, education, and networking opportunities for your practice at the most reasonable fee. I am confident that this year's conference will bring you even more opportunities than before to grow professionally and network with fellow MFTs. I look forward to seeing you in Austin for this exciting event!

Tracy Todd, PhD

Chief Executive Office

MEET YOUR BOARD OF DIRECTORS



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AAMFT19 SCHEDULE AT A GLANCE

THURSDAY, AUGUST 29	
8:00 a.m. – 7:00 p.m.	Registration open
8:00 a.m. – 3:30 p.m.	Approved Supervision Refresher Course
8:30 a.m. – 3:30 p.m.	COAMFTE Accreditation Workshop
9:00 a.m. – 3:30 p.m.	Conference Institutes (100 series)
9:00 a.m. – 3:00 p.m.	Engagement Program Leadership Meeting
9:00 a.m. – 3:00 p.m.	Certificate in Leadership Day <i>open to cohort and mentors only</i>
10:00 a.m. – 7:00 p.m.	Exhibits open
3:00 – 3:45 p.m.	Emerging Professionals Network Meet and Greet
3:00 – 3:45 p.m.	Family TEAM Reception
4:00 – 5:30 p.m.	KEYNOTE: Brittany Packnett
5:30 – 7:00 p.m.	Exhibits Grand Opening
5:30 – 6:30 p.m.	Topical Interest Network Meet-Ups
7:15 – 8:15 p.m.	Research Discussions Session 1
7:30 – 8:30 p.m.	Long-time Member Reception <i>invitation only</i>
FRIDAY, AUGUST 30	
7:45 a.m. – 7:00 p.m.	Registration open
8:00 – 10:00 a.m.	Workshops (200 series)
10:15 – 11:45 a.m.	KEYNOTE: Jeff Henderson and Stacy Womack Henderson
11:30 a.m. – 8:00 p.m.	Exhibits open
12:00 – 1:00 p.m.	Approved Supervision Network Meet and Greet
12:00 – 1:00 p.m.	Topical Interest Network Meet-ups
12:00 – 1:30 p.m.	Lunch and Learn: The Internet Family: Technology in Couple and Family Relationships (<i>ticket required</i>)
12:30 – 1:30 p.m.	Research Discussions Session 2
1:45 – 2:45 p.m.	Forums (300 series)
3:00 – 4:00 p.m.	Forums (400 series)
4:15 – 5:45 p.m.	AAMFT Annual Business Meeting
6:00 – 7:30 p.m.	Spotlight MFT Reception
SATURDAY, AUGUST 31	
7:15 a.m. – 6:30 p.m.	Registration open
7:15 – 8:15 a.m.	Research Discussions Session 3
8:30 – 9:30 a.m.	Forums (500 series)
9:45 – 10:45 a.m.	Forums (600 series)
10:30 a.m. – 7:00 p.m.	Exhibits open
11:00 a.m. – 12:30 p.m.	Keynote: Wayne and Kelly Maines
12:30 – 1:30 p.m.	Family TEAM Meeting
12:30 – 1:30 p.m.	Topical Interest Network Meet-ups
1:30 – 2:30 p.m.	Research Discussions Session 4
2:45 – 4:45 p.m.	Workshops (700 series)
SUNDAY, SEPTEMBER 1	
7:30 – 9:30 a.m.	Registration open
7:45 – 8:45 a.m.	Career Development Track
9:00 a.m. – 12:00 p.m.	Seminars

Schedule subject to change.

EXHIBITOR HOURS

Each year we feature exhibitors who offer products or services that are uniquely tailored to your needs as marriage and family therapists. This year is no exception as we feature a wide variety of tools to enhance your work.

AAMFT19 features concentrated hours when exhibitors will be available at their booths to meet with you. These dedicated hours help to ensure availability and to aid in planning your day.

Thursday, August 29: 10:00 a.m. – 7:00 p.m.

Friday, August 30: 11:30 a.m. – 8:00 p.m.

Saturday, August 31: 10:30 a.m. – 7:00 p.m.

KEYNOTE SPEAKERS

Thursday: 4:00 pm – 5:30 pm Intersectionality

The concept of intersectionality is not a new one. As the mainstream grapples with the cumulative nature of oppression, it's important to understand this is not a fad or a theory. Discrimination such as sexism, racism and classism combine and overlap in complex ways. The solutions require us to recognize the unique experiences that result from our nuanced identities. It's not enough to endure the hardships. It is imperative for us to dismantle them.



Brittany Packnett

Brittany Packnett is an award-winning national leader in social justice. Cited by President Barack Obama as a leader who's "voice is going to be making a difference for years to come," Brittany is an unapologetic educator, organizer, writer, and speaker. She serves as Teach For America's Vice President of National Community Alliances, where she leads partnerships and civil rights work with communities of color. Today, she continues to advocate for urgent systemic change at critical decision making tables and through national and international media. Brittany has traveled extensively to impart lessons of movement building, effective social impact, liberatory leadership, and empowerment for women and girls-especially those of color.

Friday: 10:15am – 11:45am Love After Lockup - Principals for Discovering The Power Of Love After Prison

Sure to inspire, Jeff and Stacy Henderson take you on their riveting personal journey, sharing how they overcame immense obstacles while building extraordinary futures together after Jeff's lengthy time behind bars. Learning by way of many trials and numerous errors they persevered to discover the secret to love and living purpose-filled lives. Twenty-two years later they are the shining embodiment of the power of love, commitment, and transformation.



Chef Jeff Henderson and Stacy Womack Henderson

Married for over 21 wonderful years, Jeff and Stacy are a truly dynamic duo, championing change and positivity in the world by way of their deep devotion

to such causes as overcoming adversity, self-empowerment, childhood development, marriage, and family. Their inspiring journey together began while Jeff was incarcerated in federal prison and quickly evolved into the creation of a beautiful family together, including five children. On a mission to reach people through speaking and coaching, the couple travel the globe together sharing their powerful insights and experiences as a means of empowering individuals and companies alike to achieve life-changing transformations and breakthrough results.

Saturday: 11:00am – 12:30pm The Transformation of an American Family

With the publication of the best selling book "Becoming Nicole", Wayne and Kelly Maines courageously and openly told the story of standing up for their child's gender identity. This motivational keynote provides a unique and interesting way to learn more about transgender youth and adults and will help participants understand the unique struggles of parents of transgender children. Learn how people's unfounded fear kept closing doors at school and in their community and how they started to fight back. Beginning a process that over many years led to their family winning a landmark transgender discrimination case in Maine's highest court, establishing a precedent for transgender children to have access to the same educational experiences as their classmates.



Wayne and Kelly Maines

Dr. Wayne M. Maines and his wife Kelly have worked extremely hard to raise their children

in an environment that was not ready for a new generation of transgender children. Wayne is the Vice President of Safety and Operations at Austin Community College in Austin, Texas. He has conducted LGBTQ training for the FBI, the Department of Justice, Harvard Medical School, the Pennsylvania Juvenile Court Judges' Commission and others across the nation. Kelly Maines is a Social Media Specialist for a State Representative in Austin Texas. She is also a Board Member of the Rainbow Business and Professional Association in Portland, Maine. Kelly has turned her attention to taking what she has learned to introduce the world to transgender children and transgender rights. The Maines' mission is to help provide an environment for transgender people to be safe and live in a society that is not always ready.

NETWORKING AND SPECIAL EVENTS



Maximize your AAMFT19 experience by attending free networking and ticketed continuing education events.

HELD THROUGHOUT AAMFT19

Topical Interest Network Meet-Ups

FREE

Thursday, 5:30 – 6:30 p.m.

Friday, 12:00 – 1:00 p.m.

Saturday, 12:30 – 1:30 p.m.

Topical interest networks are a new feature of AAMFT membership that debuted in 2019. These are specialty networking areas that members can join to connect with other clinicians and those in training where the focus is on shared interests related to clinical practice, population or environment. Join us for a meet-up to explore your potential future Networks while engaging with other attendees.

Research Discussions

FREE

• **Session 1: Thursday** 7:15 – 8:15 p.m.

• **Session 2: Friday** 12:30 – 1:30 p.m.

• **Session 3: Saturday** 7:15 – 8:15 a.m.

• **Session 4: Saturday** 1:30 – 2:30 p.m.

1 hour of continuing education credit per session

Research Discussions are the place to gather and discuss the latest in marriage and family therapy research. A full listing of research studies featured at each session is available in the day by day schedule provided in this program.

THURSDAY, AUGUST 29

Emerging Professionals Network Reception

3:00 – 3:45 p.m.

FREE

The Emerging Professionals Network provides free programming and resources for members at the beginning stages of their career. If you are a Student, Pre-clinical Fellow, Pre-Allied Mental Health Professional, or Clinical Fellow or Allied MHP in your first five years, join us to network with members of the EP Network and find out more about joining this great group!

Family TEAM Reception

3:00 – 3:45 p.m.

FREE

The Family Therapy Education and Advocacy Movement or Family TEAM is AAMFT's grassroots advocacy program for members interested in advocacy at the state, provincial or federal level. Join us for networking and connecting with your fellow AAMFT advocates.

Exhibits Grand Opening

5:30 – 7:00 p.m.

FREE

Join fellow conference participants to kick-off AAMFT19 with fun, prizes, and complimentary refreshments as we officially open the exhibit space. This year's exhibitors feature great publications, excellent resources, and must-have products. Meet representatives from MFT programs and universities. And don't forget to stop by the AAMFT Booth for information and tools to help you continue your education after AAMFT19!

NETWORKING AND SPECIAL EVENTS

FRIDAY, AUGUST 30

Lunch and Learn: The Internet Family: Technology in Couple and Family Relationships

12:00 – 1:30 p.m.

\$60.00

1.5 hours of continuing education credit

Presenters: Katherine M. Hertlein & Markie L. C. Twist

Technology has a transformative effect on our relationships. As increasing numbers of people include cell phones, messaging, social networking sites, and email in their daily practices, people also encounter specific obstacles in their relationships tied to their use of the Internet. The purpose of this presentation is to introduce a framework to evaluate both the benefits and obstacles of the Internet in relationships. Using this framework, we will also share with participants specific strategies that they can use in session to better assess and manage the impact of the Internet on couple and family relationships.

AAMFT Annual Business Meeting

4:15 – 5:45 p.m.

FREE – open to AAMFT membership only

Because AAMFT is YOUR organization, we invite members to attend the 2019 Annual Business Meeting and dialogue with the Association's leadership. We'll discuss the accomplishments of 2018, future changes and their impact on you, financial benchmarks, and Association news. Last year's meeting was dynamic and engaging to members of all levels, as everyone is welcome to freely ask questions and express concerns relating to business planning. Join the conversation!

Spotlight MFT Reception

6:00 – 7:30 p.m.

FREE

Join us for a reception to kick off a night of networking and connecting with your fellow MFTs. This reception will spotlight existing programs while introducing new ways to engage in the association.

- Hear the latest from COAMFTE accredited programs
- Geographic Interest Networks that represent your state or province
- Topical Interest Networks to provide customizable benefits to your professional role

Meet the MFP

Meet the Fellows, advisory committee, and mentors of the Minority Fellowship Program, which seeks to increase the number of culturally competent marriage and family therapists who provide mental health and substance abuse services to under-served and minority populations. Attendees interested in research, training, and practice in these areas or those interested in learning about how to get involved with the MFP are encouraged to attend.



TRAININGS AND INFORMATIONAL WORKSHOPS



These special trainings and informational workshops are available for interested attendees and designated representatives. Additional registration criteria may be required.

THURSDAY, AUGUST 29, 2019

Engagement Programs Leadership Training

9:00 a.m. – 3:00 p.m.

This training day is for engagement program leaders and focuses on strategic business planning and operational understanding. Separate registration is required.

Family TEAM Leadership Training

9:00 a.m.–3:00 p.m.

This training is for Family TEAM leaders and advocacy liaisons interested in learning more about how to effectively advocate for pro-MFT policies. This training will provide attendees with skills for advocating with policymakers.

COAMFTE Accreditation Workshop

8:30 a.m. – 3:30 p.m.

Early Bird - \$349 per person

Late registration fee (after July 31) - \$399 per person

This once-a-year COAMFTE event brings program directors, faculty, administrators and students from all over the country for an opportunity to network, share information and attend an accreditation training. The event will be centered around interactive sessions focused on different steps of the accreditation process. Sessions on preparation of eligibility and maintenance criteria, self-study will be supplemented by conversations around diversity in accreditation standards, sufficiency of resources and technology. A special session for new programs interested in applying for accreditation will be added this year.

To find out more about the Annual Accreditation Workshop or for easy registration, please visit www.coamfte.org.

FRIDAY, AUGUST 30

Family TEAM Meeting

12:30 – 1:30 p.m.

FREE

The Family Therapy Education and Advocacy Movement (Family TEAM) is a grassroots network of volunteers advancing pro-MFT policies on the state, provincial, and national level. Join us to learn about advocacy trends affecting the profession, and updates on recent advocacy activities and accomplishments at the national, state and provincial level. This meeting is open to all members interested in advocacy. No experience required.

SUNDAY, SEPTEMBER 1

Career Development Track

7:45 – 8:45 a.m.

FREE

Continuing on principles highlighted in AAMFT's Leadership Symposium, this track is designed to provide marriage and family therapists with additional tools to rise to the top of the mental health field in their area of interest.



APPROVED SUPERVISION AT AAMFT19 SUPERVISION FUNDAMENTALS TRACK



Since 1942, AAMFT has provided cutting-edge professional development and training opportunities for marriage and family therapists. Those that take the step to becoming an Approved Supervisor will serve as mentors in the field of marriage and family therapy. Ensuring a learning environment that is supportive and nurturing while giving therapists and trainees access to the latest innovations in the field. To learn more about the Approved Supervisor Designation or to download the Standards and Responsibilities Handbook, go to www.aamft.org/supervisor.

Approved Supervision Network Reception

Friday, August 30, 12:00 – 1:00 p.m.

The Approved Supervision Network provides exclusive access to Approved Supervision resources, and discussion. Open to current Approved Supervisors and supervisors in training, join a networking reception that brings supervisors together to meet and connect.

Refresher Course

Thursday, August 29, 8:00 a.m. – 3:30 p.m.

Presented by Kathleen Laundy, PsyD

AAMFT Approved Supervisors must take a comprehensive refresher course prior to the renewal of their designation. This session is designed specifically to meet that requirement, and to keep practitioners up to date on clinical MFT supervision practice. This course will include case examples, didactic and interactive instruction methods. It will focus on current resources available to supervisors, management of ethical and legal issues likely to arise during supervision, utilization of supervision contracts, cultural competence in supervision and therapy, and discussion of the current AAMFT Approved Supervision requirements.

Fundamentals Training

This track, presented by Toni Zimmerman, PhD, is designed to teach supervision candidates the 15-hour interactive component of the Fundamentals of Supervision course. Dr. Zimmerman will lay the groundwork for participants to become Approved Supervisors through a series of interactive sessions that incorporate all course contents as described in section 3 of the Approved Supervisors Designation: Standards Handbook.

If you are attending this track to meet the AAMFT Approved Supervisor designation requirements, please refer to the Approved Supervisor Handbook for the complete set of requirements toward the designation. The sessions will be limited to full track participants to allow the presenter to deliver a more comprehensive and interactive learning experience.

To attend the following sessions, select the Supervision Track option during registration.



APPROVED SUPERVISION AT AAMFT19 SUPERVISION FUNDAMENTALS TRACK

FUNDAMENTALS TRAINING AGENDA

THURSDAY, AUGUST 29, 2019

Becoming an AAMFT Approved Supervisor: Supervision Relationships, Roles, and Goals

9:00 a.m. – 12:00 p.m.

It is important to know and follow the steps to becoming an Approved Supervisor and to be prepared to effectively manage the many relationships inherent in doing supervision. Participants will explore relationships including therapist-client, supervisor-therapist-client, and supervisee-supervisor, as well as relationships that exist in the place of practice, such as agencies. Foundation to a successful supervision relationship is to have well established roles and goals that guide the process of supervision.

Lunch Break

12:00 – 1:30 p.m.

Screening and Contracts

1:30 – 3:30 p.m.

The process of screening supervisees is critical prior to beginning a supervision relationship. Once it is established that you will enter into a supervisor relationship, a well developed contract is essential. The supervision contract is a working document that is not only critical at the beginning of the relationship but also important to follow it throughout the relationship.

FRIDAY, AUGUST 30, 2019

Core Competencies and Evaluation

8:00 – 10:00am

It is the responsibility of the supervisor to work with the supervisee to become competent in all of the Core Competencies. It is imperative that the supervisor establish formative and summative ways of evaluating the supervisees progress and to use best practices in the evaluation process.

Supervision Formats and Modalities

1:45 – 3:45 p.m.

Effectively using a variety of supervision modalities is imperative for successful training of supervisees. Participants will examine the structure and the implementation of these modalities leaning how and when to thoughtfully utilize them to enhance learning.

SATURDAY, AUGUST 31, 2019

Major Models for Supervision

8:30 – 10:30 a.m.

It is imperative that supervisors are familiar with the major models of supervision that are common in the MFT literature and in the practice of MFT supervision. Participants will engage in the development of their own personal model of supervision drawn from established supervision models and their preferred style of therapy.

Contextual Considerations

2:45 – 4:45 p.m.

Understanding and attending to contextual variables in supervision is imperative for effective practice. These contextual contexts include but are not limited to race, gender, sexual orientation, ethnicity, ability, age, class, culture, and the intersectionality of these. Understanding power and privilege related to both the practice of therapy and supervision is essential in order to do no harm.

SUNDAY, SEPTEMBER 1, 2019

Ethics and Legal Issues

9:00 a.m. – 12:00 p.m.

It is imperative that supervisors are aware of the many distinct ethical and legal issues unique to the practice of supervision and to know how to effectively navigate these issues both common and complex in the practice of supervision.

PLEASE NOTE: Attendance of the entire track is mandatory to fulfill the 15-hour interactive portion of the AAMFT Supervision Designation course requirement. Missing any portion of this track will require the participant to complete an entire 15-hour interactive course again in order to move forward with becoming an AAMFT Approved Supervisor.

CONTINUING EDUCATION



The AAMFT Annual Conference is approved to provide up to 28.5 contact hours of continuing education for marriage and family therapists and allied professions by most major mental health organizations, including:

National Association of Alcoholism and Drug Abuse Counselors (NAADAC)

AAMFT is approved by the NAADAC Approved Education Provider Program. The AAMFT provider number is 62673.

National Association of Social Workers (NASW)

This program is Approved by the National Association of Social Workers (Approval # 886390615-8476) for 28.5 continuing education contact hours.



National Board of Certified Counselors (NBCC)

AAMFT has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5209. Programs that do not qualify for NBCC credit are clearly identified. AAMFT is solely responsible for all aspects of the programs.

Continuing education at the AAMFT Annual Conference is accepted by most state licensing boards for marriage and family therapy and many other regulatory boards and organizations. Please check directly with the board or organization for continuing education requirements. Contact information for MFT state licensure and certification boards can be found at www.aamft.org.

Continuing education hours are verified on a contact hour basis as follows

- Conference Institute (100 Series): 5 hours
- Approved Supervisor Refresher Course: 6 hours
- Workshops (200 and 700 Series): 2 hours for each workshop
- Forums (300, 400, 500, and 600 Series): 1 hour for each forum
- Seminar (800 Series): 3 hours for the Sunday Seminar
- Keynote Sessions: 1.5 hours for each of the three keynote sessions
- Research Discussion Session: 1 hour for each of the four sessions
- Career Development Track: 1 hour
- Lunch and Learn: 1.5 hours

Participants do not earn continuing education credit for participation in conference events not listed above. Participants will only receive continuing education credit for participation in the above-mentioned conference events.

Thursday, August 29 , 2019

Conference Institutes

9:00 a.m. – 3:30 p.m.

100 A Systemic Approach to Alcohol, Drugs and Other Addictive Behaviors

THOMAS KIMBALL
STERLING SHUMWAY

This institute will focus on the bio-psycho-social aspects of addiction recovery including the neuro-biological aspects of addiction, the co-occurring nature of the disease, assessment/diagnosis, family systems, family development and co-addiction, behavioral addictions, recovery and therapy best practices. The presenters offer this information based on experience providing therapeutic services including inpatient/outpatient treatment, individual, couple and family therapy, and in recovery communities.

101 Guns, Grief, and Family Therapy: After School Shootings

ANNE RAMBO
KATHLEEN LAUNDRY
ALEXANDRA ALFARO
PORSHIA CUNNINGHAM
ELIZABETH JARQUIN
JASELYN SOTOLONGO

After the Sandy Hook and Parkland school shootings, the presenters were directly involved with crisis intervention, ongoing treatment, research into causes, and eventual changes in school and state policies. They will share their experiences and help participants strategize their own involvement. This interactive institute will help family therapists learn both how to help afterwards and how to help prevent.

102 Psychopharmacology: A Crash Course for Marriage and Family Therapists

DAVE ROBINSON
DOUGLAS MCPHEE
BRADEN BROWN
ADAM JONES
EMILEE DELBRIDGE
RACHAEL HIDAY

Approximately 91% of marriage and family therapists treat clients who take psychotropic medication(s). Yet, roughly 80% of AAMFT clinical members report receiving inadequate psychopharmacological training in their graduate programs. As collaborative healthcare becomes more widespread, it is vital that MFTs develop a psychopharmacological knowledge base that enables effective, competent collaboration with medical

professionals. The extent to which participants incorporate psychopharmacological matters in their clinical practice will be assessed and discussed. Recommendations grounded in established treatment standards regarding psychopharmacological incorporation for MFTs will be provided. Furthermore, practices to aid effective collaboration with medical providers on behalf of clients will be discussed. Presenters will review the psychotropic medications that are used most frequently to treat depression, anxiety, bi-polar, ADHD, PTSD, sex-related disorders, and sleep-related disorders. For each medication, the medication's effectiveness, dosage information, common side-effects, and potential interactions with other medications will be reviewed. Participants will leave feeling more competent and better prepared to address psychopharmacological matters with clients and medical providers.

103 Treating Internalized Oppression: Addressing Oppression in Session

HEIDI STAUBER

The purpose of this session is to train marriage and family therapists to use a therapeutic model that focuses on social oppression and how its internalization impacts the clinical issues presented by clients in therapy. Emphasis will be placed on course participants' abilities to apply this framework when selecting interventions for clients from various privileged and oppressed groups.

104 Single-Session Therapy: An Emergent Form of Service Delivery

ARNOLD SLIVE
MONTE BOBELE

Single-session therapy increases accessibility and takes advantage of many clients' initial high level of motivation. The session covers the rationale for these services and research support. Through slides, video examples and role plays, participants will learn a "single-session mindset" that enables therapists to have confidence in single session work and strength-based, systemic principles for conducting effective single-sessions.

105 Removing Our Masks: Partner Violence Assessment and Intervention

CHRISTINE BELIARD
MICHAELLE PIERRE
PORSHIA CUNNINGHAM
MARIANA GUZMAN DE PEREZ

The presentation will offer a systemic approach that includes recommendations informed by major models of family therapy to help assess and intervene in the presence of intimate partner violence. The institute will include experiential activities to increase sensitivity and competence in violence assessment and intervention. Cultural considerations will also be explored.



106 Empirically Based Play Therapy Interventions for Family Therapy

PATRICK CLEVELAND

Integration of Play and Family Therapy Methods provides for optimal impact in treating the entire system. Therapists will apply Family Play Therapy interventions for effective treatment. Attendees will experience theoretical and practical applications of Family Play Therapy and employ specific strategies interacting with sand trays, figurines, art techniques, and games. PowerPoint with handouts will be provided for all participants.

107 Trauma-informed Marriage and Family Therapy Supervision

HEATHER KATAFIASZ

RIKKI PATTON

This institute is designed to assist participants with gaining an understanding of a trauma informed approach to supervision, highlighting the systemic nature of trauma and the isomorphism that addressing trauma in supervision can have on the clinical work of the clinician. The presenters will specifically highlight the applicability of SAMHSA's 6 key principles of a trauma informed approach (safety, trustworthiness, choice, collaboration, and empowerment) to clinical supervision. The presenters will provide interactive discussion and engage participants in supervision activities designed to enhance the well-being and ethical practice of clinicians. Participants will be provided with innovative interventions that can be utilized immediately to accommodate the supervision process.

108 Therapeutic Use of Mindful Family Sculpting

LINDA BELL

We will explore contemplative traditions in various cultures and review the ways in which mindful practice can contribute to therapeutic work. We will meditate, then work out of the silence. The bulk of the time will be devoted to teaching the uses of mindful family sculpting. There will be an experiential component: participants will practice the mindful family sculpting technique.

109 High Conflict Divorce and Parenting: Effective and Ethical Practice

JEFF CHANG

WILLIAM NORTHEY

In this institute, the presenters will use experiential exercises, group work, and demonstrations to show the clinical dynamics of high-conflict post-separation families; conceptualize cases systemically; evaluate appropriate roles and services; show participants how to stay systemic as lawyers, judges, and clients think in individualistic, pathologizing, and adversarial ways; guide participants through ethical decision-making; and demonstrate clinical interventions and interview strategies.

110 Treating the Traumatized Child Within the Family System

SCOTT SELLS

Join the presenter in this institute as he teaches the concrete tools necessary to quickly engage the parent and child through what are called "motivational phone calls", diagnoses and assessments through "stress charts", the use of "trauma playbooks" to heal both childhood and family trauma in the here and now.

111 Removing the Mask of Masculinity in Therapy

JAKOB JENSEN

ANDREW BRIMHALL

KATHARINE DIDERICKSEN

Men and their families benefit when they demonstrate sensitivity and vulnerability. This institute will enrich therapists' understanding of the overwhelming gender stereotypes most men feel they must adopt. Instruction will be provided regarding how to help men feel more comfortable expressing vulnerabilities and how to usefully process men's fears and shame. Strategies will be discussed in a relational context.



CONFERENCE PROGRAM

Research Discussion Session 1

7:15 – 8:15 p.m.

Research Selections:

- **Adult Attachment and Health Outcomes in Couples Therapy**
Spencer Youngberg, Trenton Call, Michele Parker, Tatjana Farley, Chélynn Randolph
- **All-Star Couples: Professional Athletes and Successful Marriage**
Stephen Fife, Dane Eggleston, Justin Romney, Sarah Behrens
- **Attachment, Mindfulness, and Anxiety: A Dyadic Approach**
Matthew Jaurequi, Kathryn Roberts, Jonathan Kimmes
- **Autism and Play Therapy: A Systematic Research Synthesis**
Trenton Call
- **BHP Visibility and PCP Uptake of Behavioral Health Services**
Angela Hiefner, Sarah Woods
- **Child Problematic Sexual Behavior: Tools to Assess and Treat**
Davina Quichocho, Mallory Lucier-Greer, Lucy Nichols, Clairee Peterson, Benjamin Burke, Catherine Walker-O'Neal
- **Couple Help Seeking Behavior: Implications for Practice**
Aimee Hubbard, Steven Harris
- **Effects of Mindfulness on Forgiveness and Relationship Satisfaction**
Kathryn Roberts, Matthew Jaurequi, Lauren Selice, Jonathan Kimmes
- **Escaping Escapism: A Grounded Theory of Internet Gaming Disorder Processes in Massively Multiplayer Online Role-Playing Games**
Jayson Carmona, Jason Whiting
- **Establishing Safety in Emotionally Focused Couples Therapy**
Tim Welch, E. Megan Lachmar, Silvia Leija, Adrian Blow, Andrea Wittenborn, Trisha Easley
- **Exploring Recidivism Among Mothers with Substance Use Disorders**
Dara Herbert
- **Family Process Mediation of Parent Stress and Child Outcomes**
Julia Jones, Trenton Call, Sarah Wolford, Lenore McWey
- **Family Therapy Interrupts Mother-Child Reciprocal Influence**
Qiong Wu, Natasha Slesnick
- **How Do Clients Choose Quality Mental Health Providers?**
Ruoxi Chen, Jason Austin
- **Husband Involvement During Pregnancy**
Brandon Eddy, Stephen Fife, Christa Clayton, Lisa Toms
- **Lifelong Marriage in the Greatest Generation**
Linda Bell
- **Measuring Active Intervention Components in a Parenting Program**
Kendal Holtrop, Debra Miller, Melissa Yzaguirre, Marion Forgatch
- **Mothers, Fathers, and Suicide Ideation in Children under 12**
Amanda Koshollek, Quintin Hunt, Cass Henriques
- **Professionals' Views of Trauma, Addiction and Incarceration**
Molly Bailey
- **Solution Talk with Parents of Children with Autism in Chinese Culture**
Pei-Fen Li, Leanne Lai, YuWen Chiu, Mei-Hwei Ho, Po-See Chen
- **The Experience of Learning EFT in Spanish Speaking Countries**
Jonathan Sandberg, Martiño Rodríguez-González, Sergio Pereyra, Ragan Lybbert, Leo Perez, Kwin Willis
- **The Impact of Miscarriage on the Couple Relationship**
Angela Hiefner
- **The Language of Addiction: How Those with a SUD Experience Language**
Rebecca Lucero Jones, Dana Lewin, Samantha Yowell
- **The Role of Family in Youth Opioid Use: A Systematic Literature Review**
Rikki Patton, Eman Tadros, Lovdeep Kaur
- **Trajectories of Substance Use: A Decision Tree Analysis**
Jesse Smith
- **Unmet Behavioral Health Needs of Refugee Youth in Primary Health Care**
Florence Lewis
- **Using My Friend as My Therapist: Physiological Implications**
Jakob Jensen, Matthew Fish, Damon Rappleyea, Katharine Didericksen, Afarin Rajaei, Allen Sabey
- **Using Twitter to Understand the Lived Experience of Anxiety**
Raechel Russo, Brooke Hemsley, Ryan Seedall



Friday, August 30, 2019

Morning Workshops

8:00 – 10:00 a.m.

200 Effective Systemic Approaches for Opioid

Use Disorders

WILLIAM NORTHEY

CATHERINE DEVANEY-MCKAY

Opioid Use Disorders (OUD) are complex, multicausal, problems that reverberate through families and communities. Utilizing systemic lens effective interventions that address the interplay of biology, trauma, gender, family dynamics, and systems of care participants will explore effective approaches to helping families navigate the complex process of treatment engagement and recovery.

201 Western Models in Eastern Contexts: Marriage and Family Therapy in the “Majority World”

JOHN MILLER

Most models of family therapy were developed in the West, where only 15% of the world’s population reside. This presentation will explore the utility of adapting Western family therapy models for “majority world” contexts, where over 85% of the Earth’s population lives. Family therapy is popular in this area of the world, where much of life revolves around family relationships.

202 Medical Family Therapy in the Emergency Room

AALAA ALSHAREEF

TAI MENDENHALL

This workshop will address Medical Family Therapists’ abilities to meet families’ needs in the context of Emergency Rooms (ERs). This presentation will propose a systemically oriented approach of providing therapeutic services to patients, their families, and healthcare providers in ERs. This presentation will suggest specific clinical skills needed to work in ERs.

203 Understanding Divorce Ideation and Ambiguous Marital Separation

STEVEN HARRIS

SARAH CRABTREE

Little is known about divorce ideation or what marital separation is like. Unfortunately, these are the times that many couples and individuals access our services. Presenters will present original research from a nationally representative sample of people who are thinking about divorce and some who are currently separated and include clinical implications to enhance MFT practice.

204 Therapists and the Court System

STEFANIE FRANK

Although many MFTs try to avoid being pulled into litigation situations their clients are involved in, most times there is no way around it. This workshop will discuss various issues that MFTs face when dealing with the court system. This includes responding to record and testimony requests, getting paid for your time, the difference between a treating therapist and a forensic evaluator, when an attorney should be hired, what records and testimony can be provided, and how to take steps prior to being involved to make the process run smoother.

205 MFTs of Color: Holding Racial Trauma While Working with Clients

CHRISTINE BELIARD

CHRISTIANA AWOSAN

ERICA WILKINS

This workshop will explore the experiences and influence of racial trauma for MFTs of color. Participants will identify their own racial biases and trauma, and ways to address racial trauma triggers in their clinical work. Experiential exercises, personal reflections, relevant literature, and practices to foster connection and support will be provided.

206 Sex Therapy Assessment Strategies

ANDREW MERCURIO

This workshop will offer four qualitative sex therapy assessment strategies: SEX SCAN - identifying sexual differences, difficulties and disorders; S.O.U.R.C.E. Model - evaluating specific sexual problems; S.E.C.R.E.T. Model - exploring sexual history; SEXUAL PREFERENCE ZONES - identifying a couple’s sexual preferences, priorities and prohibitions. Participants will explore these approaches in light of other qualitative assessments and quantitative assessments. Contraindications and limitations for using these and other qualitative strategies will be provided. Interactive Q&A and role-play will be utilized.

207 Mindfulness for Youth in Agency and School Settings

DIANE GEHART

CARRIE WIITA

NILU AZIMI

ADRIANNA LAUFER

In this workshop, therapists will learn about developing mindfulness programs for working with youth in agency, private practice, and school settings. The presenters will share their work with preschool and K-5 school-based mindfulness programs and in private practice, highlighting improvements in academic and mental health outcomes. Interventions will be demonstrated live and with video.

208 A Place at the Table: Queer and Trans Relationship Consultations

SHEILA ADDISON
KATIE HEIDEN-ROOTES
ERICA HARTWELL
LINDSAY EDWARDS
ALEX IANTAFFI
KRISTEN BENSON

A panel of researchers and clinicians will offer on-the-spot consultation on clinical practice with LGBTQ couples and families. Presenters will facilitate round table discussions of topics related to attendees' interests, offering insights into applying inclusive case conceptualization and clinical practice with LGBTQ clients in conjoint therapy. Participants will be invited to ask questions or offer cases for brief consultation.

209 Working with Autism: Integrating Family Therapy and Behavior Analysis

JANESSA DOMINGUEZ
JOELY SPENCER

Current research shows a rising prevalence of autism, indicating a need for integrative clinicians. This workshop will discuss autism and its influence on the family system. The need for MFT will be explored, and an introductory training on the principles of ABA will be provided. The presenters will highlight the importance of a both/and perspective when working with this population.

210 Affect Regulation in Couples Therapy: Taming the Amygdala Hijack

ALAN GROVEMAN
ELISABETH BROWN

The workshop will present a model of couple's therapy that is rooted in the fields of neuroscience and attachment research, particularly focusing on dyadic interaction and affect regulation. Lecture, video demonstrations and audience participation, will be used to facilitate participants skill development. The workshop will be divided into three equal parts; research, conceptualization and demonstration.

211 Beyond Borders: Reunifying Families in Family Therapy

ASHLEY LANDERS
JESSICA SIMPSON
NOAH GAGNER
BRITTANY ROBINSON
BERTRANNA MURUTHI

In the wake of family separation by immigration, parental incarceration, child maltreatment, foster care, and adoption, this workshop illuminates the complex experiences of reunifying families. Implications for family therapists working with reunifying families will be explored. The experiences of reunifying families, current research, and the application of family therapy models can offer guidance to MFTs to better serve reunifying families.

212 In Tandem: Connecting Individual and Relational Recovery

LANEY KNOWLTON
MARK BIRD

This workshop will introduce addiction as a symptom of a connective disorder, compare recovery for addicts and partners through addressing trauma responses (including codependency) and addiction, along with the general path of recovery from attachment issues, trauma, and addiction. It will discuss creating a foundation of emotional safety, individually and relationally, deepening empathy and connection, and incorporating healthy sexuality.



CONFERENCE PROGRAM



Research Discussion Session 2

12:30 – 1:30 p.m.

Research Selections:

- **Affectionate Gesture Planner (AGP) App for Couples – An iOS Pilot Study**
Patrick Bortz
- **An Attachment-Informed Understanding of Affair Recovery**
Erica Mitchell, Tina Timm, Adrian Blow
- **Coming to Terms with Family Stress for Pacific Islander**
Cameron Hee, Jonathan Sandberg
- **Content Analysis of African Americans**
Ilesha Gibbons, Roy Bean
- **Conversation Analysis of White's Decentered and Influential Position**
Dragana Ilic
- **Cross-Lagged Intergenerational Depression and Attachment**
Kate Cobb, Kevin Smith
- **Don't You Bring Me Down: Partner's Worrying Increases Depression**
Preston Morgan, Jared Durtschi, Bornell Nicholson
- **Emerging Adults' Beliefs about Cohabitation**
Lacey Bagley, Claire Kimberly, Ali Marino, Pam Rollins, Colby Pomeroy
- **Faculty and Student Experiences of Common Factors in MFT Training**
Carissa D'Aniello-Heyda, Stephen Fife
- **Family and Friend Relationships Predict Marital Transition**
Sarah Woods, Patricia Roberson, Jacob Priest
- **Men's Emotional Vulnerability: A Grounded Theory of Change**
Douglas Wendt, Jason Whiting
- **"Oh, Your Accent": Language and Cultural Bias Toward International MFTs**
Yanqun Peng, Bornell Nicholson, Melinda Stafford Markham, Emel Genc
- **Online Dating Deception and Adult Attachment: Who's Behind the Screen**
Marissa Mosley, Michele Parker, Kelly Campbell
- **Parent-Adolescent Relationship: Parent and Adolescent Outcomes**
Mathew Withers
- **Parent-Child Bonds, Suicide, and Body Dysmorphic Disorder**
Heather Morgan-Sowada, Tawny Chaimberlain, Armeda Wojciak
- **Predicting Therapy Outcomes: Attachment Avoidance and Anxiety**
David Jenks, Dave Robinson, Ryan Seedall
- **Recommendations from Latino Families at Risk for Deportation**
Allison Rayburn, Sapna Srivastava, Lenore McWey
- **Representation of Vulnerable Populations in Couple and Family Therapy Clinical Research**
Morgan PettyJohn, Chi-Fang Tseng, Patricia Huerta, Debra Miller, Andrea Wittenborn
- **Technology Attachment and Relational Outcomes Among Emerging Adults**
Rebecca Levy, Damon Rappleyea
- **The Development and Training of Marriage and Family Therapy in East Asia**
Chi-Fang Tseng, Andrea Wittenborn, Adrian Blow, Wentao Chao, Ting Liu
- **The Effectiveness of the TOGETHER Program for Couples**
Mariana Falconier, Jinhee Kim
- **The Perils of Using After-Session Feedback in Couple Therapy**
Suzanne Bartle-Haring, Codina Kavar, Alex VanBergen, Sarah Worch
- **The Role of Social Capital: The Unique Impact on Black and White Adolescent Students**
Cydney Schleiden, Shelby Sewell, Jared Hawkins, Kristy Soloski, Lawrence Jackson
- **The Transition to Parenthood: Down Syndrome and Social Media**
E. Megan Lachmar, Rebecca Kammes, Sarah Douglas, Hannah Schulteiss
- **Treating Depression for Clients with Limited Mobility**
Douglas McPhee, Greg Hall, Cameron Brown, Kristy Soloski
- **Understanding Black Women and Depression**
DeAnna Harris-McKoy, Taimyr Strachan, Shaundrea Trussell
- **What Men Want: Men's Preferences for Mental Health Professionals**
Hunter Stanfield, Preston Morgan, Eric Goodcase, Melinda Stafford Markham
- **Words Matter: Victimized, Weight Perception, and Anxiety/Depression**
Margaret Smith, Andrew Brimhall, Katharine Didericksen, Jakob Jensen

Afternoon Forums

1:45 – 2:45 p.m.

Getting Started With Telemental Health

300 PART 1: Online Therapy: Shaping the Future of Our Field

JENNIFER LABANOWSKI

SHELLY SMITH

AARON NORTON

JACLYN CRAVENS

Telemental Health (TMH) is quickly changing and shaping the future of healthcare delivery. This session will provide an overview of the benefits, drawbacks, challenges, and opportunities of TMH. Participants will learn how TMH could further our field by removing barriers and increasing access to care, while decreasing stigma around mental and relational health services. As more clients engage in services, the stigma around therapy may decrease, which may enhance and encourage services offered both online and in a traditional office setting. Participants will also learn about ways in which TMH services could tarnish the reputation and credibility of our field, if they are not done well. Inadequate training, research, and education could lead to ineffective and unethical treatment. If MFTs do not find ways to effectively and ethically provide online services, we could find ourselves falling behind other mental health fields. The presentation will conclude with brief recommendations about best practices and a discussion about how to ensure that TMH will change our field for the better.

301 Working with Biological Parents in the Foster Care System

ARMEDA WOJCIAK

CASEY GAMBONI

The familial and environmental context surrounding biological parent's involvement with the child welfare system creates an opportunity for C/MFTs as systems thinkers to help navigate and improve outcomes for children and families. Presenters will share a trauma-informed lens integrated with adverse childhood experiences research and the use of a resilience model that can help CFTs working with these families.

302 Avengers of Holism: Multidisciplinary Care for Physical Injuries

ERIN SESEMANN

MACKENZIE HEADLEE

DAVID GEISSLER

Presenters will describe effective ways to provide MFT services (assessment, intervention) when a family member has sustained a traumatic brain injury, spinal cord injury, or stroke. Objectives emphasized will relate to: biopsychosocial/spiritual impact of injuries, developing a therapeutic niche, and collaborating/integrating with medical community. This forum will include a combination of lecture, video clips, vignettes, and interactive discussion.

303 Publishing in MFT Peer-Reviewed Journals

STEVEN HARRIS

AIMEE HUBBARD

This session will address some of the common challenges to publishing in peer-reviewed MFT journals. The Editor of JMFT will do a short presentation on the peer-review process, discuss JMFT's emphasis, and lead an active question and answer period designed to help raise confidence in preparing and submitting manuscripts for publication.

304 GRACE: A Family Therapy Model for Transgender Youth and Their Families

ASHLEY MARTIN-CUELLAR

ZOË CORNWELL

The GRACE model was developed to provide a flexible, yet concrete, process for practitioners to guide youth and their families in the emergence process. The presenters will discuss the challenges faced by transgender youth and their families and introduce participants to the five foundational concepts to incorporate into the family therapy sessions: Gratitude, Respect, Affirmation, Connection, and Education. GRACE is meant to be utilized as a lens for the therapist to view the family, and as a lens for the therapist to guide the parents/caregivers and the youth, to view one another. Participants will walk through a case example to apply the GRACE model.

CONFERENCE PROGRAM



305 Increasing Effectiveness with non-English Speaking Families in SFT

MARILU ROMERO

A dissertation research study in solution focused therapy (SFT) that aims to better serve the non-English speaking community in North Texas will be discussed. Research question, methods, results and clinical implications of the study will be presented within a framework of SFT multicultural competence, and the importance of the therapeutic relationship. Participants will learn how to use this intervention with clients as a means to connect and honor their personal/cultural histories.

306 #USTOO: Working with Black Female Sexual Survivors

ERICA WILKINS

CHRISTIANA AWOSAN

CHRISTINE BELIARD

This forum will present empirical data regarding women's experiences of trauma throughout the African Diaspora. Clinical case studies and vignettes will be used to invite attendees to consider the intersection of power, privilege and oppression in Black female clients' experiences of sexual trauma. Effective clinical strategies in working with Black female sexual trauma survivors will be provided.

307 Supervision Using Integrative Systemic Therapy Perspective

YALIU HE

RYAN EARL

Going beyond model-specific training, MFT supervisor should be capable of exposing trainees to various theories and techniques and facilitating theoretical integration. In this presentation, participants will learn how to use Integrative Systemic Therapy (IST) to conceptualize the process of supervision and guide supervisees in integrating MFT models and techniques. Slides, experiential exercise, handout, and discussion will be used.

308 Facing the Future Alone: The Legacy of Loss in Shaping Lives

ALICE LYNN

This session will explore the complexities of working with clients without a family support system, stressing how this phenomenon is more prevalent today. Research on the changing American family, where more individuals will be without family sometime in their lives, will be interwoven with life-affirming stories and inquiry into how one survive and overcomes the presence of absence.

309 Autism: Promoting Whole Family Wellness using Parent Support Groups

CHRYSTAL MCDOWELL

ANNA HERNANDEZ

This forum will cover how to form a families of an autism spectrum disorder specific support group, self-care strategies, coping mechanisms, informative facts on how ABA therapy is not only research supported but also innovative, what risks are involved with this type of therapy, and what potential outcomes may be for the group members.

310 Spiritually Integrated Family Therapy with Muslim Clients

AFSHANA HAQUE

Through clinical case illustrations, the presenter will demonstrate the use of spiritually integrated family therapy with Muslim clients through a collaborative language systems approach while incorporating Responsive Evaluation. Attendees will learn the importance of considering macro-systemic factors when working with Muslims and understand challenges that may arise. The presenter will conclude with indications for integrating spirituality into therapy with Muslim Clients.

311 Gray Divorce: Splitting Up Later in Life

LINDA HERSHMAN

"Gray Divorce," among those age 50+ has doubled in the past 20 years. Older couples part ways for reasons that often differ from those of the younger generation. However, gray divorcees confront age-related obstacles, as well. Therapists will gain an understanding of the gains and challenges faced by gray divorcees through case presentation, video clips, and research statistics.

312 Immigrant Families: Boosting Parenting Skills

BAHAREH SAHEBI

MUDITA RASTOGI

This forum will address parenting challenges of immigrant families in the US and provide practitioners knowledge and skills to apply culturally-informed practices to boost parenting skills within these families. Participants will learn an ecologically-based model for culturally-sensitive assessment and intervention based on research specific to this group. Clinicians will learn how to help immigrant families navigate parenting concerns more effectively.

3:00 – 4:00 p.m.

Getting Started With Telemental Health

400 Part 2: Logistical Considerations

AARON NORTON
JACLYN CRAVENS
JENNIFER LABANOWSKI
SHELLY SMITH

In Part 2 of this four-part series, participants will learn about fundamental requirements for conducting TMH and how to conduct an initial TMH session. Marriage and family therapy was founded by innovative pioneers on the cutting-edge of the psychotherapy world. Incorporating the concepts and stories from our roots in innovation and systems theory, this forum will help conference participants understand how to begin the process of online therapy. We will begin with a review the current state of emerging research for online therapy as well as the limits of our empirical knowledge. Participants will learn about the fundamental requirements for conducting TMH services and develop a protocol for an initial TMH session. Participants will learn a first session protocol, including use of a code word, room scans, how to identify clients' location, connection clarity, emergency protocol, and how to assess if TMH is the appropriate format.

401 The Future of Family Therapy: The Use of a Contextual Self

SANDRA ESPINOZA
IMAN DADRAS
SEAN DAVIS

This forum seeks to bring forth awareness and initiate a conversation where we reconsider the use of self in the therapy room as a conscious agent of change that is contextual, sociopolitical and systemic. Attendees will be presented with relevant literature and clinical guidance on how to incorporate the use of self from a multisystemic framework in the therapeutic relationship.

402 Ins and Outs of LGBTQ Caregiving: An Interview and Reflecting Team

MAX ZUBATSKY
KATIE HEIDEN-ROOTES

The demands on LGBTQ caregivers caring for a loved one with a serious health issue are burdensome, where social stigma, isolation and barriers in the health care system cause additional strain on this role. This forum will use a narrative approach to view LGBTQ caregiving, hearing the narrative story from a caregiver and reflecting on the challenging process.

403 Using Role Playing Games (RPG) to Enhance Social Skills

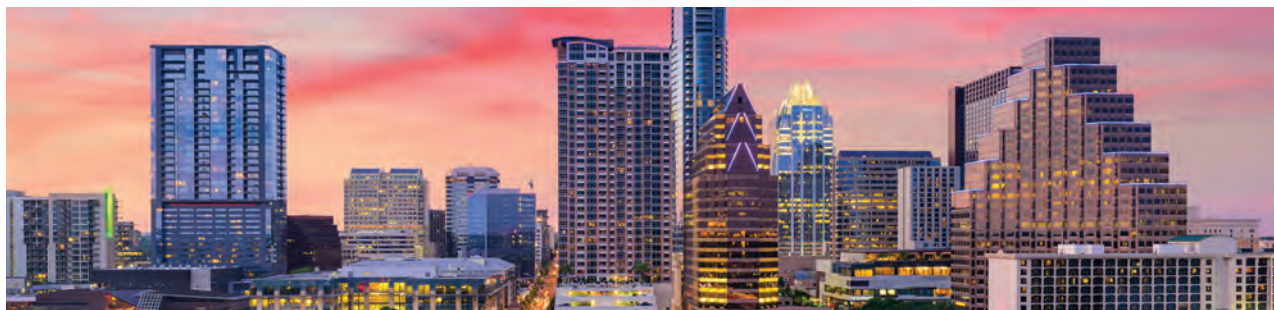
DANIEL ROWAN
LUCAS SCOTT

Concern has been raised regarding the impact that gaming has on children, teens and some adults. It can be broadly decried because of alleged addictive or isolating qualities. Considering the popularity of gaming, can some forms of it be beneficial to a specific population? Participants, through gameplay and video will learn how role-playing games (RPGs) can be used to work with kids and teens with social differences, addressing the very problems that limit their abilities to work and play with others. Presenters will discuss how players can be made aware of players own strengths and those of others, develop a common strategy, flexibility, accept defeat and working towards group goals. Attendees will get a sample page of the mission, a player sheet and the target interventions. Film of an actual game will be shown initially to familiarize attendees with the game.

404 Cultural Expectations of Interracial Couples

LUCY FATHY
MARJAN SOLTANI

With the increasing diversification of the US population there are more interracial couples who are coming together. The purpose of this forum is to inform clinicians about the importance, and the impact of clear communication among interracial couples. This presentation aims to help clinicians treat couples, where at both partners differ in cultural backgrounds. It also targets to open discussion about discrimination, biases, microaggression, and assimilation.



CONFERENCE PROGRAM



405 Do Therapists Make Adaptations for Culture in EFT?

ROBERT ALLAN
NICHOLAS LEE
CAITLIN EDWARDS

This session will first present findings from research we did with over 200 EFT therapists describing how they make cultural adaptations. We will then show video examples from our own work and engage participants in a dialogue about how to consider culture for effective couple therapy.

406 Trauma-Informed Care: A Framework to Treat Opioid Use in Rural Areas

M. EVAN THOMAS
AMY MORGAN

This forum will provide an understanding of trauma-informed care (TIC), rural culture, and the opioid epidemic. It will begin with an introduction to TIC. Next, the study design, method, results, and discussion around the study will occur. Then, the results of the study will be connected to the six principles of TIC and practical suggestions on how to implement will be provided.

407 Storytelling as a Parenting Technique

THOMAS ROBERTS
MICHAEL CHAFIN

One of the most effective indirect methods of discipline is storytelling. Storytelling forms a close bond between parent and child by increasing oxytocin. This presentation will help clinicians learn how to use storytelling in clinical practice and instruct parents in how to tell stories to their children that will enhance attachment, improve the parent/child relationship, increase learning, and reduce misbehaving.

408 Person-of-the-Therapist and Low-Income Families

LAUREN FOSTER

Low-income families deal with a multitude of stressors that comes with living in poverty. These stressors can challenge MFTs in their clinical work. In this presentation, we will discuss using self-of-the-therapist insights to better assist clients and to management of self. It will highlight the necessity of a client's community in the work with families in poverty.

409 Digiattachment: Attachment Relationship and Styles to Technology

MARKIE L. C. TWIST
KATHERINE HERTLEIN

The presenters will provide of an overview of their digital attachment theory, and how to work with attachment and technology-based concerns in practice via the Couple and Family Technology Framework. Assessments related to attachment and technology as presenting problems will be provided. Participants will also have an opportunity to see how the framework is applicable to case studies.

410 Supervisory Responsibilities within MFT Dual Relationships

MORGAN LANCASTER
SAPNA SRIVASTAVA
MATTHEW JAUREQUI
LAWRENCE JACKSON
SPENCER YOUNGBERG

Supervisory relationships are complicated to navigate and are further muddled when inevitable dual relationships come into play. Consequently, this forum will offer perspectives from PhD-level MFT students who have experience receiving and providing supervision to those with whom multiple relationships exist. Presenters will offer vignettes and an AAMFT Code-based decision-making framework to suggest ways to ethically navigate supervisory responsibilities.

411 Peer Influence for Black Youth Dealing with Racial Trauma

EBONY OKAFOR
DEANNA HARRIS-MCKOY

This forum will address how the experiences of racial trauma have impacted rates of PTSD symptoms in Black youth. Clinicians will be provided with techniques to help youth learn positive coping skills to deal with racial trauma and ways to increase advocacy. Clinicians will also learn how to create social support groups to help youth cope with racial trauma.

412 Working with Military Families: Culture, Combat Trauma and Care

HOLLI KELLY
JAMES MCAULEY

Participants will gain knowledge of military organization and culture as well as the history of how mental health has been integrated into the military and the evolution of it over the years, including the incorporation of a systems perspective. This session will explore military culture from multiple perspectives including veterans, family members, and mental health care providers. Participants will receive an overview of issues experienced by this population and familiarize themselves with theoretical frameworks and evidence-based models developed to address challenges experienced by this population. Discussion and questions will follow the presentation.

CONFERENCE PROGRAM

Saturday, August 31, 2015

Research Discussion Session 3

7:15 – 8:15 a.m.

Research Selections:

- **Barriers Minorities Encounter in Seeking Mental Health Care**
Sapna Srivastava
- **Beyond Telling: A Phenomenology of Adoption Communication Openness**
Jane D. Samuel
- **Can Therapist Behaviors Change Marital Satisfaction in Therapy?**
Li Ping Su-Kubricht , Richard Miller, Lee N. Johnson, Angela Bradford, Roy Bean
- **Caregiver Burden Reduction in Rural China: A Randomized Control Trial**
Yanqun Peng, Cameron Brown
- **Clinical Implications of Working with Korean Immigrant Families**
Sara Lee, Iman Dadras, Sandra Espinoza
- **Cyberbullying Interventions in the United States: A Systematic Review**
Morgan Lancaster
- **Discrimination, Spirituality, and Black Familial Relationships**
Jasmine Ferrill, Antoinette London-Johnson, Thomas Ledermann
- **Diversity Trends in Couple Therapy Intervention Research**
Patricia Huerta, Debra Miller, Chi-Fang Tseng, Morgan PettyJohn, Andrea Wittenborn
- **Effects of Parental Incarceration on Family and Child Well-Being**
Damir Utržan, Caitlin Curry, Veronica Horowitz, Casey Skeide
- **Experiences of Foreign-Born MFTs Practicing Internationally**
Camille Lafleu , Ronald Asimwe, Carlos Simonini, Albert Monge
- **Financial Socialization Experiences of Black Immigrant Women**
Bertranna Muruthi, Megan McCoy
- **Here's to the Ones Who DREAM: A Look at DACA's Impact on Families**
Joanna Mendex-Pounds, Rebecca Lucero Jones
- **How to Teach Self-of-the-Therapist in a Chinese Society**
Hao-Min Chen, Ping-Chuan Hsiung
- **Immigrant Latinas Survivors of Intimate Partner Violence**
Jacqueline Florian, Noah Hass-Cohen, Sandra Espinoza
- **Moderating Effects of Relationships on Bullying and Health**
Lindsey Hawkins, Cameron Brown
- **Our Family is a Team: Establishing an Effective Family Structure**
Brandon Eddy, Christa Clayton, Katherine Hertlein
- **Psychological Control, Relationship Status, and Disordered Eating**
Ashley King, Jody Russon
- **Racial-Ethnic Socialization and Transracial Adoptee Outcomes**
Jordan Montgomery, Nickolas Jordan
- **Tell You What I Want: The Impact of Couple Education**
Austin Brunson, Gregory Noel, Kay Bradford
- **The Experience of Foster Care and Long-term Attachment**
Megan Miranda, Eman Tadros, Elizabeth Molla
- **The Practice of Suicide Assessment and Management by MFTs**
Heather Love, Laura Frey, Jared Durtschi
- **Therapist-Led Preventive Intervention: Youth Depression**
Amy Smith, Shelley Haddock, Lindsey Weiler, Alyssa Maples
- **Trajectories of Co-Parenting During Incarceration**
Eman Tadros
- **Trans* People of Color: Factors Associated with Well-Being**
Katelyn Coburn, Lorin Kelly
- **Understanding the SASA! Community Mobilization Model for IPV**
Susana Montesinos Puente De La Vega
- **U.S. Air Force: Emotional Intelligence, Resilience & Reintegration**
Anna Trujillo-Defronze
- **Who Am I?: Tenets of Therapists' Way-of-Being**
Derek Holyoak, Stephen Fife, Katherine Hertlein
- **Why I Didn't Report: An Analysis of Social Media and Sexual Assault**
Abigail Sagers, Bria Davis, Jason Whiting, Jaclyn Cravens, Morgan PettyJohn



Morning Forums

8:30 – 9:30 a.m.

Getting Started With Telemental Health

500 PART 3: Clinical Considerations

SHELLY SMITH
JENNIFER LABANOWSKI
AARON NORTON
JACLYN CRAVENS

In part 3 of the series, participants will learn about practical applications and concerns for online therapy with couples and families and the role of innovation and creativity in adapting clinical models and skills for online use. Within the first topic, discussion will be focused on the unique challenges of working with couples and families online. Participants will learn how this presents an opportunity for innovation to enhance systemic therapy models in order to overcome these therapeutic concerns. The second topic will build upon the first by drawing on how our systemic roots allows us to use innovation and creativity to overcome the initial challenges of providing online therapy. Participants will have the opportunity to practice and discuss these concepts through experiential role plays and case conceptualizations of common obstacles and challenges faced by online therapists.

501 Swipe Right for My Therapist? The Ethics of Therapists on Dating Apps

LEXIE UNHJEM
BRIANA ROBERTS
LARA HOSS
SYDNEY VANDERTUIN

This presentation examines ethical dilemmas related to the use of dating applications by clinicians and provides suggestions for navigating these online mediums. Boundary setting, self-disclosure, and self-presentation recommendations are explored as considerations to be aware of when using dating applications as a clinician. Risk concerns are also discussed in regard to societal views on dating applications.

502 Healthcare with Youth and Families

Part 1: Parenting Children with Disabilities: The Effects on Health Outcomes

MICHELE PARKER
KINSEY POCCHIO
JOSEPH GRZYWACZ

This presentation will describe the tenants of the Biobehavioral Family Model as applied to parents of children disabilities. Findings highlight the different effects of relationship quality on physiological outcomes between parents of children with different types of disabilities. The presenters will suggest adaptations to clinical practice with parents of children with disabilities based on the results of the study.

Part 2: Keeping a Strong Couple Relationship While Raising a Child with Cancer

LAUREN ENDER
HIRA MOTEN
BRANDON EDDY

Having a child with cancer presents a significant challenge for families, especially parents. Parents often have difficulty connecting emotionally and physically during this time, which creates significant strain on the couple relationship. This presentation will describe how having a child with cancer impacts the couple relationship and how couples can increase positive interactions during this time.

503 Training and Supervision in Central and Eastern Europe

DAVID VAN DYKE

The first half of the session will be lecture regarding the context of MFT and relationships in three Central and Eastern European countries. The second half of the session will be allocated to facilitated discussion on the mechanisms that COAMFTE programs can collaborate with educational institutions and within the European Union.

504 One Heart, Two Homes: Co-parenting for Single Parents and Step Parents

TAMMY DAUGHTRY
JAY DAUGHTRY

This training will empower mental health professionals to understand and have tools regarding the complexities of co-parenting and its impact on children in post-divorce, never-married and remarried families. Seven handouts for clients will be shared as well as videos from the digital resource, "One Heart, Two Homes" that is available for use in individual counseling, teaching classes and leading groups on co-parenting.

505 Health Promoting Interventions for Latinx Immigrant Families

DEANNA LINVILLE
HEATHER MCCLURE
CHARLES MARTINEZ

Latinx immigrants experience some of the greatest health disparities. Our team has developed and evaluated culturally specific interventions aimed to promote health in Latinx immigrant families for the last decade. The goal of this session is to share learnings from this research and to highlight culturally specific intervention components that family therapists can apply in their clinical practice.

506 Family Therapist on the Couch: A Neuro-Psychoanalysis Perspective

IMAN DADRAS
SANDRA ESPINOZA

This forum will discuss the importance of MFTs' critical socio-political consciousness as a pivotal therapeutic factor while working with different population who are impacted by the current political atmosphere. Studies indicates therapists who openly share their political views are viewed more positively than therapists who do not disclose. Developing socio-political competency must be incorporated into both MFT clinical practices and trainings.

507 Intersectionality of Therapist/Client Identities in Treatment

MORGAN PETTYJOHN
CHI-FANG TSENG
ADRIAN BLOW
RONALD ASIIMWE
MENG FANG
MELISSA YZAGUIRRE

This presentation will discuss how the intersection of therapist/client identities can impact development of the therapeutic alliance, and therefore clinical outcomes. A model will be presented to help therapists conceptualize cases and have conversations with clients about identity using an intersectional lens. Diverse presenters will provide case examples of unique experiences with intersectionality in the therapy room.

508 ACEs in the School System: Where's an MFT When We Need One?

ANGELA LAMSON
NATALIE RICHARDSON

The role of Adverse Childhood Experiences (ACEs) has emerged as a pivotal concern in the biological, psychological, and social development of children. Simultaneously integrated care is forging forward as a best practice; rarely is there an opportunity to deliver trauma-informed and resiliency-focused treatment as part of an integrated care model in schools. This presentation introduces one such model.

509 Assessing Children and Adolescents for Suicide

AMBER RAY
EMAN TADROS
RIKKI PATTON

This session will discuss risk and protective factors involved in a suicide risk assessment, along with the special issues pertaining to children and adolescents. Participants will utilize a multisystemic framework in obtaining necessary information and creating a safety plan/monitoring system for the youth. The participants will engage in role plays to practice these skills.

510 Fostering Sexual Communication in Couple Relationships

ADAM JONES
REBECCA LUCERO JONES

In this forum, the authors will provide original research findings from two studies to help clinicians better foster sexual communication in couple relationships. Through several interactive exercises, participants will gain practical tools and interventions for aiding couples of various backgrounds in communicating about their sexual relationship. Participants will be able to integrate these practices into relational and sex therapy treatments.

511 Sex Trafficking Survivor Profiles and Differences in Help-Seeking

LAUREN RUHLMANN
BRIANA NELSON GOFF

This forum will review results from a national study exploring profiles of polytrauma and biopsychosocial health among adult sex trafficking survivors, as well as differences in help-seeking attitudes and intentions. It will include presentation of a framework for understanding and responding to survivors' unique recovery needs, with practical steps and resources for applying study results to clinical practice and advocacy.





512 Transitions between Psychoeducation and Therapy

MEREDITH FARNSWORTH

JOSHUA BOE

JERRY GALE

JERI SASSER

Many couple therapists are certified in PRE-ARE/ENRICH. However, therapists can feel limited in addressing couple issues when focusing solely on psychoeducation. Positioning theory can be incorporated to navigate this tension by offering opportunities for therapists to employ creative and discursive interventions. This forum will present ways for therapists to use space and language to transition between psychoeducation and therapy.

9:45 – 10:45 a.m.

Getting Started With Telemental Health

600 PART 4: Ethical and Legal Considerations

JACLYN CRAVENS

AARON NORTON

SHELLY SMITH

JENNIFER LABANOWSKI

The final of this four-part series will open with an exploration of the participants' ethical and legal concerns of providing teletherapy. The presenters will provide a succinct and thorough overview of the chief ethical and legal concerns with teletherapy. The presenters will help participants assess their current level of technological competency and discuss ways to enhance these skills and gain confidence in the use of the telemental health technologies. Participants will have the opportunity to practice these concepts through discussions from clinical vignettes of common obstacles and challenges family therapists face with providing telemental health services. Participants will leave the workshop with practical tips and resources to help them develop a legal and ethical teletherapy practice.

601 Deconstructing Stereotypes: Undocumented Families

LAURA GUTIERREZ DUARTE

SANDRA ESPINOZA

IMAN DADRAS

Latino families continue to face discrimination, a risk factor that has shown to be correlated with psychological distress. The presentation seeks to explore how sociopolitical systems influence the language used to describe Latino families. Clinicians will learn to work with Latino families through a collaborative relationship and aid in the rewriting of a narrative that supports clients' coping with discrimination.

602 Illness as a Member of the Family: Child & Parent Illness Narratives

JACQUELINE WILLIAMS-READE

This presentation will include results from a dyadic qualitative analysis of illness narratives of adolescents diagnosed with a chronic illness and their parents. Patient-parent relational patterns and how meaning-making of illness plays a role in coping will be shared. This presentation will help clinicians understand and treat family relational patterns present when a child is diagnosed with a chronic illness.

603 Differences in Anxiety Between Spiritual Minorities and Majorities

RENU ALDRICH

This quantitative study sought to obtain a better understanding of whether the use of traditional spiritual activities and perceptions of God are different for spiritual majorities and minorities especially for managing anxiety. Structural equation modeling showed minorities had lower anxiety compared to majorities unless using traditional activities. Inconsistent perceptions of the relationship with God were associated with higher anxiety.



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604 Relational Recovery in the Aftermath of Compulsive Sexual Behaviors

CHRISTOPHER GULDE
KAREN GULDE

There is no question that compulsive sexual behaviors impact committed relationships. Yet there is scant research and no consensus on best practices for the therapist seeking to facilitate healing in these relationships. This presentation will provide an overview of the various treatment models available when working with this population, including key components and supporting research, where present, for each approach.

605 Queer Theory: Ethics and Practice

EMILY STONE

Queer Theory offers a framework within which to stand in resistance to the limiting ideals of the heteropatriarchal norms within the MFT field, and society at-large, but what does this mean for ethics and practice? MFTs are moving to appreciate the Queer community's gifts to systemic therapy. This session will emphasize ethics and practice within a Queer Theoretical framework.

606 C/MFTs Preparedness Working with Families Impacted by Substance Use Disorders

JESSICA CHOU
LAURA LYNCH
STEPHANIE KRAUTHAMER EWING
STEPHANIE BROOKS
CHRISTIAN JORDAL

This presentation will provide data on the level of substance use disorder training exposure for MFTs who graduated from COAMFTE programs. Presenters will describe results from a mixed methods study describing couple and family therapists training experience working with families impacted by substance use. The presentation will offer practical considerations for incorporating substance abuse training into graduate programs for family therapists.

607 Navigating Political Discourse in Therapy: Applying CFT Models

TIM WELCH
MORGAN PETTYJOHN
ANIKE ADEKOYA
ZAIN SHAMOON
ADRIAN BLOW

This presentation examines political polarization using systems theory and cybernetics. The session provides tools for therapists to navigate the complex process of political self-disclosure and managing politically contentious conversations. Applications from CFT models are used to aid in having these challenging conversations. The goal is to increase therapists' agency in navigating these discussions with clients in the therapy room.

608 Adverse Childhood Experiences—The Important Role of MFTs

ARMEDA WOJCIAK

The familial and environmental context surrounding adverse childhood experiences creates an opportunity for C/MFTs as systems thinkers to help navigate and improve outcomes for children and families. The presenter will share a trauma-informed lens integrated with adverse childhood experiences research and the use of a resilience model that can help CFTs working with these individuals, couples, and families.

609 Coming Home: Family Therapy after Parental Incarceration

AMY MORGAN
MICHAEL FITZGERALD

Given the unprecedented numbers of individuals returning to life outside prison, practitioners must have knowledge and skills to provide effective family treatment. With a focus on addressing disruptions in parent-child relationships and structural family reorganization, this presentation will provide attendees with advanced training on the clinical issues, as well as best treatment practices, in helping families navigate post-incarceration family reentry.



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610 The Four Horsemen of the Apocalypse: A Solution-Focused Approach

BRIANA ROBERTS
KRISTINA FAIRBANKS
LEXIE UNHJEM

This presentation will discuss application of a Solution-Focused lens to couples presenting with one or more of Gottman's Four Horsemen of the Apocalypse. Presenters will demonstrate live role-plays showing how to incorporate these interventions into practice.

611 Filial Play Therapy and Adjustment in Adoptive Families: A Case Study

GEORGEANNA CHIZK
ANDREW BRIMHALL
BOBBI MILLER

Adoptive families may experience some challenges in developing securely attached relationships. Using a mixed-methods case study of three transracial families, this forum will discuss the potential benefits in using filial play therapy to address adverse child behaviors, parental concerns, cross-racial differences, and child special needs, ultimately leading to improvements in the overall parent-child relationship.

612 The Genogram-Gestalt: An Assessment of Unfinished Business

EMILY JAEGER
LUCAS VOLINI

The genogram-gestalt is a method of assessment and intervention that recreates the client's emotional system. As the client completes their genogram while acknowledging unfinished business with various family members, a gestalt emerges that recreates relational dynamics and encourages cathartic, emotional expression. Facilitators will provide an overview of the intervention and actualize the technique through a live demonstration.



Research Discussions Session 4

1:30 – 2:30 p.m.

Research Selections:

- **Abuse, Depression, and Relationship Quality in At-Risk Women**
Michael Fitzgerald, Cailyn Hamstra, Thomas Ledermann, Joseph Grzywacz
- **Acceptability of ABFT for Suicidal LGBTQ+ and Youth**
Lauren Smithee, Stephanie Cooke, Jody Russon
- **Act Like a Lady: Sexual Messages to Adult Daughters from Their Mothers**
Lesley Ann Earles
- **Burnout in MFT Trainees: Risk and Protective Factors**
Tatiana Glebova, Arpita Lal, Alix Girard, Jennifer Vallin
- **Child Maltreatment and the Relation with Friends, Family and Spouses**
Michael Fitzgerald
- **Childhood Abuse and Depression: The Role of Genetic Risk Factors**
Lindsey Hawkins, Natira Mullet, Cameron Brown, Kristy Soloski
- **Comparative Effectiveness of Domestic Violence Treatments**
Gunnur Karakurt Koyuturk
- **Developing a Latino-Adapted Parenting Program for Primary Care**
David Haralson, Jennifer Hodgson, Andrew Brimhall, Julian Crespo
- **Emotional Dysregulation, Alcohol Use, and Revictimization**
Natira Mullet, Lindsey Hawkins
- **Equipping Clinicians with Current Military Family Research**
Mallory Lucier-Greer, Catherine Walker O'Neal, Katherine Abbate, Benjamin Burke, Davina Quichocho, Meredith Farnsworth
- **Exploring the Role of Spirituality with Active Duty Women**
Natalie Richardson, Angela Lamson, Meghan Lacks
- **Factors Related to Treatment-Seeking Among Military Members**
Kayla Reed-Fitzke, James Duncan, Armeda Wojciak, Jennifer Sánchez, Kevin Smith

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- **Family Therapy for Substance Misuse Among LGB Youth**
Samantha Simpson, Jared Hawkins, Roy Bean
- **How Couples Manage Different Beliefs About God's Existence**
Lee Williams
- **Impact of Dual-Childhood Trauma Couple Context on Clinical Couples**
Lin Shi
- **Intimate Partner Violence Risk for Black Men and Women: A Meta-Analysis**
Lorin Kelly, Chelsea Spencer, Sandra Stith
- **Living in Urban Violence: The Impact on Relationships/ Mental Health**
Brandon Hollie
- **Nonparental Adult Support for LGBTQ Youth in Non-Affirming Religion**
Kay Burningham
- **Parental Factors Influence on Emerging Adult s Sexual Attitudes**
Jeff Reed, Nathan Wood
- **Pathways from Psychological Abuse to Educational Outcomes**
Cailyn Hamstra, Michael Fitzgerald
- **Predicting Faculty's Inclusion of LGB Affirmative Course Content**
Christi McGeorge, Katelyn Coburn, Ashley Walsdorf
- **Relational Construction of Masculinity Among Male CSA Survivors**
Valerie Maxey, J. Maria Bermúdez
- **Rural LGBT People of Color and LGBT Community Connectedness**
Eugene Hall, Emily Jensen
- **Rural School Mental Health Interventions: A Systematic Review**
Micha Berryhill
- **Suicidal Ideation in LGBTQ + Adults: Mediating Family Stressors**
Alexandra VanBergen, Heather Love
- **The Importance of Connection for Black Males in School**
Lawrence Jackson, Cydney Schleiden, Cortnie Baity
- **The Post-Separation Shared Parenting: A Phenomenological Study**
Pisinee Dangwung, Carolyn Tubbs
- **Trauma During Childhood and Resources in Couple Relationships**
Lacey Bagley, Alyssa Banford Witting, Dean Busby

Afternoon Workshops

2:45 – 4:45 p.m.

700 **Beyond Gender: Ethics, Supervision, and Privilege**

MARVARENE OLIVER
SHELLEY HANSON
SILVIA KAMINSKY
ERIN SCHAEFER

Using vignettes from personal histories, presenters will address examination of personal/contextual privilege in their work with supervisees, students, clients, and colleagues. Participants will have opportunities to consider ways in which we may unintentionally discount or diminish those with whom we work, contexts and histories in which they are embedded, and methods for challenging themselves to understand the impact on ethics.

701 **Moving Families through Recovery**

MERI SHADLEY
KELLI GROCK

Families in recovery benefit from activities that simultaneously promote individual and relational healing. This workshop explores movement-oriented methods that create a mind-body-spirit linkage for engaging families and repairing addiction injuries during and post treatment. Presenters will spotlight how integrating yoga with family systems techniques strengthens emotional connections and allows MFTs to pave a new path for family recovery.

702 **Mind & Body Collision: Treating Physical & Behavioral Health**

MARY MORAN
AMELIA MUSE

Co-morbid and co-occurring evidence-based approaches assist in treatment for patients and their families whether it is in a traditional therapy or medical setting. In this session, evidence-based interventions and best practices will be defined, the primary approaches - cognitive behavioral therapy, acceptance and commitment therapy, and motivational interviewing will be reviewed, interventions detailed, and marriage and family therapy techniques will be discussed.

703 **Solution Focused Narrative Therapy with Families**

LINDA METCALF

This workshop will provide a comprehensive model that effectively blends solution focused and narrative therapy models together. The session will display strategies that utilize the action-oriented solution focused model and the rich dialogue of story development and externalizing of narrative therapy. Participants will learn how to use the model with children, adolescents, families and couples.



704 Cultural Shame: The Many Colors of Shame

ALEXANDER HSIEH

GITA SESHADRI

Cultural shame is multifaceted and poses challenges to individuals through intergenerational patterns and cultural constructs. This workshop will teach effective cultural shame interventions within individuals and systems. Through the information provided, clinical techniques, and discussion, this workshop will highlight the origins, patterns, expressions, and effects of cultural shame. Treatment will be discussed through therapist-client relationship, assessment, interventions, and treatment goals.

705 POTS and PLANS: Person of the Supervisor and Life Cycle of Supervisees

KATHLEEN NASH

JODY RUSSON

This presentation uses principles from POTT and McGoldrick & Carter's family life cycle theory to teach a technique-driven framework aimed to organize supervisors' use of self during supervision. Presenters will propose a five-step developmental framework to promote self-reflection, structure, and autonomy in the context of the life cycle of CFT supervision.

706 Exploring Intersectional Queerness Using the GSERD Matrix

MARKIE L. C. TWIST

Gender, sexual, erotic, and relational diversity (GSERD) is an umbrella term aimed at comprehensively recognizing the diversity within people more so than the historical and existing conceptualization of sexuality and gender (like lesbian, gay, bisexual, and transgender +). The GSERD Matrix is provided and there will be an opportunity to apply the GSERD Matrix to case studies and role plays.

707 Don't Drop It Like It's Hot: Sex and Spirituality

EMILY STONE

SUSAN PERKINS

Too often clinicians avoid or are uncomfortable with topics of sex and spirituality. Certification in sex therapy or faith leader credentialing are not necessary to address these conversations. This session will explore reasons clinicians avoid these topics and ethical ideas for including conversations about sex and spirituality with various problems. The workshop will include implications for therapist education and supervision.

708 Premarital Education Founded on Attachment Theory

DEBI GILMORE

REBECCA JORGENSEN

Participants will be introduced to a new experiential mat system that slows the process of communication between couples to facilitate emotional expression while navigating conflict. Powerpoint slides, handouts with workshop exercises, and open discussions throughout.

709 Turning the IFS Lens into an Innovative Depression Suicide Protocol

DONALD PAINE

Depression/Suicide and Physical trauma took me out of life and professional practice as MFT, IFS practitioner. After a narrative I will shift to conclusions and shifts in protocols of how to treat and respond to all mental health issues using Internal Family Systems and non-stigmatizing language and protocols which I will present as shifts in the current protocol norms.

710 Navigating Multiple Systems in a School-Based Setting

AMANDA SZARZYNSKI

MEG TAYLOR

This session will provide a holistic overview of the different systems that a school-based therapist can use to conceptualize best practice in the treatment of student-clients. Potential barriers to successful collaboration between the therapist, client family, and the school will be addressed, as well as guidance for how to navigate these traditionally siloed systems.

711 Teen Suicide: Comprehensive Strategies in Assessment and Management

JENNIFER PEMBERTON

This workshop will review standard of care and best practices for working with suicidal teens and delineate common clinical management errors. Evidence-based treatment strategies, comprehensive risk assessment and safety planning will be presented and recommendations for supervision, consultation, and documentation procedures. Handouts will be provided that include a risk assessment tool and safety plans for the teen, caretaker, and school.

712 Addressing Disadvantages of Change with Stuck Clients

WENDEL RAY

DAVID HALE

Promoting constructive change is central to effective and efficient brief therapy. Most approaches claim 70% + success rates, meaning 25-30% do not improve irrespective of clinical orientation. Using an original recording of a family consultation by Don Jackson with a hospitalized schizophrenic, this legendary therapist's technique for promoting change with intransigent problems by discussing disadvantages of change will be presented.

Sunday, September 1

Career Development

7:45 – 8:45 a.m.

The career development track is designed to provide marriage and family therapists with tools to rise to the top of the mental health field. These sessions focus on developing and enhancing skills in sub-specialties of the profession. 1 hour of Continuing Education credit available.

CD1 How to Use Various Media Platforms to Enhance Your Practice

GEORGE JAMES

Using various media platforms can help clinicians with outreach, build referral sources and market their practice. This session will give an overview of the importance of using television, radio and online programs and provide practical skills to secure opportunities for the various media platforms. This session will help attendees to develop talking points, pitch ideas and ways to promote media experience.

CD2 Rural Communities: Preparing Clinicians to Address Substance Use

M. EVAN THOMAS

NANCY BROSSOIE

This session will provide participants with an overview of SBIRT, an overview of the current study including design, results, and implications, a discussion on the need for relational substance use work in rural communities, and a space for collaborative discussion on the topic of substance use in rural communities.

CD3 Adapting Dialectical Behavior Therapy Interventions & Techniques for Couples

NATASHA FINNEY

EMAN TADROS

There is a gap in existing literature regarding the use of Dialectical Behavior Therapy (DBT) with couples. The presenters will address how the DBT approach can be adapted to meet the needs of couples presenting to therapy. This session will address the following: main theoretical components, healthy vs. unhealthy family development, mechanisms of change, and adapted interventions and techniques for the treatment of couples.

CD4 Finding Voice and Flourishing as Beginning Marriage and Family Therapists

DANA STONE

JESSICA CHENFENG

This session will engage current students and associates/ interns in supportive discussions about integrating self and identity in the self-of-the-therapist journey from student to licensed clinician. This session will give voice to the challenges and difficult encounters related to statuses including race, ethnicity, and gender, etc. that student-trainee-supervisee have with peers, faculty, supervisors, and clients on their journey to becoming an MFT.

CD5 What's Next? Surviving and Thriving after Grad School

KENDRA O'HORA

REAGAN SMITH

MFTs have numerous career options upon graduation. Considering teaching and developing a strong research agenda? Interested in establishing media expertise? Curious how to make six-figures in private practice? Grounded in the professional growth stories of two Millennial MFTs, this session will empower participants to explore their professional innovation in relation to three conventional career trajectories.

CD6 Agents of Social Change: Re-storying the Identity of MFTs

ERIC GOODCASE

AMBER VENNUM

LAUREN RUHLMANN

MICHELLE WASHBURN-BUSK

LOREN TAYLOR

While many family therapists are most familiar and comfortable intervening in systems through therapy, it is possible to work towards change with larger systems. In our session, we will discuss personal narratives about intervening in larger systems, discuss practical tips for intervening in multiple systems, and provide examples for how MFTs can work toward change in their communities and society.





CD7 Incorporating Online Therapy into Your Private Practice

REGINA BORDIERI

Participants will learn the basics of online therapy services including its potential advantages and disadvantages. Strategies and skills for enhancing the quality of online therapy sessions will be discussed and key legal, ethical, and technology considerations will be identified. Participants will also learn business strategies for incorporating online therapy services into a private practice business model.

CD8 Building a Thriving and Sustainable Professional Practice

MICHAEL CHAFIN

BRYN CHAFIN

With an emphasis on the importance of relationships, the presentation will concentrate on best practices for private practice, how to build a network of referring professionals, how to pay attention to the therapeutic relationship and client experience, and how to grow as a competent therapist. The presenters will use examples from their own experiences and client surveys demonstrating successful strategies.

CD9 What Every MFT Needs to Know

QUINTIN HUNT

STEPHEN FIFE

STEVEN HARRIS

EUGENE LLOYD

JODY RUSSON

NATALIA HOULBEC

REBECCA LEVY

This innovative presentation format is designed to engage the panel members and audience participants in a generative discussion about the field of Marriage and Family Therapy. This panel will feature five presenters using the Pecha Kucha format to present 5 topics all MFTs should hear about. The purpose of this format is to present information interestingly and concisely.

CD10 A Clinician's Guide to Therapy with Entrepreneurial Systems

LORIEN JORDAN

CATHERINE EGENES

Entrepreneurs face barriers on the pathway to success which puts them at risk for social, emotional, and mental distress. This presentation will present central topics of mental health and the startup culture and on clinically-appropriate methods of intervention entrepreneurs and their families. Resources will be provided to assist therapists in initiating positive change for those in the startup culture.

CD11 Services to Divorcing Families: Diversifying Your Practice

JEFF CHANG

The presenter will orient MFTs to 10 distinct services that MFTs can provide. Using the Core Competencies for MFTs, we will discuss the competencies that MFTs can build on. We will discuss how MFT can enhance their existing competencies, develop new ones to offer specialized services such as mediation and parenting coordination, and develop pathways for networking and marketing.

Seminars

9:00 a.m. – 12:00 p.m.

800 Ethical Issues for MFT Practice and Supervision

WILLIAM NORTHEY

LORI LIMACHER

LISA RENE REYNOLDS

CARL GREENBERG

TATIANA MELENDEZ-RHODES

The panel, members of the AAMFT Ethics Committee, will explain the AAMFT Ethical Complaint Process, discuss issues that come before the committee, and explore contemporary ethical issues face by AAMFT Members. Frequently asked questions, common complaints, useful resources, best practices for ethically sound practice, and emerging and evolving clinical issues that present ethical challenges will be addressed.



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801 Attachment-Based Family Therapy for Transgender Youth

JODY RUSSON
NATALIA SINGH

This presentation will use findings from a clinical implementation study to describe the core interventions to facilitate joining with transgender and gender diverse (TGD) youth and their caregivers. Presenters will discuss how the delivery of Attachment-Based Family Therapy was modified to be sensitive to the needs of TGD youth in community settings. These delivery modifications will be illustrated through video.

802 MEDICAL FAMILY THERAPY AND ELDER HEALTHCARE Part 1: A Family Systems Approach to Augment Help Seeking by Family Caregivers

CAROL PODGORSKI

Family caregivers often resist using community-based services designed to reduce distress and improve wellbeing. Using a slide presentation, film clips, and skill building, this session will highlight benefits of a systemic approach in helping caregivers connect with services. Participants will gain skills in effective caregiver assessment; identifying cultural and family systems influences; and moving caregivers toward accepting outside help.

Part 2: Biopsychosocial Influences on Relational Adaptation to Dysphagia

DEANNA LINVILLE

SAMANTHA SHUNE

Dysphagia occurs in up to 65% of individuals who have suffered a stroke, the leading cause of serious long-term disability in the US. The biopsychosocial consequences can be devastating, with dysphagia often leading to malnutrition, decreased relationship quality, and increased depression, anxiety, and social isolation. This session will present qualitative findings on the reciprocal influences of dysphagia and relational functioning.

Part 3: Family vs. Intimate Partners: Who Matters More for Health

SARAH WOODS

JACOB PRIEST

PATRICIA ROBERSON

This discussion will present original research testing whether family and intimate partner emotional climate predict aging health over 20 years. The results of cross-lagged path analyses using Midlife Development in the U.S. data will be presented. Findings emphasize the need for family interventions for adult health, focused on relationships other than marriage.

803 Using Rap and Poetry for Group Therapy with Black Youth

DANIELLE SAMUEL
DANA STONE

This presentation will integrate the framework of Post Traumatic Slave Syndrome for working with Black adolescents in group therapy. Presenters will highlight the utility of rap and spoken word poetry in exploring racial issues and will lead participants in an experiential activity. Participants will engage in activities and an in-depth discussion on how to integrate historical trauma in therapy.

804 Ethics and Technology

DALE BERTRAM
TONY WATKINS
MIKE RANKIN

This seminar explores the key issues in providing technology assisted services (TAS). Focusing primarily on Standard VI of the AAMFT Code of Ethics, the AMFTRB TAS guidelines, and issues related to the HIPAA and HITECH acts, this workshop engages participants in looking at the key issues in TAS. The audience will be engaged in conversation related to these issues.

805 Introduction to Attachment-Based Family Therapy

GUY DIAMOND

JESSE SMITH

Attachment-Based Family Therapy (ABFT) provides a road map to identify and heal attachment ruptures that underlie behavioral problems. This strategy decreases conflict through increasing love and trust. The model is structured, but flexible. It is goal-oriented, but also process-focused and utilizes person-of-the-therapist. Decades of research supports the model. This session will provide participants with an overview of ABFT.

806 Media Trauma: Personal Media Use and the Mental Health Community

JENNIFER BLACK

This seminar will explore Media Trauma and its effects on client/therapist relationships. Media Trauma is a term to describe the growing negative relationship between humans and their smartphone. From low-level anxiety to depression and suicide, the link between smartphone technology and human behavior will be examined, and a cycle of care based on an attachment model will be offered.



807 Motivational Interviewing Bootcamp: Techniques and Application

JENNIFER HARSH
MAX ZUBATSKY
DEEPU GEORGE

Motivational interviewing (MI) is an evidenced-based method of communication, focused on resolving ambivalence. MI can be used with traditional MFT theories and emerging MFT practice. During this seminar, participants will learn the “MI spirit,” tenets, and clinical skills. Participants will incorporate MI into practice, through active learning. Presenters will highlight how MI promotes care that respects cultural norms and values.

808 “Fancy Meeting You Here:” An Ethical Framework for Dual Relationships

SHEILA ADDISON
NOELLE CLASON

Therapists in small or close-knit communities may experience conflict between providing therapy to members and participating as members themselves. We will present a model for ethically managing dual relationships drawing from feminist, multicultural, and family systems thinking and virtue ethics. Presenters will provide practical examples application and invite participants to reflect on their own boundary setting practices with culturally-similar clients.

809 Weaving the Threads of Body and Mind: An Embodied Approach to Therapy

DEBORAH KLINGER

Somatically-informed interventions decrease distress and enable clients to resolve trauma and developmental wounds. Therapists can incorporate somatic principles into their existing approaches. This seminar will explain the Polyvagal Theory of the autonomic nervous system and demonstrate how to weave concepts and techniques from Somatic Experiencing, Sensorimotor Psychotherapy and yoga with other therapeutic models, including CBT, DBT, IFS and EMDR.

810 A Systemic Approach to Spiritual & Religious Competence

SARAH CRABTREE
RENU ALDRICH

Spiritual and religious clients often benefit from spiritually integrative treatment, but therapists often omit this integral element of culturally sensitive care. This seminar will highlight the importance of attending to spiritual and religious themes in therapy, utilize case studies to illuminate treatment considerations, and offer strategies that attendees can use in their clinical practice.

811 Vinyl in a Digital Age: Revisiting Family Therapy’s Roots

JAMES MORRIS
GEORGE STONE

This presentation will offer a rare opportunity to hear from a family therapist who studied with many of family therapy’s originators. Through an interview format, the foundational concepts of family therapy will be made relevant again for today. Personal stories and case examples from time spent studying with Bateson, Erickson, Haley, and others will be shared. Mid-20th century innovation revisited.

812 MFT Common Factors in Action

ELI KARAM
ADRIAN BLOW

This seminar will teach participants how to integrate the four common factors unique to MFT. Participants will learn how to monitor common factors through direct feedback, user-friendly resources, critical thinking exercises, and self-reflective questioning designed to promote client/therapist engagement and track progress. Presenters will spend time sharing practical strategies for integrating common factors in your own practice.



HOTEL AND TRAVEL INFORMATION



Air Travel

AAMFT has teamed up with United to provide you with discounted fares flying into Austin–Bergstrom International Airport (ABIA). Discounts vary depending on your departure city.



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Travel must be booked between 8/23/19 – 9/4/19 in order to receive the discount.

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SAVE THE DATE

AAMFT20 ANNUAL CONFERENCE

NOVEMBER 12 – 15, 2020
ORLANDO, FLORIDA

Call for abstracts to
open late summer 2019

REGISTRATION INFORMATION

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SUPER SAVER: Register by June 30 and save \$100!

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Register

<http://www.aamft.org/conference>

703-838-9808

Conference Attendee Registration (Thursday, August 29, 4:00 p.m. – Sunday, September 1, 12:00 p.m.)

- Admittance to all workshops, forums, seminars, keynote addresses, and research discussions
- Exhibit space pass and admittance to Spotlight MFT Reception
- Meetings, receptions, and meet-up groups

Find your member Category and price point:	Supersaver Rate Register by June 30	Early Bird Rate Register by July 31	Regular Rate Register after July 31
Clinical Fellow, Allied Mental Health Professional, and Affiliate Members	\$380	\$450	\$500
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Student Members	\$260	\$300	\$330
Former Members and Prospects	\$485	\$550	\$600
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Conference Institutes (Thursday, August 29; 9:00 a.m. – 3:30 p.m.)

- Admittance to conference institute
- Thursday keynote address
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With Full Conference	\$165	\$165	\$200
Without Full Conference	\$230	\$230	\$335

Approved Supervisor Refresher Course (Thursday, August 29; 8:00 a.m. – 3:30 p.m.)

- Admittance to Refresher Course

	Supersaver Rate Register by June 30	Early Bird Rate Register by July 31	Regular Rate Register after July 31
Approved Supervisor Refresher Course	\$260	\$260	\$275

REGISTRATION INFORMATION



Approved Supervisor Track (Thursday, August 29, 9:00 a.m. – Sunday, September 1, 12:00 p.m.)

- Admittance to supervision interactive track sessions
- Keynote addresses and research discussions
- Exhibit space pass
- Meetings, receptions, and meet-up groups

Find your member category and price point:	Supersaver Rate Register by June 30	Early Bird Rate Register by July 31	Regular Rate Register after July 31
Clinical Fellow, Allied Mental Health Professionals, and Affiliate Members	\$525	\$575	\$625
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Student Members	\$405	\$455	\$505
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Friday, August 30, 2019	\$230	\$230	\$335
<ul style="list-style-type: none"> • Admittance to Friday keynote address • 200—400 series workshops and forums • Research discussions 			
Saturday, August 31, 2019	\$230	\$230	\$335
<ul style="list-style-type: none"> • Admittance to Saturday keynote address • 500—700 series workshops and forums • Research discussions 			
Sunday, September 1, 2019	\$200	\$200	\$305
<ul style="list-style-type: none"> • Career development track • 800 series seminar 			

Cancellation Policy/Refund Policy:

Cancellations and any subsequent request for refund must be made in writing by August 16, 2019. Upon cancellation you have the right to request that your fee (in full) be held (for up to one year) and used toward application to another AAMFT event registration. If you prefer a refund, cancellations made prior to June 30, 2019 will receive a 75% refund. Cancellations made between June 30 and August 16, 2019 will receive a 50% refund. No refunds will be offered after August 16, 2019.

Tax Deductibility:

Your unreimbursed annual conference costs, including registration fees, airfare, hotel, and 50% of meals, may be tax deductible. Please consult your financial advisor for details

AAMFT Members:

Registration fees are up to \$100 less for all AAMFT members. See charts above for complete registration fees.

Non-member students will need to provide proof of current enrollment with your registration form (a letter from your Program Director or Registrar's office)

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The AAMFT Annual Conference is a professional development event and is not intended to be inclusive of children. Due to space limitations and the potential for disruption in session rooms, as well as safety issues should overcrowding occur, children under the age of 18, other than nursing infants, are not permitted in education sessions and keynotes. AAMFT does not provide child care services. Your hotel concierge may be able to provide information about on-site child care services or other local options for child care.

REGISTRATION INFORMATION

DON'T FORGET TO REGISTER FOR THESE OPTIONAL EDUCATIONAL AND SOCIAL EVENTS!

Topical Interest Network Meet-Up Learn how to become a part of the new networks.	Thursday, 5:30 – 6:30 p.m. Friday, 12:00 – 1:00 p.m. Saturday, 12:30 – 1:30 p.m.	FREE
Emerging Professionals Network Meet and Greet Network with other Emerging Professionals or learn more about joining the Network.	Thursday, 3:00 – 3:45 p.m.	FREE
Lunch and Learn: The Internet Family: Technology in Couple and Family Relationships	Friday, 12:00 – 1:30 p.m.	\$60
Research Discussions Hear from research presenters on the latest studies highlighting innovation and potential impact in our field	Thursday 7:15 – 8:15 p.m. Friday 12:30 – 1:30 p.m. Saturday 7:15 – 8:15 a.m. Saturday 1:30 – 2:30 p.m.	FREE
Spotlight MFT Reception Network with other MFTs as you explore ways to engage in the association.	Friday, 6:00 – 7:00 p.m.	FREE
Annual Business Meeting: A Conversation with AAMFT Learn about our 2018 accomplishments, financial benchmarks, and association news as well as the exciting new initiatives for 2019 and beyond. Members only.	Saturday, 11:00 a.m. – 12:30 p.m.	FREE
Career Development Gain tools to rise to the top of the field of marriage and family therapy in this new addition to the conference.	Sunday, 7:45 – 8:45 a.m.	FREE

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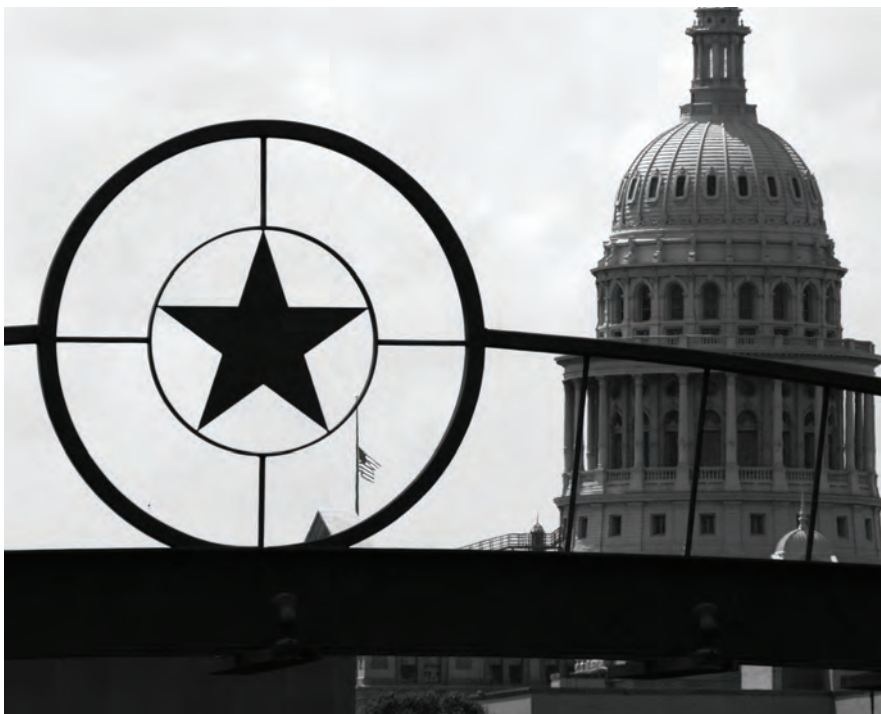
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How Long?



Gauging How Long the Therapeutic Relationship is Beneficial to the Client

At one time or another, most therapists encounter a case where they grapple with whether or not the therapy is beneficial to the client. Perhaps the client has been in therapy for a very long time with little or no progress towards treatment goals, or maybe the client appears to have made great progress, but still seems to be lingering on in therapy. In either case, the therapist may wonder, “Am I really even doing therapy here? Is the client getting something out of treatment, and if so, what is it? Why is the client still coming to therapy?”

MFTs, particularly those of a post-modern orientation, pride themselves on being collaborative in the therapeutic relationship, and valuing the “expertise” and feedback from the clients on how beneficial the therapy is to them. So, how best to navigate therapy cases that seem to leave questions as to the effectiveness of treatment? When is it time to call it the proverbial “quits”? And if it’s time to quit, who initiates that, and what are the possible risks in having that conversation?

Consider the case of Benny and the Bronsons.* Benny is a seasoned MFT in a rural town in the Midwest. He pretty much “has the corner” on relationship therapy in that area, as he is the only MFT in town, and has a very good reputation for being effective in his couples treatment. He has a busy

practice in a comfy, private office. He markets himself as practicing a brief, solution-focused style of therapy. One of the couples he sees is Mark and Kevin Bronson*. They have been married for almost 2 years, and came to Benny for therapy nearly 18 months ago, when issues suddenly cropped up in their (very new) marriage. The couple worked well with Benny in that time, meeting all the goals they had set for treatment. Mark and Kevin reported communicating more productively, rarely fighting, resolving everyday issues very quickly, being more respectful of each other, enjoying each other’s company more often, enjoying a more frequent sex life, and rebuilding a far stronger trust in each other.

In each session, Mark and Kevin presented enthusiastically, readily

engaging in conversation with one another, laughing, and proudly highlighting all their great interactions each week. As it had been several months without issue, Benny was fairly certain this was solid, second-order change, and that the couple had worked hard, had successfully changed their patterns of interaction, and were clearly enjoying the “fruits” of their labor. As the couple kept eagerly scheduling another session for the following week, Benny began to wonder if it was ethical to keep seeing them. He decided a conversation was necessary, and brought up his thoughts with Mark and Kevin the following week. It was clear that the couple was reluctant to end treatment, and the “feel” in the room changed after Benny brought up the idea of terminating. They scheduled another

session to discuss how termination would look, but the couple cancelled that next session, something they had never done before without a good explanation. Benny had reservations about his course of action with Mark and Kevin, and was concerned that perhaps he had made a mistake, or that he hadn't handled the situation correctly. Benny never heard from Mark and Kevin again.

Let's begin by considering some basic ethical principles. There are two conflicting elements that can make the decision to terminate especially difficult:

1. Autonomy, or the right of clients to make decisions and act upon them independently, suggests that Mark and Kevin should have been able to choose what was helpful in therapy, and whether or not they wanted to continue to make appointments. The problem here might have been that Benny did not ask directly if this was the case for the Bronsons, and perhaps he should have brought it up earlier with them. Sometimes clients may continue in therapy past their desire to do so, simply because they think they should, or feel the therapist should tell *them* when they are ready to end. I once had a client tell me she didn't want to "hurt my feelings" by ending therapy, even though she'd been feeling a lot better for several weeks. She went so far as to try to create new, minor problems to fill our time together. I was thrilled to be able to share with her that the greatest gift she could give was to "fire me." I went on to explain to her how great it was to be able to terminate clients who had successfully found happiness, or change, or whatever they had been seeking in therapy. We highlighted her progress, the "tools" she developed to use in her daily interactions with her spouse and coworkers, and mutually agreed *not* to reschedule. This is a good example of the ethical notion of *referent power* (created by the observer, or client, an admiration of the therapist

Sometimes clients may continue in therapy past their desire to do so, simply because they think they should, or feel the therapist should tell them when they are ready to end.

that can lead to clients viewing therapists as having venerated power and influence, and *expert power* (the capacity of the therapist to influence clients based on the clients' perception of the therapist having knowledge, skill, and competence). Clients may see their therapists as experts who should govern whether they need to be in therapy or not. Therapists must recognize the influential power they may have over clients, and be careful to never abuse it for personal gain. The AAMFT Code of Ethics has a standard that includes autonomy:

1.8 Client Autonomy in Decision Making *Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.*

2. Beneficence, or actively trying to benefit the client in a positive fashion, suggests that Benny acted ethically,

clearly trying to do what he felt was in the clients' best interest. He meant well in suggesting termination, and in delaying the conversation for fear of hurting, rejecting or offending his clients. However, beneficence must always be weighed with the understanding that the client has the right to choose what is best for him or her. It is clear that Benny harbored no malintent in his actions. Once again, it appears that open communication between therapist and client is vital to not only a good therapeutic relationship *during* therapy, but also in choosing to terminate it.

So, what was the "right" thing for Benny to do with the Bronson case? The tricky thing with ethics is that there isn't always a clear, obvious "right" path. Navigating the "gray area" takes some ethically-sound soul searching sometimes. The following are some AAMFT Code of Ethics Standards (2015), and how they might be considered with the Bronson case.

1.7 Abuse of the Therapeutic Relationship *Marriage and family therapists do not abuse their power in therapeutic relationships.*

In order to ensure that the therapist is not potentially abusing power (especially if it is the kind of referent or expert power bestowed on Benny by the client, but totally unbeknownst to the therapist), he should certainly open up a conversation about the couples' goals for any continued sessions, whether they've thought about scheduling further out, or even about the possibility of ending treatment.

1.9 Relationship Beneficial to Client *Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.*

An ethical therapist must be sure that the reasons the treatment is continuing, despite possible evidence that the treatment goals have been met, are not for personal gain or bias. Does someone in private practice want to

keep making money on the client (who appears to want to continue therapy, despite having met the treatment goals) because he or she has a second kid in college? There should be clear reasons and rationale (that should be documented in the chart under the treatment plan) for continuing therapy if initial goals are met.

1.10 Referrals

Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

In the case that perhaps therapy is no longer beneficial to the client, but there are still unmet goals that might be better served by another professional (for example, a rheumatologist consult to assist client with issues of chronic pain and fatigue from an autoimmune disorder), an appropriate referral should be made.

1.11 Non-Abandonment

Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

To avoid any feelings of abandonment, clients should be reassured that they can re-enter therapy in the future, should new or old issues crop up again. As most clinicians know when they've been in the field long enough, if they do good work with clients, and those clients encounter new challenges years down the line post-therapy, they will look you up again!

Perhaps the best-case practice in ethical decision-making for gauging the benefit of the reply to clients hinges on therapist-initiated communication about the therapy. Regular "check-ins" with the client about meeting goals/setting new ones are important. One of my favorite check-ins is asking, "It seems like you've been doing these things really well for a while now. How are you feeling about trying to keep these good things going on your own

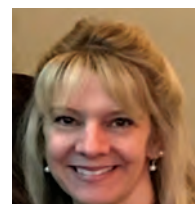
for a little while if we schedule out our next session for a few weeks?" This way, the notion of therapy not lasting forever does not teeter on one single, powerful final conversation, but rather an idea that punctuates several sessions throughout the course of therapy. It is important to be thoughtful about how to address the idea of termination with individual clients; the nuances of word choice, tone, level of comfort and positivity, explanation when needed, and timing are all key elements to a successful conversation.

I have a quote, written in beautiful calligraphy, stuck to the bulletin board in my private practice office. A client gave it to me at our last session. I think its inspirational meaning embodies the message we strive for clients to understand and see when it comes time to end therapy: *There's a trick to the "graceful exit." It begins with the vision to recognize when [something] is over, and to be able to let it go. It means leaving what's over in the past,*

without denying its validity or its past importance to our lives. It involves a sense of future, a belief that every exit line is also an entry, that we are moving up, rather than moving out.

—ellen goodman

*Names have been changed to protect privacy.



Lisa Rene Reynolds, PhD, is program director/assistant professor of Marriage and Family Therapy at Iona College, New

Rochelle, NY. She is an AAMFT Clinical Fellow.

Reference

AAMFT. Code of ethics. Retrieved from https://www.aamft.org/Legal_Ethics/Code_of_Ethics.



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