

International Family Therapy Association

# 2013 Congress Book of Abstracts



2013

# Promoting Relationship Quality for Couples Becoming Parents: Mixed Methods Results

USA

Laura Gambrel

**Short Description:** After the birth of a child, many couples experience declines in relationship satisfaction. This presentation will focus on a randomized mixed methods study of a relationship enhancement program I developed. This four week program includes mindfulness training, psychoeducation, social support, and relational skills to support couples in this transition.

**Abstract:** The transition from partnership to parenthood can be a time of excitement and rapid change for couples. After the birth of a first child, many couples experience declines in relationship satisfaction leading to increased risk of relationship dissolution, postpartum depression, and negative child outcomes. Considering the frequency of this transition and the connection between parent relationship quality and health, it is surprising that relatively few intervention programs have focused on preparing couples for this life transition. Hence, I have developed a four-week relationship enhancement intervention entitled the Mindful Transition to Parenting Program. In this program, groups of couples who are expecting their first child learn relational and mindfulness skills, and receive psychoeducation about the transition to parenthood. This program is based on interpersonal neurobiology, which states that mindfulness training can change brain structures that can lead to increased attunement abilities and sustained improvements in relationship quality. In this research study, I determined the outcomes for couples who participate in this program through mixed methods research with a randomized experimental design. Thirty-three couples were randomly assigned by a coin-toss to either a waitlist control group, or the Mindful Transition to Parenting Program treatment group. Results demonstrated that men in the treatment group had more significant improvement than women. The emergent qualitative themes for participants in the program included: (1) positive changes for self, (2) improvements in couple relationship, (3) feeling more prepared for baby, and (4) male involvement. Mixed methods analyses revealed that men in particular benefited from the social support, increased connection with their babies, and more identification with the role of father that the program provided. These are promising results, showing that a brief intervention including mindfulness and skill-based learning can have positive effects on couples in the transition to parenthood.

# Working Out & Working Out: The Impact of Exercise in the Couple Relationship

USA

Kayla Mennenga & Allison Ellsworth

**Short Description:** Exercise has been found to benefit mental health, learning, stress management, and relationships, but the role of exercise in generating these outcomes has not been examined in the context of therapy. Clinicians working with individuals and couples can implement interventions using exercise as a catalyst for therapeutic and relational change.

**Abstract:** Exercise has been found to benefit mental health, learning, stress management, and relationships, and yet exercise has been underexamined by clinicians and underrepresented in both clinical and relational research. While the benefits of exercise on physical health are well-documented, no known research has incorporated the relationship between exercise, marital stress and marital quality. Participants for this study were taken from the Flourishing Families Project (FFP). The FFP is an ongoing longitudinal study of family life conducted in a large northwestern city in the United States involving 500 randomly-sampled families with a child between the ages of 10 and 14 at the inception of the project (M age of child = 11.29, SD = 1.01). The sample for the current study consists of 337 couples across Wave 2 and Wave 3 of the study. Study findings have implications for clinicians and family life educators. Clinicians working with couples can design and implement interventions that utilize exercise-related interventions to catalyze therapeutic change among couples who present with anxiety, depression, and relational problems. Pathways to change catalyzed by exercise include enhanced feelings of calm and happiness via the upregulation of the natural neurotransmitters dopamine and serotonin, having the brain primed for learning through activating neurological mechanisms that facilitate the birth of new brain cells (neurogenesis), and through allowing greater stress management by regulating cortisol levels. Clients experiencing these changes are better positioned to engage in therapy and in safe interactions with their partners. Through these paths, exercise is a valuable contribution to couple treatment and relational quality.

# Retention in a parenting intervention for parents involved with the child welfare system

USA

Lenore McWey & Kendal Holtrop

**Short Description:** This mixed-methods study examined retention in a parenting intervention among parents involved with the child welfare system. Results indicated that cumulative risk, including perceptions of child behavior problems, parental stress and depression, and lack of social support, was associated with premature termination from treatment. Family therapy implications will be explored.

**Abstract:** Parenting interventions are one of the most widely proscribed requirements in case plans for parents involved with the child welfare system due to allegations of abuse or neglect (Kaminski, Valle, Filene, & Boyle, 2008). Retention of parents in parenting interventions is critical because effectiveness hinges upon the extent to which participants attend. Although certain traits such as race and income have been empirically associated with parents successfully completing parenting interventions (Reyno & McGrath, 2006), significantly less is known about parental states associated with retention and drop out. We argue that understanding parental states is critically important because these factors are malleable within the treatment context. The purpose of this concurrent mixed methods study was to better understand retention in a parenting intervention among parents involved with the child welfare system. In the study, quantitative trends on measures of parenting practices, parental stress, and mental health were converged with qualitative themes from interviews with parents court-ordered to participate in a parenting intervention. Using group means and clinical cutoff scores to compare those who successfully completed the group to those who did not, clear trends were evident. Among parents who did not complete the intervention, there were indicators of cumulative risk including parental perceptions of having difficult children, parental stress, and depression. Further, an overwhelming majority of the parents who did not complete the group indicated that they had no one to turn to in times of need, or did not want to rely on the support of others. Thus, it seems cumulative risk for those without any support might be an important indicator of treatment success. Findings from the study have important implications for clinicians hoping to promote treatment engagement. For example, data from intakes may provide opportunities for the identification of parents who have cumulative risks. With early identification, perhaps more can be done to prevent drop out by bolstering services up front. This may take skill, particularly when working with parents who express not wanting and not needing help. The result, however, could be that parents may be more likely to successfully complete the parenting intervention.

# Family Therapy Around the World: Collaboration Among and Across Religions and Cultures

USA<sup>\*</sup>, South Africa<sup>\*\*</sup>, Turkey<sup>\*\*\*</sup>

Florence Kaslow<sup>\*</sup>, Warwick Phipps<sup>\*\*</sup>, Fatma Torun Reid<sup>\*\*\*</sup>, Joe Gillespie<sup>\*</sup>

**Short Description:** IFTA has family therapist, researcher and academician members from every major religion, myriad countries and cultures. In this presentation we'll highlight similarities and differences and emphasize what values enable us to treat and teach others raised with dissimilar beliefs. We will address how IFTA's non-judgmental principles can have broader impact.

**Abstract:** Just as the Olympics seek to bring together participants from every ethnic, cultural, religious, racial, educational, socioeconomic, and country of origin background, so too does IFTA, albeit on a much smaller scale. Our participants in IFTA are the hearty family of family therapists/psychologists, professors, and researchers who venture forth to interact, share and learn from others of similar and disparate roots and ancestries at the international level. On this panel we will bring together IFTA members with quite varying backgrounds. In order of presentation; 1) Dr. Florence Kaslow, Founding President of IFTA (USA-Jewish); 2) Dr. Warwick Phipps (South Africa-Protestant); 3) Fatma Torun Reid, Current IFTA President (Turkey-Muslim); 4) Father Joe Gillespie (USA-Catholic). This panel will highlight key similarities and differences in our four religions and cultures as we each view and interpret these. We will focus on how we reach across these and also embrace them when we teach, treat and conduct research with individuals, couples, families and groups with different beliefs, life histories, experiences and backgrounds. Time will be reserved at the end for cross discussion amongst panelists followed by a brief question and answer period.

# Couple and Family Technology: The Emergence of a New Discipline

USA

Katherine Hertlein

**Short Description:** Technology and new media have transformative effects on our relationships. The emerging field of couple and family technology seeks to understand the effect of technology on relationships. It attends to both the challenges that interfere with couple and family processes and builds on the advantages that technology introduces into relationships.

**Abstract:** Technology and new media have transformative effects on our relationships and their presence has increased in our lives. They reintroduce couples to age-old issues in relationship formation and maintenance, in addition to new issues that have to be negotiated and managed. Issues that emerge in relationship related to technology and new media include but are not limited to: how the couple has organized to spend time with one another, how power is experienced in the relationship, and how couples handle the idiosyncrasies around each partner's usage of technology and new media. Each of these issues (shared time, cybersex, online infidelity, and online gaming) introduces challenges into relationships. The purpose of this presentation is to introduce a new discipline that has emerged as a result of the issues specific to technology and new media. This branch of study, known as the field of couple and family technology (CFT), refers to a broad area of investigation which seeks to understand the effect of technology on relationships of individuals, couples and family. It attends to both the challenges that interfere with couple and family processes and builds on the advantages that technology introduces into relationships. In this presentation, I will outline the rationale for the development for this specific branch of family therapy in addition to a description of the scope of the field of couple and family technology. I will also introduce the theoretical origins of this field. Finally, I will present the couple and family technology framework, which is a multitheoretical framework through which couple and family interactions around technology can be viewed. This framework was introduced by AUTHOR (in press) is the most inclusive approach to understanding the impact of technology in couples and families. It is informed by research and includes the research on development, characteristics about the mechanics of electronically-interactive communicative technologies, and the social aspects of these technologies. It also considers the role of process and content in relationships alongside the specific information related to communicative technologies.

# Photo Journaling: A Therapeutic Tool

USA

J. Sue Fletcher

**Short Description:** In this electronic digital age photo journaling can supplement family therapy sessions. It has been used effectively from children to Alzheimer

**Abstract:** Some family therapists use a cognitive behavioral therapy (CBT) approach when working with families. A basic premise of CBT is that thoughts lead to feelings and physical reactions that in turn lead to behaviors. This process resulting in behavior occurs internally within seconds with the client and often the therapist being unaware of the speed it occurs. A new area of research in the English National Health service (NHS) based on evidence from the National Institute for Health and Clinical (NICE) involves computer applications via a voice-activated response system instead of a session with a human therapist. This approach could have some interesting applications in the clinical setting. The advance of computer technology has produced major changes in human communication patterns. Today communication is being truncated in regard to face-to-face interactions. The next generation might be considered "wired" in that they text and have hundreds of Facebook friends without ever meeting any of them. This could alter conventional clinical family therapy. This brings the question, could a technologic approach be used to assist clients in understanding the cognition process leading to behaviors through the use of photo journal? This brief presentation will provide a sample photo journal, iMovie, for analysis of perceived feelings and potential physical reactions that can be identified by the client and therapist using the Internet. This approach assists clients in their own stories by chronicling their emotions through photography.

# HIPs and PIPs - a viable alternative to using DSM diagnoses in family therapy?

Canada

Tom Strong & Jennifer Eeson

**Short Description:** The Calgary Family Therapy Center (CFTC), directed by Karl Tomm, is clinically and administratively organized through use of a relational system of diagnosis. From case study research, we report on how this diagnostic system was developed, and how it offers a viable clinical and administrative alternative to using DSM-IV diagnoses.

**Abstract:** For many family therapists and family therapy agencies, funding to cover the costs of seeing families often requires using psychiatric diagnoses and evidence based treatments warranted for the individually diagnosed condition. Increasingly, the Diagnostic and Statistical Manual Fourth Edition (DSM-IV-TR) has become the expected discourse of clinical and administrative practice across varied family therapy contexts. This trend is problematic for family therapists who assess and respond to clients' presenting concerns from a primarily relational focus. The Calgary Family Therapy Center (CFTC), clinically directed by Dr. Karl Tomm is a unique agency that uses a diagnostic and treatment system congruent with systemic principles. The Pathologizing Interpersonal Patterns (PIPs) and Healing Interpersonal Patterns (HIPs) system was developed by Dr. Tomm in response to administrative expectations for accountable practice. This system, now over 20 years in use, is unique for how it helps family therapists conceptualize families' or couples' concerns and health in terms of relational patterns that can be assessed for severity of concern or wellbeing. The system has, since its development, received provincial (Alberta) health funding for offering an accountable way of monitoring levels of family dysfunction and wellbeing for families seen at the CFTC. We report on case study research of the HIPs and PIPs system of relational diagnosis as it is used at the CFTC. Employing both a traditional case study approach and Clarke's (2005) situational analysis, we explain agency processes involved in creating, adapting and administering this relational system of diagnosis. We also explain how Karl Tomm negotiated external funding and health system administration issues while detailing how use of the HIPs and PIPs system is experienced by therapists, student interns, and administrative support staff. In an increasingly medicalized field of family therapy and mental health services, the HIPs and PIPs system offers family therapists a uniquely viable administrative and clinical alternative to the DSM-IV-TR that is based on systemic principles and relational diagnosis. We discuss our findings within the broader context of family therapists practicing in accountable and evidence-based ways.



# The Forgotten children: Parents focus on a child with problems, forgetting the others

Israel

Racheli Bolless

**Short Description:** My presentation will describe a case study and analyze the "forgotten child " syndrome and describe the process and nature of the treatment, to be followed by a discussion about lessons that might be applied to families in identical situation.

**Abstract:** About a year ago I received a call from a mother who told me that her daughter age 10, ran away from home to her aunt. She refused to come back and speak to her parents. After several months of family therapy sessions the parents' daughter relations is back to normal as well as family functioning. The above crisis was an extreme result of parents' behavior that was focusing for several years on the younger son, who had minor problems while neglecting the older daughter. The "forgotten child" has developed over time anger, frustration and aggression without the ability of either the child or parents to identify the source of their growing crisis. My presentation will analyze the "forgotten child " syndrome and describe the process and nature of the treatment, to be followed by a discussion about lessons that might be applied to families in identical situation.

# Male Depression and Early Family Experiences: Implications for Practice in South India

India

Tommy Liang

**Short Description:** Based on clinical experience and local empirical findings (Liang & George, 2012), this presentation sheds light on depressed men

**Abstract:** With the overwhelming suicide rate among men over women, and family problems and illness being the major causes of suicide in India, it is important that we have a better understanding of how men struggle with depression in the context of family. This study is to understand the subjective experiences of depression and family's role in gender socialization among Indian men, and to make implications for practitioners to improve the level of support for men struggling with depression (Liang & George, 2012). A non-clinical sample of nine men was selected using convenience sampling from a human service organization. Theoretical sampling of biographical accounts of a male client with a history of clinical depression was used for the triangulation of data. A consensual qualitative research methodology was adopted. The findings contribute to new insights into the understanding of depression in the light of early family influences among Indian men. Among them are multi-dimensionality of depressive experience, depression as a gendered experience, masculinity ideology of depression, and issues of assessing depression in men, including masked symptoms, the interpersonal aspect, and the existential nature of depression. Several implications are held: (1) Although local scholars propose that there is a need for maintaining family mental and relational health through family life education in India (Rath, 2006), understanding depression as a gendered experience can be part of life skills training and parent education. (2) There is an urge for depressed men in particular to be sensitive to their arousal and to anticipate the experience to reduce maladaptive responses during emotional distress. They may benefit from gender-sensitive and culturally relevant approaches to assessment and intervention. (3) The usefulness of discussing emotional distress and interpersonal issues between men is clearly indicated by this study. This awareness is particularly valuable with regard to depressive experiences, as the experience of connecting to other requires a man to become aware of his relationality (Bergman, 1995), and genuine empathy for self makes a person responsible for changing the behavior that distorts his real feelings (Lynch & Kilmartin, 1999). Based on the above, an Integrative Experiential Family Therapy approach is suggested.

# Psychosexual Comorbidity with Breast Cancer Couples: Implications for Clinical Practice

USA

Shobha Pais

**Short Description:** For partnered women with breast cancer a primary concern is the impact of cancer on the quality of the couple's relationship. This presentation will discuss a brief three-session intervention developed to reduce the incidence of psychosexual morbidity within the couple post diagnosis and treatment. Therapeutic implications will be addressed.

**Abstract:** For partnered women, breast cancer may be thought of as a "couple's disease," A primary concern is the impact of breast cancer on the quality of the dyadic relationship. Factors that affect the relationship include sexually related issues that do not resolve spontaneously and extend well beyond the period of adjuvant therapy, difficulty communicating about intimacy, sexuality, and the fear of cancer. This study aimed at developing and evaluating the feasibility of a brief intervention to attenuate the incidence of psychosexual morbidity within the couple secondary to the diagnosis and treatment of breast cancer. A quasi-experimental study including intervention and treatment as usual comparison groups was conducted with 65 recently diagnosed pre-menopausal/peri-menopausal breast cancer survivors and their partners at a Midwestern breast cancer clinic. Three intervention sessions which focused on "effective communication" including couples communication, "intimacy and sexual functioning" in the face of cancer, and "effective coping strategies for management of stress" were provided to couples. Twenty-five dyads received treatment as usual, 26 dyads received face-to-face intervention, and 14 dyads received the same intervention by telephone. Questionnaires were completed at baseline, following completion of the intervention, 6 months post-intervention, and from the comparison group at equivalent data points. 97.5% of dyads completed all intervention sessions, with an equal level of satisfaction among those in the telephone and face-to-face groups. Intervention by telephone was demonstrated to be as effective as the face-to-face mode of delivery. Trends in differences between the intervention and non-intervention comparison groups on the relationship variables of intimacy, sexual functioning, and dyadic adjustment were obtained. This intervention was feasible and acceptable for couples comfortable discussing their relationship. Intervention by telephone was as effective as the face-to-face mode of delivery. Findings suggest that in the absence of serious psychopathology and/or relationship issues prior to the diagnosis of breast cancer, a brief intervention may help avert deterioration within the relationship. Having a brief clinical intervention as a part of routine care for all survivors may 'normalize' the problems many couples face. Details of the intervention sessions along with clinical implications for family therapists will be shared.

# The Relationship of family adaptability, cohesion and demographic factors in Iranian adole

Iran

Ali Zadeh Mohammadi

**Short Description:** This paper examined relationships of family adaptability, cohesion in adolescence's risk-taking. 142 family with taking risk adolescence, four family system model including flexible-disengaged, flexible-separated, separated- chaotically, connected chaotically were explained dominant models in risk factor family adolescence. Family with adaptability and cohesion structure were showed significantly decrease in risk-taking factors.

**Abstract:** It seems that Iranian youth population is facing some remarkable health risk factors, due to social and family challenges. There were approximately 16 million adolescents aged 10–19, accounting for 25% of the Iranian population. This huge population is more likely live in risky environment and report more risk behaviors. In different effective risk factors, family structure and socio-economic level may affect the adolescents risk behaviors engaging. Social science research has demonstrated that the quality of the parental relationship affects the teenage engage in risk adolescent behavior. This paper examined relationships of family adaptability, cohesion and characteristic in Iranian high school student's risk-taking including smoking, risky driving, violence, drug use drinking, sexual relationship and behavior and heterosexual attitude. Method: The sample was 807 high school students (371 boys and 436 girls) were randomly selected from Tehran city. All subjects completed the Iranian adolescent's risk-taking scale (IARS) and family adaptability and cohesion evaluation scale third version (Faces111) that validity of both was assessed using factor analysis. Alpha of both scales obtained more satisfactory averaging (IARS, .94; Faces, .81). Results: Among 142 family with taking risk adolescence, four family system model including flexible-disengaged, flexible-separated, separated- chaotically, connected chaotically were explained dominant models in risk factor family adolescence. Family with adaptability and cohesion structure were showed significantly decrease in risk-taking factors ( $P > 0/05$ ). Among the family demographic factors, poor economic level ( $P > 0/05$ ), and high educated mothers ( $P > 0/01$ ), high educated fathers ( $P > 0/05$ ), boys more than girls ( $P > 0/05$ ), human science students were showed significantly more involve in risk- taking than science and mathematic ( $P > 0/05$ ). Discussion: Qualitative research is needed to gain a greater understanding of adolescent males' risk behaviors. In addition, a similar quantitative study should be conducted among adolescent students.

# Diversity Lab: An Experiential Process for Postmodern Learning

USA

Kate Warner & Lana Kim

**Short Description:** Marriage and family therapy (MFT) master's students are typically introduced to postmodern theory and social constructionism through didactic lectures and course texts. This brief presentation will describe an experiential learning process that immerses MFT students in postmodern ideology and enhances their ability to embrace diversity & difference.

**Abstract:** The objective of this presentation is to describe an experiential process for teaching postmodern ideology and diversity to Marriage and Family Therapy (MFT) Master's students. Faculty in the MFT Graduate Program at Valdosta State University conduct a Diversity Lab that utilizes dialogues modeled upon Roth, Herzig, Chasin, Chasin, & Becker's (1995) Public Conversations Project (PCP). PCP dialogues allow participants to talk about polarizing topics using a structured conversation that brings into balance the influences of dominant voices, group pressure, and the hesitance to speak and to listen. The structure provides students with the framework and tools for how to hear, acknowledge, and respect the complexities of their own conflicting ideas as well as those of others. The Diversity Lab provides a "participatory learning" opportunity for students to practice enacting and experiencing postmodern approaches to appreciating multiple perspectives. Participation in the Diversity Lab helps our students develop a genuinely curious stance towards their own values and the values of their clients while fostering the ability to participate in diversity in a way that humanizes and values diverse experiences. Students become aware of the ambiguity within some of their own value stances and cultivate skills necessary to respectfully inquire about the differing value stances of others. Similarly to lab-sections that compliment many science lecture courses, participants in the Diversity Lab have the opportunity to translate academic knowledge and intellectual understanding to technical skill development and clinical practice. Students that are enrolled in a postmodern theory course are introduced to literature relevant to the PCP. Afterwards, the professor demonstrates how to facilitate a PCP dialogue. Next, students take turns as participants and facilitators in a weekly series of student-led Public Conversations dialogues. Afterwards, discussions about how to facilitate and authentically participate are also considered as a group. Throughout the process, students actively construct and maintain a safe context for dialogue, thereby learning experientially how reality and knowledge are socially constructed through language. Students learn that how they moderate dialogue in a session contributes to what specific information is allowed, invited, or prevented from surfacing; therefore, what is knowable and construed as reality.

# Psychotherapy can simultaneously improve personal, interpersonal and familial wellbeing.

USA

Sharon Davis Massey

**Short Description:** Intervention undertaken with individuals, couples, or families can simultaneously increase wellbeing at all levels. A PowerPoint presentation and published examples of successful intervention demonstrate interconnections between personal, interpersonal, family and communal wellbeing and show how therapeutic effect can be maximized through incorporating strengths and targeting needs at all levels.

**Abstract:** Humans are born into, grow, and develop within a matrix of interconnected, recursively influential, ever-evolving interpersonal, socioeconomic, cultural, political, ecological, and epistemological contexts. Positive development and ongoing wellbeing in persons, couples, families and larger groups is best supported and sustained when each of these interlinked systems is functioning well. Assessment and treatment planning based on awareness of these factors and intervention undertaken with the goal of having positive impact on as many as possible can maximize and help to stabilize positive change at multiple levels. This broadened vision of clients' goals and of the psychotherapist's tasks somewhat blurs the lines of what constitutes individual, couple, family, group and community psychotherapy or intervention but is not intended to reduce these valid and essential approaches to one. Bringing awareness of the significant impact various contexts play in supporting or averting personal, couple, or family wellbeing is essential to clients' and therapists' understanding of factors that can facilitate or impede solution of the problems presented. Simultaneously targeting several levels in a collaboratively planned intervention can maximize therapeutic effectiveness and help to stabilize positive change. Each couple, family, and community is comprised of persons who define themselves in relationship to one another. The senses of self and of other(s) are learned early in the family, at school, and in the neighborhood and are inevitably shaped by persons, events, and contexts specific to one's unique experiences. Each person seeking psychotherapy has come to know oneself, over time, as a distinct part of several unique, inter-influential wholes; i. e., in specific infant-caretaker dyads and sibling relationships in one's own smaller and larger family, community, and culture. A family's social location further shapes the experience of self and of others. Therapeutic intervention grounded in input from all persons and groups affected by a problem brought to therapy are likely to result in more positive, more lasting change at more systemic levels. In a PowerPoint presentation I review how multiple systems impact individuals, couples and families, and call attention to published accounts of effective multilevel interventions undertaken with individuals, couples, families and groups.

# Therapists as Transformational Leaders: Connecting Leadership Skills and Therapy

USA

Charles Jacob

**Short Description:** Family therapy/counseling research struggles to define characteristics of effective therapists. Leadership research suggests: Characteristics of effective therapists overlap with transformational leadership, and leadership research provides options for measurement regarding common factors as well as insight regarding the degree to which effective therapy is a trainable skill.

**Abstract:** The quest to determine what constitutes effective and trainable therapist skills has been elusive, and as Jennings, Goh, Skovholt, Hanson, and Banerjee-Stevens (2003) indicated during their discussion of counselor expertise, “Perhaps searching more broadly to see what other disciplines know about this area may prove beneficial” (p. 70). This presentation will explore one particular concept in a field separate from counseling and family therapy that has research and theoretical support for its viability as a potential common factor in therapeutic change and an important area of potential development in related research: the presence of basic transformational leadership skills in effective counselors. Industrial-organizational (IO) psychology has long examined interpersonal behaviors as an important factor in a manager’s ability to effectively motivate his/her charges into productive action (Bass & Bass, 2008) with an abundance of interest in the topic in recent years (e.g. Bass & Riggio, 2006). This presentation postulates that a certain degree of effective therapist skills have the potential to mirror the basics of leadership skills – particularly transformational leadership skills – and that current trends in IO psychology and leadership suggest potential future trends for research related to common factors and therapist training. Specifically, the conceptual overlap of these two areas suggests that: (1) The characteristics of the effective therapist may mirror the characteristics of the transformational leader, (2) understanding the overlap between these two areas may provide more concise options for measurement regarding specific common factors of successful therapists, and (3) making connections to leadership research may provide important insights regarding the degree to which the characteristics of the effective therapist are either inherent or trainable.

# Family Therapy in China: The Adaptation of Western Family Therapy in an Eastern Context

USA

John Miller

**Short Description:** Family therapy is rapidly developing in China. This presentation will discuss a family therapy service developed in China as part of a US Fulbright funded project. Topics discussed will include family therapy in the Chinese context, case discussion, techniques, and implications for future development of family therapy in China.

**Abstract:** The practice of therapy has recently undergone a rapid development in China. Previous studies indicate that in China the majority of people would prefer a brief, family/relational focused, consultation-based counseling service over more long-term therapy models (Miller & Fang, 2012; Miller, 2012; Bond & Hwang, 1986; Chang, Tong, Shi, & Zeng, 2005). In the situations where they have been made available, the most popular modalities for therapy in China are short-term, problem-focused, solution oriented, and directive approaches. Yet there is very limited research on the process or outcome of these services in China (Bond & Hwang, 1986; Chang et al., 2005). Professional associations such as the Chinese Counseling and Psychotherapy Association have advocated for the integration of clinical services to capitalize on the utility of different approaches (Li, Duan, Ding, Yue, & Beitman, 1994). The demand for therapy services is on the rise, as is evidenced by the increased utilization of outpatient and hospital-based therapy services and the tremendous popularity of radio call-in shows and counseling hotlines (Chang et al., 2005; Min, 2001). This presentation will discuss a family therapy service developed in China as part of a US Fulbright funded clinical and research project. Topics discussed include family therapy in the Chinese context, clinical demonstrations, techniques and implications for future development of family therapy approaches in China.



# Five Factors to Consider in Working with Trauma Survivors: What Every Family Therapist Sho

USA

Karin Jordan

**Short Description:** This presentation focuses on five factors: individual, predisposing, paradisoising, post-disposing, and protective. Family therapists should consider these when working with trauma survivors and their families. These factors should be used in the assessment and treatment phases, to guide the family therapist working with primary and secondary survivors.

**Abstract:** This brief presentation is rooted in well grounded research (Jordan, 2007, 2010, 2011), showing that survivors of trauma and their families will deal with trauma (e.g. child abuse, spouse/partner abuse, car accident, small and large scale disasters, including war, etc.) differently, and their needs are dependent on various factors.. These factors will be discussed in detail, e.g. how they can help family therapists see what questions they need to ask, which assessment instruments to use, and what to focus on. The factors will guide the family therapist moving into the working stage, as such things as the trauma survivor's age, history of trauma, etc will impact the way the trauma survivor will be impacted, and deal with the trauma event. In addition, the importance of resiliency and stress buffers as part of the five factors will be addressed, as well as how they can impact not only the trauma survivor's initial reaction, but also recovery and overall ability to function.

# Women who kill partners: Toward interventions for parts and whole families after homicide

South Africa

Gertie Pretorius

**Short Description:** In this brief presentation the phenomenon of women who murder their intimate male partner due to abuse and for other reasons is explored from a critical and feminist perspective. This is followed by an attempt to propose interventions for children and the extended family following the homicide.

**Abstract:** Violence perpetrated against women—irrespective of race, age, nationality or creed—has existed since antiquity. The effect and enormity of the problem is often underestimated and years of recurring and recrudescing abuse sporadically lead women to kill their intimate male partner. However, women do murder their intimate male partners for disparate reasons beyond that of abuse. In this brief presentation an exploration of women who murder their intimate partner due to abuse and those who murder their partner for other reasons (such as for financial gain) is provided. The impact of the murder for the women, her immediate family, and the greater family context is then presented. The presentation commences with a historical and philosophical overview of women who kill their intimate male partners. Hereafter, citing historical figures who have perpetrated murder against their male partner, a critical psychology and feminist perspective will be used to explicate and differentiate the phenomenon of women who kill their intimate male partners due to abuse and those who commit the murder for other reasons. The impact of the murder on the women's children and the extended families is then discussed. This is followed by an attempt to propose interventions for healing of the parts of, and the whole family. The presentation will be based on literature and interviews with women in South Africa who have killed their abusive intimate male partners. The presentation concludes with considerations for future research.

# Healing for survivors of childhood sexual abuse through a group therapeutic intervention

South Africa

Liezel Gericke

**Short Description:** In this brief presentation a group therapeutic programme for South African women who were sexually abused as children will be presented. The journey toward healing for the participants as members of families and for their families as a whole will be discussed during the presentation.

**Abstract:** South Africa is a society that is in transition from an Apartheid regime to democratic governance. Erstwhile discriminatory policies and practices that emerged from the despotic regime have led to unprecedented levels of social crime in the recently emancipated South Africa. Sexual violence (such as sexual abuse) perpetrated against women and children has, in particular, taken on pandemic proportions. Research has shown that the effects of child sexual abuse are not confined to childhood. Rather, it continues to impact on adult survivors' personal functioning, relationships and parenting styles. It further extends to the macro-level of society where it exacerbates an already overloaded health care and judicial system. In this brief presentation a group therapeutic intervention for female adult survivors of childhood sexual abuse will be presented. The presentation will explore and discuss the impact of childhood sexual abuse on survivors of childhood sexual abuse as members of a family and on their families as a whole. Hereafter a group therapeutic intervention for survivors of childhood sexual abuse in South Africa is presented. The intervention was developed using an Action Research method and therefore the participants collaborated in the design of the intervention. The effectiveness of the group therapeutic intervention was also evaluated. The results indicate that (1) the participants experienced personal healing, (2) a shift from disempowerment to empowerment, (3) an augmented sense of self-worth, and (4) enhanced relationships with their intimate male partners and children. Furthermore, the intervention (5) facilitated a process of forgiveness toward the perpetrators of the abuse. The exposition of the intervention and the results is followed by a discussion on healing families who have experienced childhood sexual abuse through group interventions. The presentation concludes with implications for practice and research.

# Kicking the Hornet's Nest: Implementing a Couples Therapy Group for Domestic Violence

USA

Ariel Jones & Geoffrey Reddick

**Short Description:** Developing a Couples Therapy Group for Domestic Violence is often met with barriers and resistance from the community. This presentation will discuss those issues and provide an update on an MFT program's efforts at implementing a group in St. Louis.

**Abstract:** Almost 70% of couples who come for regular outpatient care have experienced at least one violent episode (p. 21, Stith, McCollum & Rosen, 2011). While on-going research continues in the area of domestic violence, it can be said that most mental health professionals will encounter victims and offenders of domestic violence at some point throughout their careers, even if they are unaware. Traditional treatment for Domestic Violence has involved batterer intervention programs for male offenders and individual therapy and/or victim support groups for female victims. However, on-going research has found that abuse is not a one-sided phenomenon and impacts families on multiple levels. Many couples often find that they do not want to end their relationships; they want the violence and abuse to end, and families to remain intact. Recently, a couples therapy group format has been advocated for treating situational domestic violence as they believe that failure to provide viable options to these families can actually lead to greater vulnerability, risk, and potential revictimization (p. 17). However, developing a Couples Therapy Group for Domestic Violence is often met with barriers and resistance from the community. In order to implement this type of treatment, much care needs to be taken in hopes of establishing and maintaining relationships with current providers within the community, as on-going debates regarding safety and ethical standards of couples' treatment are ever present. Working within diverse communities and with local agencies to forge relationships is vital to establishing and sustaining this treatment option. This presentation will reflect on personal and professional experiences associated with forging these connections. We will discuss the potential risks and barriers in beginning a group and navigating diverse populations to recruit specific referrals. This presentation will also provide suggestions for others interested in moving forward and updates about the attempt to begin a DVFACT group at Saint Louis University.

# Work-Family balance for Iranian working mothers; a collectivistic approach

USA

Iman Dadras

**Short Description:** This study attempts to elaborate on important domains of work-family conflict of Iranian mothers based on cultural dynamics of a collectivistic society. The result of this study revealed some cross-culturally common gender-based experiences of working mothers.

**Abstract:** This study examined the impact of working hours and parental responsibilities on job satisfaction for Iranian working mothers who were married and had at least one child under 18 years of age. The aspects of family life selected for this study were job-family management, child care, and household tasks. This research examines how work hours, share of child care and household tasks with husbands affect the job-family management and job satisfaction of working mothers. Findings for this study is based on analysis of data collected by a self-administered survey instrument adopted from Bohlen and Viveros-Long (1981) which was answered by 130 working mothers. Consistent with findings of previous researches, result indicated working mothers whose spouse are more engaged in household tasks experience less Job-Family management difficulty ( $F(2,120) = 5.45, p < .01$ ). Number of working hours was relatively significant with working mothers level of Job-Family management difficulty ( $F(3,126) = 2.32, p < .1$ ). Working mothers who equally are responsible for child care experience less Job-Family Management difficulty  $F(7, 106) = 5.30, p < .0001$ . Those working mothers who were mainly in charge of child care reported higher level of job satisfaction. Finally, working mothers who worked full-time reported higher level of job satisfaction compare to those who worked part-time.

# Family Situations Of Social Vulnerability: Promotion Growth Of Family Relations

Brazil

Tânia Aldrighi Flake

**Short Description:** This study examines intervention and research of actions developed with families enrolled in social programs, which live in places and situations of social vulnerability. Objective was the host of women and their families who were in a situation of social vulnerability to early diagnosis and identification of possible preventive actions.

**Abstract:** This study covers proposals for intervention and research that occurred between 2008-2009, from the set of actions developed with families enrolled in social programs, which live in places and situations of social vulnerability. The proposal was part of a project funded by the government of São Paulo in partnership between Universidade Presbiteriana Mackenzie and the European Union. The proposed work consisted of developing the application of the Protocol Assessment and Forwarding Families to Program Community Care Family, with the purpose of mapping the users of some referral centers for women located in the city of São Paulo. The objective of this type of service is the host of women and their families who are in a situation of social vulnerability to early diagnosis and identification of possible preventive actions. The actions were linked to the family theme, gender and social inclusion. Results indicate the importance of linkages with the social network for the strengthening of family resources and psychosocial, as well as instrumental support programs developed in coordination and intervention levels primary, secondary or tertiary, point to the need for effective policies that ensure the security of rights. It should be emphasized the fact that men and women face different situations of social vulnerability, in which violence occurs, attempts to preserve one of the few achievements of women, against a backdrop of so much inequality, silence and return to living with the abuser emerge as single output. The identification of the exclusion of the family as a social institution should be cared for and helped to promote its own autonomy. Few efforts for the restoration of ties and the promotion of growth of the family as a whole: peers, parents, children, grandparents, brothers, mothers, daughters and grandmothers. The part corresponding to qualitative data and intervention brings the contributions to one of the gaps in studies of violence in intimate relationships, paying attention and contribute to understanding the relational perspective and intergenerational. Finally, expand opportunities for intervention, incorporated in different treatment modalities, involving social and legal aspects, especially if we think about prevention programs.

# Family Therapy and Mental Health Challenges in Cambodia: A Responsive Evaluation

USA

Desiree Seponski

**Short Description:** Cambodian clients have a limited understanding of psychology, are private with problems, seek therapy as a last resort, attend community-based therapy, respond best to lengthy rapport building, and are treated by part-time therapists. Without considering these themes, the implementation of a Westernized therapy would be ineffective and possibly harmful.

**Abstract:** Traditional therapy models, including those from marriage and family therapy, psychology, and social work, reflect Western values and norms and may be inappropriate for use with many non-Western cultures. However, when implemented in Southeast Asian cultures through the backing of Western investors, these models are not being extensively, rigorously evaluated. The current responsive evaluation explores how native Cambodian clients, therapists, and supervisors experience Western models of therapy as culturally responsive to their unique needs. Quantitative and qualitative data were triangulated across multiple stakeholders including trained Master's level students therapists (N =16), the student therapists' department head, program head, professors/lecturers, clinical supervisors, and peer supervisors serving as cultural advocates and an advisory board (N =11), workshop participants (N=54), and crisis response therapists (N = 14) using numerous methods (focus group, interviews, surveys, case illustrations, and live supervision observation). Data were analyzed using constant comparative analysis (Charmaz, 2006). The overarching category of "General Challenges with Mental Health Treatment" suggests that, to understand the use of any mental health treatment model in Cambodia, one must first understand challenges facing the field of family therapy/psychology in general. Emerging themes suggest that Cambodian clients: 1) have limited understandings of psychology, 2) seek therapy last as a resort, 3) are private with problems, 4) attend therapy within community settings, 5) are difficult to recruit, 6) respond best to lengthy rapport building, 7) are treated by part-time therapists 8) attend therapy for brief periods, and 9) are difficult to reach due to dissemination issues. The implementation of a Westernized therapy in Cambodia would be ineffective and possibly even harmful if these themes are ignored. Consistent with the tenet's of culturally responsive therapy (Carlson, Erickson, McGeorge, & Bermudez, 2004), therapists must question the notion of "normal", consider the social, economic, and psychological contexts underlying problems, value local knowledge in whether and how the model fits in Cambodia, criticize sociopolitical contexts that exacerbate the psychological symptoms (poverty, genocide, etc.), and work to empower locals in finding models that are culturally responsive. Implications are given for therapists and researchers working to build culturally responsive therapy programs and studies.

# Transgenerational transmission of communist trauma - The Romanian experience

USA

Ileana Ungureanu

**Short Description:** This qualitative research study examines the effects of communist trauma through the experience of four individuals, second and third generation descendents of family members with political trauma in Romania. The presentation will highlight the key mechanisms of transmission of this particular trauma as well as some specific pathways to recovery.

**Abstract:** The phenomenon of transgenerational transmission of trauma was studied particularly by scholars interested in the Holocaust trauma. Recently, researchers agree that the same phenomenon is responsible for experiences in the second and third generations of other type of trauma including, domestic violence, catastrophic events, and political violence. However, little is known about the transmission of trauma related to political oppression under communism. This qualitative research study examines the experience as well as the meaning attached to it by four individuals, second and third generations from family members that underwent political trauma in Romania. Findings revealed that silence is the key mechanism of transmission of this particular trauma, and its main functions in the original generation as well as in the current one are securing safety and avoiding humiliation. Regarding pathways to recovery, it was noticed that as a meaning-making process, participants employed various strategies of “repairing” what oppression had destroyed in their own lives and the lives of their family members throughout generations. Such strategies included: (1) ways of rebuilding one’s identity (by pursuing a higher social status, education, higher life aspirations and having important achievements), (2) investing in close relationships (with family members and friends) and (3) up-lifting communities and society (through investment in charity work and in social, religious and political institutions). Recommendations have been made for future research



# Systemic interconnectedness in emigration: A South African illustration

South Africa

Maria Marchetti-Mercer

**Short Description:** Emigration causes serious disruptions in social networks impacting not only those leaving but also those left behind. This paper will use the example of South African emigration to illustrate the systemic nature of emigration and how its impact on a number of interconnected relationships has important therapeutic consequences.

**Abstract:** A systemic perspective invites us to compare emigration to a process of uprooting implying that we all have roots in a particular social and cultural context. When the act of emigration takes place an ecological gap or hole is consequently left behind which requires a process of re-defining, re-growth and re-distribution to take place. This ecologic analogy of the social world, emphasizes the fact that different systems are rooted in reciprocal relationships. These human systems are connected in the form of social communities and these are deeply affected by emigration, where pivotal relationships are torn apart. Therefore the very act of emigration impacts not only on those leaving but also on those left behind, seriously disrupting a number of social networks with multifold ramifications. In this paper I will use the example of South African emigration to illustrate the fact that emigration is never an isolated individual event but rather a systemic phenomenon, which impacts on a number of multiple systems. This qualitative study explored the impact of South African emigration on family life and social networks in an attempt to provide a systemic perspective on what is often viewed as an individual event driven by socio-economic factors. The South African study focusing on the experiences of both those emigrating and those staying behind clearly illustrates the systemic interconnectedness inherent to the emigration process. Finally I will discuss how a sensitivity to the systemic nature of emigration provides some useful therapeutic guidelines for family therapists working with emigrant families.

# Treating the Psychological Trauma of Chronic Physical Pain in Families.

USA

Diana Mille

**Short Description:** Understanding and Treating the Psychological Trauma of Physical Pain: Utilizing Effective Trauma-Informed Policies and Effective Systemic Strategies to help Families Cope with Chronic Physical Pain

**Abstract:** Chronic physical pain is one of the leading causes of psychological trauma and often results in depression, anxiety and other co-occurring mental health diagnoses. While mental health professionals are often recognized as the second set of professionals to encounter and service patients who are dealing with the effects of chronic physical pain, clinical practice and research clearly demonstrates that the psychological impact of chronic physical pain remains under-diagnosed and under-treated within the context of family therapy. Moreover, there is an absence of effective, standardized and systemic strategies in the treatment of parents and children suffering from the traumatic psychological effects of chronic physical pain. This paper examines the need for, and the importance of, reconciling accessible and inclusive trauma-informed policies and therapies such as the metaframeworks perspective to assist clinicians in creating strategies for helping families to better manage the trauma and co-occurring diagnoses cause by chronic physical pain. This paper also considers effective assessment and treatment plans as well as valid methods for evaluating resources in light of recent case studies.

# Filial Therapy with Children At-Risk for Emotional and Behavioral Problems in Turkey

Turkey

Nilufer Kafescioglu

**Short Description:** The purpose of this study was to evaluate filial therapy's effectiveness as an early intervention. Findings showed positive effects on children's emotional and behavioral problems; parenting behaviors and attitudes; parent-child interactions, and family functioning. The study contributed to the adaptation of filial therapy to a different culture.

**Abstract:** The purpose of this study was to adapt filial therapy to the Turkish cultural context as an early intervention and to evaluate its effectiveness. Studies have shown filial therapy's effects in decreasing children's behavioral problems, increasing parental empathy, and its positive impact on family functioning (Bratton, Landreth, & Lin, 2010). However, a limited number of studies have evaluated filial therapy in different cultures. The participants of the study were 64 mother-child pairs from three elementary schools and two kindergartens. Children who were at-risk for emotional and behavioral problems were identified by Child Behavior Check List (CBCL) completed by mothers and teachers. 23 at-risk children were assigned to a "treatment group" and 21 were assigned to a "wait-list control group." 20 children who were not at-risk comprised the "risk-control group." Mothers completed Family Assessment Device, Parental Acceptance-Rejection Questionnaire, and Parental Attitude Research Instrument at pre- and post-test. Mother-child interactions were also recorded during free-play and analyzed by independent raters with the Dyadic Parent Child Interaction Coding System. At post-test children in the treatment group had significantly fewer numbers of emotional and behavioral problems, internalizing problems, and externalizing problems. Their CBCL scores dropped below the cut-off used for identifying the at-risk group. In addition, the treatment group had significantly fewer problems in family roles, affective responsiveness, behavior control, and general family functioning at post-test. When compared to the wait-list group, these positive changes in family functioning were only found in the treatment group. Further, mothers in the treatment group reported fewer rejection behaviors and over-protectiveness at post-test. This finding was confirmed by independent observers who rated the mothers in the treatment group significantly less directive and intrusive at post-test. Teacher ratings have also shown a significant decrease in the externalizing problems of children in the treatment group. The study's major contributions were the adaptation of filial therapy to a different culture, identification of the family issues of children who were at-risk for emotional and behavioral problems, and evaluation of filial therapy effectiveness. This study was supported by a grant from The Scientific and Technological Research Council of Turkey (TUBITAK).

# The Good, The Bad and The Ugly: How Programs Can Support Students in Life-Altering Events

USA

Maria Angelica Mejia & Chelsea Bates

**Short Description:** The presenters used insights from solution focused brief therapy to propose a new policy that graduate programs can use to help their students during life altering events, based on their personal life experience. This new policy would help decrease attrition rates and increase retention rates in university programs.

**Abstract:** Every university tries to find a way to decrease their attrition rates and increase their retention rates within their different programs, but for some reason it can be hard to accomplish. What the faculty may not perceive is that most students enter graduate school expecting to be able to complete his or her coursework without any major obstacles that may prolong or inhibit them from graduating. The student hopes to graduate with either their Masters or Ph.D. in their particular field in order to provide a better future for themselves and their family. Unfortunately, unexpected life-altering events such as death, divorce, illness and/or a birth, amongst other things, can prevent the student from graduating from their graduate program and/or make it even more difficult to continue. The presenters are two Ph.D. students that have lived first hand how difficult it can be to graduate when such unexpected events occur. The presenters share their personal stories of death and birth while trying to complete their last year of their Masters program in Family Therapy. They explain that even though their stories are completely different; they were both able to graduate from their Masters, find a job and start their Ph.D. in Family Therapy the following fall. The presenters used insights from solution focused brief therapy to demonstrate what worked for them in their graduate program in order for them to successfully complete the program. The presenters share the exceptions they found within their experiences that helped them to successfully complete their graduate coursework. By identifying these specific moments the presenters were able to give an example of a university policy that can be implemented into any graduate program that wishes to help their students who may experience a life-altering event. This type of policy may allow the possibility for COAMFTE programs to decrease their attrition rates and increase their retention rates.

# Assisting Single Women Traversing a Coupled World

USA

Kelly Maxwell & Alisha Rorer

**Short Description:** Singleness is experienced as an undesired state for many women around the world. Narrative therapy and ambiguous loss theory provide a framework for understanding the dilemma facing a diverse population of single women and assisting them to successfully traverse the difficulties and stigma of singleness within couple-centered society.

**Abstract:** A diverse population of single women in their twenties and thirties are dissatisfied with their romantic lives. In therapy, these women's laments are often accompanied by a desperate wondering of "what is wrong with me?" To date, the literature does not answer their painful query. Research consistently demonstrates the significance of relationship satisfaction on young adults' overall sense of emotional well-being (Donnellan, Trzesniewski, Conger, & Conger, 2007). These findings support Erikson's claim that establishing intimacy, an outcome of relationship satisfaction, is a primary task for individuals of this age. Erickson submits that the risk of not successfully completing this task is loneliness and isolation, validating the distress these women experience. As the average age of first marriage continues to rise, increasing numbers of women find themselves single in a couple-centered society that stigmatizes singleness. To negotiate this deficit identity and cope with the stigma, single women engage in complex rhetorical gymnastics, constructing elaborate narratives and asserting varied attributions to account for their single status shaped by their racial context. Narrative therapy is a therapeutic approach particularly useful in assisting these women to traverse the inherent difficulties of singleness and negative cultural messages, given its emphasis on helping to free individuals from dominant cultural narratives. Additionally, the paradigm of ambiguous loss provides a framework that can help clinicians understand and intervene in the unique challenges associated with singleness. Losses involving (1) the dynamic of a loved one being physically present, yet psychologically absent or (2) characterized by the psychological presence of a loved one, but physical absence, are two types of ambiguous losses (Boss, 1999). Given societal norms and personal expectations and desires for coupling, it is understandable how many women may experience singleness as an ambiguous loss in which their anticipated partner is psychologically present, yet remains physically absent. Ultimately, it is vital that therapists thoroughly understand how to intervene in the diverse experiences of single women in order to assist this burgeoning demographic in resolving this crucial developmental task and thereby improving their life satisfaction.

# Justice served or just deserts: In search of a collaborative approach for adults exposed to childhood sexual abuse

USA

Diane Edgecomb

**Short Description:** This presentation looks at adults exposed to childhood sexual abuse and their rights as parents within a court system. Professionals speaking the same language when dealing with these cases is critical. A collaborative approach where professionals and family courts encourage a restorative mediation process is suggested.

**Abstract:** The purpose of this presentation is to share research done in terms of adults exposed to childhood sexual abuse and their rights as parents within a court system. Professionals involved in the system are often caught between their own professional discipline requirements and a moral code of ethics. The final outcome of the research proposes a narrative mediation strategy that leads to collaboration between the family court and the adult/parent as they seek to maintain their rights as a parent. History shows that not until the 1970s did child sexual abuse become an issue of public concern. Legal action, both criminal and civil, became prevalent with Congress' enactment of the Child Abuse Prevention and Treatment Act in 1974. The National Center for Child Abuse and Neglect was created to implement the goals of the Act and National Abuse Coalition. In 1979 they lobbied Congress to enact further legislation to promote child sexual abuse as a political issue. The issue of child sexual abuse was also politicized by the second wave feminist movement in its campaign against violence against women. By 1986, the Child Abuse Victims' Rights Act offered up civil remedies for victims of childhood sexual abuse. This monumental change, in just decades, has brought new awareness and public concern to the forefront. These kinds of rapid fire transitions in attitudes around child sexual abuse have been coined as indicators of "one of history's largest social revolutions" Despite the efforts of the movement, sexual abuse continues to plague families, impact children into their adulthood for many years later. Finding a way that professionals can speak the same language when dealing with these cases is critical. A child advocate attorney shares her findings on various forms of intervention and proposes a collaborative approach where professionals and family courts encourage a restorative mediation process.

# Role of Coping and Self-Esteem on Academic Success for African American Graduate Students

USA

Martha Morgan

**Short Description:** This presentation will highlight the influences of coping styles and self-esteem on academic success for African American graduate students attending predominately White institutions. One major finding was the connection to family. This and other findings will be covered. Suggestions for supporting African American students will be discussed.

**Abstract:** This presentation will cover the impact of self-esteem and coping on the participants' experiences and ability to find success while pursuing a graduate degree from a predominately White institution (PWI). The theoretical framework guiding the presentation was the Satir process model, which has a focus on self-esteem and coping. Grounded theory methodology was used to develop a new theoretical model to illustrate the experience of the participants in the mentioned domains. The theoretical model revealed four categories. The central category was the Worldview. The key concepts in this category were self-esteem, identity and way of knowing. The next category was experience. The concepts in the experience category were challenge and victory. These concepts shed light on the participants experience of attending a PWI based on the participants worldview. The third category was coping. This category provided insight into how the participants coped with their experience of attending a PWI given their worldview. The outcome category was success. The success category was what the participants were working towards. As the participants achieved more success they used that information to continue to shape their worldview, experiences and way of coping. The contextual information that impacted the worldview, experience, coping and success included the participants' family, faith, gender and culture. Implication for clinicians, administrators and university programs will be covered.

# Parenting needs of at-risk homeless families: Using research to inform intervention

USA

Kendal Holtrop & Lenore McWey

**Short Description:** We will present qualitative and quantitative research findings describing the life experiences and parenting needs reported by homeless parents residing in a transitional housing community in the southeastern United States. Ways in which family therapists can use these results to inform parenting intervention work with homeless families will be discussed.

**Abstract:** Homelessness is a critical public health concern that affects families around the globe. In the United States alone, more than half a million parents and children used an emergency shelter or transitional housing program in 2010 (U.S. Department of Housing and Urban Development, 2011). Parenting in the context of homelessness puts families at risk for a number of adverse outcomes. Living in a homeless shelter can exacerbate parental stress, because the circumstances of shelter life often impose rules that undermine parental authority, separate families from previous social supports, limit family privacy, and increase the level of scrutiny aimed at parents (Cosgrove & Flynn, 2005; Howard, Cartwright, & Barajas, 2009; Park, Metraux, Broadbar, & Culhane, 2004). Higher levels of parent-reported stressors predict negative parenting practices as well as child externalizing and internalizing behavior problems in this population (Torquati, 2002; Torquati & Gamble, 2001). Ultimately, homeless families face an increased risk of child welfare involvement and parent-child separation (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002; Park et al., 2004). This presentation will describe the results of a collaborative needs assessment conducted with parents residing in a transitional housing community in the southeastern United States. Qualitative findings highlight the life experiences of homeless parents. Themes identified in the data speak to how being a parent is still a core identity individuals retain even while experiencing homelessness, describe the unique context of parenting in a transitional housing community, and illustrate how these parents display resilience despite the numerous obstacles they face. These findings suggest strengths unique to this parenting context, such as the ability to rely on other parents within the residential homeless community for support. Quantitative data will also be presented related to depressive symptomology, parental stress, parenting practices, and perceived child behavior problems reported by homeless parents. The findings from this study have important implications for informing parenting intervention work with homeless families. For example, they can help to sensitize family therapists to the unique parenting challenges faced by this population. Such implications will be discussed.



# Poverty Reduction to Prevent Family Dysfunction and Promote Child Health: A Primer

Canada

Sid Frankel

**Short Description:** Family therapists are in a good position to advocate for poverty reduction as a preventive strategy because economic disadvantage is associated with family dysfunction and family factors mediate the effects of poverty on child health... This report is a primer to facilitate policy advocacy.

**Abstract:** Family therapists are in a good position to advocate for public policy aimed at poverty reduction, but often lack some of the skills and knowledge to become effective advocates. This brief report, therefore, presents a primer to enhance poverty reduction policy advocacy by family therapists. The primer deals with six key areas: (1) the bases of legitimacy for family therapists as poverty reduction advocates; (2) the contested conceptualization and measurement of poverty; (3) the effects of poverty on child health; (4) necessary elements of effective poverty reduction; (5) a framework for policy advocacy; and (6) the framing of messages that family therapists can deliver. The strategic position of family therapists flows from two related areas of research findings, which demonstrate the relevance of family therapy expertise to poverty reduction. The first relates to the corrosive effects of economic disadvantage on such family relational processes as marital conflict (e.g. Grant, Compas, Thurm, , McMahon, Gipson, Campbell and ,Westerholm, 2006) and parenting (McCloyd, 1989). The second relates to the role of family processes as mediating factors on the pathways from poverty to deleterious child health impacts (e.g. Gershoff, Aber and Raber, 2007). Effective advocacy by family therapists should be mounted in collaboration with more conventional (and experienced) sources of advocacy; but to be effective, family therapists must have a good understanding of some contested issues. This includes concepts of poverty which range from absolute to relative approaches to deprivation approaches, based upon either expert norms or public perception (Frankel and Frankel, 2007). Demonstrating the benefits of poverty reduction as a preventive strategy requires knowledge of the range of deleterious effects on the physical, mental and behavioral health of children; as well as on cognitive and social development and scholastic performance (Oshikawa, Aber and Beardslee, 2012). Family therapists must also understand the range of useful policy interventions, including modifications in taxation policy, various forms of income support, interventions in the labour market, and human capital development. Although family therapists may not be involved in all stages of policy advocacy, they should understand the overall process and where they can fit

# Expressed Emotion and Type 2 Diabetes Management among Couples

USA

Zephon Lister

**Short Description:** This research examines the impact of high expressed emotion (EE) on diabetes control and management among couples where one spouse is living with type 2 diabetes. Spouses who had partners with high EE reported significantly poorer diabetes management. Findings highlight the potential benefit of utilizing family-centered approaches in diabetes management.

**Abstract:** Objective: To examine the impact of high expressed emotion (EE) on diabetes control and management among couples where one spouse is living with type 2 diabetes. We hypothesized that high EE in a partner without diabetes would have an adverse effect on good glycemic control, as measured by self-reported hypoglycemic and hyperglycemic episodes within the previous month, and good diabetes management, as measured by dietary practices, physical activity, and attitude toward diabetes, in a partner living with diabetes. Methods: One hundred and six couples where one partner was diagnosed with type 2 diabetes completed questionnaires separately. Partners without diabetes completed questionnaires about their level of criticism, emotional involvement, and warmth, the core components of EE, toward their partners with diabetes. Partners with diabetes completed questionnaires on diabetes control, management practices, and perceptions of their partner's level of criticism, emotional involvement, and level warmth. Results: Individuals living with diabetes who had partners with high EE reported significantly poorer diabetes management in all areas (diet, physical activity, and attitude toward diabetes). No direct relationship was found between high EE and diabetes control. Rather, poor diabetes control was mediated by diabetes management practices. Conclusion: Consistent with previous studies, EE was not directly associated with diabetes control. However, results suggest that partners with high EE can significantly influence diabetes management in their partner. This finding may highlight the potential benefit of utilizing a family-centered approach in conceptualizing poor adherence behaviors in patients as well as the development of diabetes management programs.

# Our many hats: Family therapy & negotiating personal & professional boundaries

USA

Shruti Poulsen

**Short Description:** How do we respond when family members asks for our input and “opinion” because we are family therapists? How do these personal and professional interactions and intersections get managed? This brief presentation explores the challenges of balancing our roles and responsibilities in our own families ethically and with care

**Abstract:** As family therapists, we may get called upon in personal situations, to provide our insight and expertise as relationship experts and as family therapists. Which one of us has not experienced being caught in the double bind of being asked for an “expert opinion” by a family member in distress and yet by acquiescing to this request or plea for help that does not feel exactly okay, we then experience the backlash of having “over-stepped our bounds” as a brother, a sister, a parent, or partner? While our professional codes of ethics and our state/country mental health laws and statutes outline the potential boundary concerns and the problems related to dual relationships, it still appears that we as professionals have little guidance regarding the murkier intersections of our personal and professional lives such as our roles within our own families of origin. Are there some models of systemic therapy such as Bowenian or Structural family therapy that may have useful conceptualizations of the role of the therapist that might help us negotiate these relationships in better and less stressful ways? This presentation will focus on discussing the challenges of balancing and negotiating our multiple roles and “hats” as therapists, and on understanding the mental, emotional, and physical implications of these self-of-therapist experiences on us as therapists, supervisors, and people. The presentation will also provide an opportunity for participants to engage in a brainstorming discussion of their own experiences and the ways they have managed the challenges of multiple roles and expectations in the various contexts of their personal and professional lives. An additional objective of this presentation and discussion will be to help family therapists understand how they can utilize these self-of-therapist challenges to support and improve their professional role and skills as clinicians and supervisors so that our clients and trainees/supervisees may be better served.

# Engaging Differences: Race, LGBT, and Spirituality in a MFT Training Program

USA

Suzanne Coyle

**Short Description:** Respect for racial ethnicity and sexual orientation challenges today's family therapist. Further, spiritualities of therapist and family can both help and hinder this therapeutic progress. This presentation outlines the methodologies of curriculum and clinical supervision in a MFT program that endeavors to prepare its graduates for such challenges.

**Abstract:** Marriage and family therapy programs increasingly endeavor to infuse their curriculum and clinical training with effective skills and respect for families of diversity. Today's family therapist finds clients who present concerns often complicated by diversities that are both supported and rejected by varying societal attitudes. This diversity in families is often connected to the spirituality of both therapist and clients. Some spiritualities may enhance the therapeutic process while other spiritualities may hinder. Many challenges present to marriage and family therapy training programs. Families with unique diversities need to find family therapists who can respect and nurture them. At the same time, family therapists in training hold embedded beliefs can impact their work with such families. Both conservative and liberal spiritualities have values about what behaviors in families is desirable. Thus, family therapists in training need to learn to integrate their personal spirituality with their therapeutic interventions in order to embody an authentic presence with families. How then can MFT training programs respond? An approach is to take a zero tolerance approach with family therapists in training and require that all students work with families of all diversities. Another approach is to allow family therapists in training to engage with families who do not challenge their beliefs. This MFT program contends that an alternative approach that engages students to examine their spiritualities in a self of therapist process and lifts up the value of 'engaging differences' to be an appropriate therapeutic intervention. Approaches in this program's MFT curriculum and clinical training seek to teach students an understanding of diversity which is supportive of racially diverse families as well as open and affirming of LGBT clients in a spiritually inclusive environment. Self of therapist concerns are explored in courses through family of origin genograms and practicum supervision groups. In addition, the program engages students in community meetings where concerns of racial ethnicity, gender/sexual orientation, and spirituality rotate. A cultural competency supervision group is required. The result is a lively, engaging, and sometimes uncomfortable process that brings successful outcomes based upon recursive feedback from students, faculty, and supervisors.

# Supervisor Guide for Working with Family Therapists who Work with Trauma Affected Clients

USA

Karin Jordan

**Short Description:** This presentation focuses on the importance of supervisors with expertise in traumatology providing family systems supervision to meet the unique needs of family therapists working with trauma survivors and their families. Special focus will be on the supervisor's background and training, as well as the focus of supervision.

**Abstract:** This presentation focuses on the importance of supervisors with expertise in traumatology providing family systems supervision to meet the unique needs of family therapists working with trauma survivors and their families. Special focus will be on the supervisor's background and training, as well as the focus of supervision. It will also emphasize the special needs of the family therapist who is working with trauma survivors and their families. The research has clearly shown that family therapists, as well as other mental health professionals working with survivors of trauma, will most likely, over time, develop vicarious trauma, which often is also identified as being the job hazard of trauma therapists. Over the past decade, the literature has shown that trauma family therapists can deal work more effectively when they are getting traumatology-specific supervision. Today, there has been little focus on traumatology-specific supervision when supervising marital therapists working with trauma-affected (e.g. child abuse, spouse/partner abuse, transportation accidents, small and large scale disasters, including war, etc.) clients and their families. The importance of looking at traditional and traumatology-specific supervision will be presented, along with things that supervisors should know, e.g. the impact of education, work load, etc. on the family therapist working with trauma affected clients and their families.

# The relation of Social Support to the Sense of Cohesion among Parents of Autistic Children

Saudi Arabia

Nasser Aloud, Ibrahim Alothman, & Mansour Aldehaiman

**Short Description:** Autism in Saudi Arabia; Family and Special Education

**Abstract:** The present study aims to identify the perception and awareness of parents of children with autism towards the level of social support, specially informal social support received from the spouse, the extended family, and friends. This study also examines the impact of this social support in providing those parents with a protective shielding against many pressures and mental disorders, that is the sense of cohesion. In addition, the study aims to identify the nature of the relationship between social support, and the sense of cohesion to the parents of children with autism, as well as the differences between parents of those children in their perception of social support and the sense of cohesion. The sample of this study consists of (76) parents of children with autism( i.e . (42) mothers, and (34) fathers. A scale prepared by the researchers to measure the social support and the sense of cohesion was administrated to the study sample. The results of the study revealed the following: The ranking of the most common types of social support experienced by parents of children with autism is as follows: Social support on the part of the spouses, social support from the extended family, friends social support , social support by the School / Institute for Child, social support by specialists, social support on the part of the media, social support from the community, respectively. The results of this study also revealed the existence of a positive correlation- statistically significant- between parents' scores of children with autism on the social support scale, and scores on the sense of cohesion scale. The study further revealed the existence of statistically significant differences between the mean parents' scores of children with autism on the social support scale due to the gender variables of parents, the educational level of the parents, and the severity of the child's disability. It also revealed the existence of statistically significant differences between the mean parents' scores of children with autism on the sense of coherence scale due to the variables of parents gender, the educational level of the parents, and the severity of the child's disability

# Expanding your Practice by Working with Family Businesses

USA

Patricia Cole

**Short Description:** This presentation will inform family therapists that they already have the practice wisdom to consult with family businesses. Case examples will be provided as well as information about how to get started in family business consulting.

**Abstract:** If family therapists want to expand their practice, one way is to use their therapy skills to work with family businesses. These businesses are ones in which a family has majority control or ownership, and two or more family members work or have worked together. The businesses may be large like the original Ford Motor Company or small like the neighborhood dry cleaners. What they all have in common is a dual relationship of combining family relationships with working relationships. Family business consulting seems like a most appropriate opportunity for family therapists to explore as it requires professionals trained in working with strained family relationships. These professionals understand the impact these problematic relationships have on business success. Individuals who work in a business with one or more relatives will probably require the assistance of professionals who possess the “hard” skills of law, finance, and management. However, the technical solutions that they present are often insufficient to address human relationships. When the legal and financial plans created to ensure a business’s success are resisted or become difficult to implement, this is a red flag indicator that a professional who is trained in the “soft” skills is needed to explore the family’s emotional dynamics. Family therapists who are trained to work with complex, multi-generational, possibly contentious family systems are the obvious choice for this role. This presentation will inform family therapists that they know more than they think they know and already have the practice wisdom to work with family businesses. What they need are examples of how their skills can be used in consultation and how to get started.

# Touching the Forgotten Face of HIV

Uganda

Evelyn Namakula

**Short Description:** Because the Governments of Africa have come up with measures to curb the epidemic, people now think that it is a normal condition among the population to have HIV. UCISP-Uganda under its own efforts have embarked on several trends of local community/ties network to fully combat the epidemic.

**Abstract:**



# The child that never was: Treating parentification from childhood in adulthood

USA

Sunnie Giles & James Harper

**Short Description:** Parentification is defined as “reversal of positions where the child is so overburdened with demands for responsibility that he is never given the chance to be a child”. Parentification leads to injured attachment in their own adult romantic relationships, addictions, depression, anxiety, poor social adjustment, low self-esteem and extreme guilt. Multi-modal, systemically comprehensive treatment approaches are discussed

**Abstract:** Parentification is defined as “reversal of positions where the child is so overburdened with demands for responsibility that he is never given the chance to be a child”. Parentification results from ruptured attachment between the child and the parent due to parental unavailability, either physical and emotional, and parental attachment injury during their own childhood. Parentification leads to injured attachment in their own adult romantic relationships, addictions, depression, anxiety, poor social adjustment, low self-esteem and extreme guilt. Treating parentification in adulthood, which was experienced during childhood, can reverse many of these negative symptoms. Multi-modal, systemically comprehensive treatment approaches are discussed.

# Dating Violence Among University Students: Belief System In Relationships Of Intimacy

Brazil

Tânia Aldrighi Flake

**Short Description:** This work examines the rates of violence socialization experienced, approving violence and the belief system in which men and women accept aggression in relationships of intimacy. Data are from part of a multicenter survey International Study of Violence in Dating. Jealousy, love and alcohol is accepted for aggression between couples.

**Abstract:** This work examines the rates of aspects of violence: violence socialization experienced, norms approving violence and the belief system in which men and women perceive as justification and acceptance of aggression in relationships of intimacy. Consider gender differences in these aspects of violence. Data are from part of a multicenter survey "International Study of Violence in Dating- IDVS", using standardized instrument to research to evaluate and explore the frequency and patterns of violence among couples, as well to examine the type of conflict negotiation and its social and cultural effects in the etiology of dating violence. Sample of 454 students, from two universities in the State of São Paulo, one public and other private, answered the self-reported questionnaire, being 35% male and 65% female, median age of 20 years. 75.9% suffered and 76.4% perpetrated some kind of violence throughout life. 94% were in committed relationships. Most participants referred time dating more than one year, while 71.3% of participants report having active sex life with their partner present and 73.8% of young people living with their parents. The results show that jealousy, love, "marriage is forever", alcohol is responsible for aggression between couples are among the justifications accepted by men and women for assaults between partners. The findings of this study bring to the Brazilian context confirming the need for action and public policy in this direction, to produce important knowledge for prevention programs for youth in courtship phase, to minimize the chances that the assaults continue in marriage. Intervention actions at this stage of intimate relationships may potentially impact on subsequent marital partnership situations. Nevertheless, even facilitating the existence of prevention programs, one has to remember that students or academics may not have the behavior of seeking help for such issues, since, as shown in literature, in most cases, do not recognize the acts as violence. The importance of a set of actions which would assist them in the quest for autonomy, conditions for the development of an attitude of not legitimizing violence in loving relationship, yet to be gained.

# And Then We Were Three: An Autoethnography of an Open Adoption

USA

Martha Laughlin & Kate Warner

**Short Description:** This autoethnographic account of an adoption aims to inform and sensitize participants to open adoption, same-sex adoption, and mixed race adoption through an exploration of the complex of relationships among adoptive parents, the birth mother, the adoption agency, and the legal system.

**Abstract:** This presentation, which is based on the authors' autoethnographic study, begins with the lived experience of a same-sex couple residing in a conservative area of the United States attempting to adopt a mixed-race child. The presenters identify and discuss the various myths and biases, still alive and continuing into the 21st century, that surround adoption. In particular, the presenters address the notions that adoption is a kind of pathology with which adopted adults have to live; that adoptive families aren't "real" families; that same-sex couples will turn their children gay; that open adoption places the adoption at risk; that open adoption places the children themselves at risk for confusion about the identity of their real parents; that children of one race adopted by parents of another are at higher risk for emotional problems and confusion. The presentation concludes with a discussion of the implications for family therapy training.

## “Cultural mourning” in emigrant families

South Africa

Maria Marchetti-Mercer

**Short Description:** This paper describes the experiences of Afrikaans-speaking families emigrating from South Africa illustrating the process of “cultural mourning” linked to emigration. Their experiences highlight the importance of maintaining links to one’s cultural roots when entering a new country. The therapeutic implications will also be highlighted.

**Abstract:** The phenomenon of South African emigration is a peculiar one often regarded as a “brain drain” as more and more people with specialized skills are leaving the country post-1994. Explanations as to what is driving this emigration flux are often linked to socio-political factors whilst little attention is given to the psychological motivations and experiences of those families emigrating. Although it is often believed that this is a White only phenomenon it appears that South Africans from all race groups are leaving the country. However this paper will focus on the experiences of one specific cultural grouping, namely the White Afrikaans speaking population. What makes this grouping of particular interest is that it often defines itself as inherently “African” and has a unique language namely Afrikaans which is indigenous to South Africa. Therefore emigration comes to symbolize a very specific loss of culture and language as many of these families emigrate to English-speaking countries, such as New Zealand, Australia, Canada, the U.S. and the UK. The results of a larger qualitative study focusing on the impact of emigration on South African family life suggests that this grouping deeply experiences what is described as “cultural mourning” by Ainslie (1998) mostly connected to the loss of language and culture. Many of the concerns experienced by these families are around the possibility that future generations may not be able to speak the language of their forefathers, Afrikaans, which is experienced as a strong cultural symbol. The findings of this study will be discussed in the context of a systemic perspective on emigration highlighting how language and cultural roots are important defining issues for families. The importance of maintaining cultural roots in the face of a new culture for emigrant families will be highlighted. Lastly the implications of this study for therapists working with emigrant families will also be discussed. References: Ainslie, R.C. (1998). Cultural mourning, immigration, and engagement: Vignettes from the Mexican experience. In M. Suarez-Orozco (Ed.), *Crossings: Mexican Immigration in Interdisciplinary Perspectives* (pp. 285-300). Harvard University Press.

# The Impact of 9/11 on Sikh Families

USA

Kiran Shahreen Kaur Arora

**Short Description:** This qualitative research study aimed to examine the impact of 9/11 on Sikh families. The data revealed several themes such as 9/11 shaping the Sikh family's religious identity, 9/11 causing generational tension and closeness between family members, and Sikh families engaged in acts of resiliency post 9/11.

**Abstract:** There has been a growing need to understand the impact 9/11 has had on different populations residing in the United States. Given the enormity of this event, there remain significant gaps in the literature on the impact of 9/11 on particular populations, and on the family system as a whole. Sikhs have suffered greatly post 9/11. The suspicion towards this minority group has been profound. Rajhgatta (2006) reported that among South Asians in the United States, 64% of Sikhs felt afraid for their safety after 9/11. Images of Osama Bin Laden have become equivalent with Sikh men because of their "shared visual image of the turban and beard" (Ahluwalia & Pellettiere, 2010, p. 303). Further, Sikhs have been discriminated against because the color of their skin is often perceived as that of the enemy. There have been reports of racial slurs, name-calling, spitting, bullying in schools, indirect discrimination in the workplace, refusal of entry to public places, being targeted for excessive airport screenings, and murder (Ahluwalia & Pellettiere, 2010; Ahluwalia & Zaman, 2009; Sidhu & Gohil, 2008; United Sikhs, n.d.). Sikhs have also faced institutionalized racism. While the tragic incident of 9/11 occurred in New York City, Sikhs across the United States felt the impact. This qualitative research study aimed to examine the impact of 9/11 on Sikh families. Sikh couples were interviewed in New York City and the New England Area. The data revealed several themes such as 9/11 shaping the Sikh family's religious identity, 9/11 causing generational tension and closeness between family members, and Sikh families engaged in acts of resiliency post 9/11. Results from this study may be useful for therapists and other mental health professionals providing psychological services to Sikh families or other communities that have been impacted by socio-political trauma.

# Cyberbullying - What is it? What can be done in counseling?

Switzerland

Regula Berger

**Short Description:** A systemic approach to counseling families with adolescents who experienced online harassment will be presented. A theoretical and empirical overview of the current state of research and theoretical approaches in the USA, Germany and Switzerland regarding families who are affected by cyberbullying will be provided.

**Abstract:** More and more adolescents are exposed to online harassment on a daily basis. The personal distress an adolescent goes through who is affected by cyberbullying might also affect the whole family at some point. Most parents are overwhelmed and do not have strategies to help their teenagers at the time their son or daughter presents with symptoms of distress. The lecture will highlight three hypotheses: (1) Cyberbullying is a daily, not a rare event for adolescents and their families. (2) Cyberbullying is a systemic, not an individual phenomenon. (3) Cyberbullying and face-to-face bullying are conceptually similar, but different regarding context. International theoretical approaches and research findings will be critically discussed and suggestions for intervention practices in counseling will be presented.

# Application of Systemic Approaches in Primary Medical Care

USA

Gunner Karakurt

**Short Description:** Approximately 70% of primary care visits are related to behavioral health needs. Many medical problems involve behavioral health issues that initiate, exacerbate, or perpetuate symptoms. The current presentation will focus on the application of systemic approaches in medical settings. MFTs work collaboratively to improve mental and physical health of families.

**Abstract:** Primary care physicians are relied upon to provide the majority of healthcare in the U.S. They are the medical home to vast numbers of patients with behaviorally-interrelated, co-morbid conditions such as diabetes, obesity, and depression. Family Medicine residents receive training in the fundamentals of behavioral health. However, they often complete residency without a robust and well-integrated repertoire of behavioral health skills to meet the needs of diverse populations with complex co-morbid behavioral and physical conditions. The purpose of this project is to focus on the application of systemic approaches in medical settings. A Faculty Physician Preceptors (supervisors) from a Family Medicine residency practice received behavioral health training for a period of 10 months. The program relied on six training modalities: seminar-based lecture and discussion sessions, role plays, implementation of skills with standardized patients and residents, self- and group-critique, precepted practice, and supported precepting. Marriage and Family Therapists in this project provide behavioral training to family physicians on models like solution focus, narrative, cognitive-behavioral approaches, motivational interviewing, as well as supervision training for faculty physicians in precepting family medicine residents. Throughout the 10 month period, the faculty physician was observed during patient care, with focus on skills like empathy, empowering patient, reflective listening, assistance, arrangement, avoiding use of medical jargon and using “teach back”. As a discipline with systemic thinking and established training in supervision, Marriage and Family Therapy is proven to be valuable in medical setting and it gives an opportunity to improve mental and physical health of families in a collaborative interdisciplinary context. Case examples were collected to demonstrate how the faculty physician utilized the skills gained through training in helping cancer patients and their families.

# Working with an individual with epilepsy through a relational approach: Whole AND Parts

USA

Nozomu Ozaki

**Short Description:** Since epilepsy impacts various dimensions of patient's life, a comprehensive treatment is suggested. In addition, psychotherapeutic intervention seems to be useful if epilepsy is psychologically associated. This presentation will demonstrate using a relational approach to treat an individual with epilepsy through a case study.

**Abstract:** This presentation will demonstrate a relational approach and its application to the treatment of an individual with epilepsy. Given that epilepsy encompasses not only recurring epileptic seizures but also neurobiological, cognitive, psychological, and social consequences of the epileptic seizures, psychotherapy to address these various consequences are suggested in addition to pharmacological and surgical treatment. In addition, psychotherapeutic intervention seems to reduce the frequency of seizures if there is an indication that they are psychologically associated. Participants will be briefly informed of epilepsy and the various treatment options. With this backdrop, participants will learn clinical assumptions, problem formation, and resolution of a relational approach to treat individuals with epilepsy through a case study.



# Is The Government Doing Enough To Assist Returning Vet with PTSD

USA

Secquay Gordon & Tommie V. Boyd

**Short Description:** The longest war in United States history has left a tremendous strain on military personnel and their families. Most return with PTSD symptoms stemming from battle. This presentation will discuss the current state of military veterans with PTSD and the reported lack of resources to assist these servicemen and servicewomen.

**Abstract:** There are growing concerns that returning military servicemen and women will not have enough resources, both financially and therapeutically, to assist with the state of their mental health upon their return from war. Many returning veterans have difficulty reintegrating into civilian society, mostly due to PTSD symptoms. Reports show there are more veterans losing their lives to suicide (post combat) than dying in combat. This presentation will expose the alarming increase of military veterans who are committing suicide as well as the proposed remedy to combat veteran suicide, namely unit /group cohesion. International examples of how other countries are addressing these problems will be presented. Keywords: veterans; suicide; PTSD; unit cohesion

# Authoring Stories of Resilience: Guidelines for Practice

USA

William Scott

**Short Description:** The collaborative, relational therapist as an audience to clients' stories empowers them to become author-ities, and more involved in the construction of their own stories. In this workshop guidelines for a therapeutic stance, and key elements for re-authored stories will be presented, while participants are invited to explore additional resiliencies.

**Abstract:** Systemic counselors are moving toward collaborative and narrative models of therapy. Clients tell us when we are helpful—if we will listen. Counseling becomes a circular process involving “dialogue” between the counselor and the client, as opposed to “pathologizing monologues.” A counselor stance of “curiosity,” where multiple perspectives are entertained, is replacing explanation and attempts to discover an objective reality apart from the input of the client. Counselors more clearly see themselves as part of the treatment system, and examine their part in constructing the “problem story.” Counselor “use-of-self” becomes important, and distinctions are made between counselor “intentionality” and “willfulness.” How do these ideas look in counseling situations? The distinctions between assessment and treatment become blurred as a circular dance evolves between counselor and client. The treatment context is expanded to include the interactions between members of the “language system.” Treatment is conducted as a “conversation.” The counselor gives up the “expert position” and becomes a partner with the client in retrieving resources to construct solutions. Questions gather information, introduce “differences,” and facilitate change. Externalizing of the problem generates space for alternative stories in the present. The client’s presentation tells a story. The story is told and retold so that the client becomes his/her own author-ity, or more involved in the construction of his/her story. Client resources are retrieved and the re-authored story includes elements of resilience: competence, courage, hope, forgiveness, humor, etc. Drawing on stories and experiences, utilizing slides which contain quotes from multiple sources (family therapists, poets, literary works), drawings, graphics etc., this workshop will present guidelines for a therapeutic stance, key elements for re-authored stories, while inviting participants to contribute and explore additional resiliencies.

# Forgiveness therapy to treat the wounds of polygamous family structure among Bedouin-Arabs

Israel

Itzhak Lander

**Short Description:** This paper explores the contribution of forgiveness therapy to the treat the difficulties related to growing up in a polygamous family. Case studies of the application of Enright

**Abstract:** This paper explores the contribution of an individual focused Western therapeutic model, forgiveness therapy, to healing families, within a non-Western society, wounded by polygamous family structure. Initially it introduces the reader to Bedouin-Arab society, characterized by a strict hierarchical order where male dominates over female and old over young. Accelerated processes of modernization within Bedouin-Arab society in Israel are discussed. Against this background the paper proceeds to present theoretical and empirical perspectives on polygamy, with an emphasis on how it is practiced in present day Bedouin-Arab society in Israel. The Islamic religious sanctioning for polygamy is discussed. The most common form of polygamous family structure, where each wife lives in a separate household with her own children, is delineated. Next, the paper surveys the myriad of individual and family problems that have been attributed to polygamous family structure among Bedouin-Arabs in Israel, with an emphasis on the negative mental health and behavioral consequences that have been identified for children. These include depression, anti-social behavior and impeded academic achievement. Forgiveness will be introduced as a potential strategy for coping with the wounds related to growing up within a polygamous family structure, and for promoting family healing. After providing background on forgiveness, a brief survey of forgiveness promoting psychotherapies will be presented. Enright's pioneering four stage process model, typically worked through individually, will be delineated and empirical research which points to its effectiveness, will be noted. The main body of the paper showcases four case studies of the application of the process model with Israeli Bedouin-Arab adult children, each experiencing significant difficulties related to growing up and being a member in a polygamous family. Each case reveals a different path by which an individual focused Western therapeutic model may lead to family-wide healing, within a non-Western society. This apparent paradox is illuminated by examining the recent literature on the guiding principles and procedures of cross-cultural psychotherapy. Implications of the study findings for the use of forgiveness therapy, and other Western therapeutic models, with families in non-Western societies, are considered.

# Developing Therapeutic Alliances: Matching Theory to Client Variables

USA

Jill Morris

**Short Description:** Using two divergent case examples, the presenter will demonstrate a method of developing an integrated approach to working with clients and client families. Common factors research will be presented as the basis of developing a therapeutic alliance and creating hope for clients while also providing a theoretical framework for clinicians.

**Abstract:** Common factors research suggests that the variance in the outcomes in psychotherapy is attributed to 1) client and external factors, 2) client-therapist rapport, 3) theoretical model, and 4) hope and expectancy. This lecture addresses the research supporting the notion of client-therapist rapport as a fundamental component to the successful outcome of psychotherapy. The presenter further suggests that the therapist is most able to influence the client-therapist alliance, but may also guide the process toward greater hope and expectancy of a successful outcome through the careful choice of model or combination of models. To develop and maintain this rapport, the family therapist needs to adjust his or her theory to one that can mesh with the clients' informal theories of symptom development and meaningful change. An "either/or" approach can be restrictive to both family therapist and the clients. An atheoretical approach can be confusing and disorganized. Instead, clinicians may use an inclusive "both/and" approach when choosing theories and techniques to guide the therapeutic process. Two widely different case examples demonstrate how a multi-theoretical approach can be applied to enhance the development and maintenance of a therapeutic alliance with individuals and families. The presenter will describe the use of divergent, and sometimes conflicting, theories and techniques in each case to connect with the clients, thus guiding the psychotherapy process to a successful outcome. The presenter will emphasize the importance of the clients' perceptions of the therapist as nonjudgmental, empathic, and trustworthy in helping patients develop alternatives to their either/or frames. Given the variance which emerges in clinical work, the lecture will highlight the family therapist's need to obtain a wide breadth of theoretical knowledge and technical skills in order to effectively adapt to an integrative approach.

# Spirituality and Meaning-Making: Paths Toward Strengthening Marriage and Family

USA

Geraldine Kerr

**Short Description:** Spirituality, finding connection to the "ground of all being," is often neglected in marriages. "Idealized" views of each other may become "disillusioned" views, yet we all hunger to be loved for who we innately are. This workshop focuses on spirituality as deepening empathic relational understandings for couples.

**Abstract:** Spirituality focuses on finding connection to the "ground of all being" (Tillich, 1951). Generally, the wedding ceremony itself is considered a dream-come-true. In the journey of marriage and life, however, there frequently are hurts, joys, disappointments, and conflicts. Marriage as a spiritual pathway toward opening oneself up to another to love, forgive, and heal is often not taught. After "idealization," "disillusionment" sometimes sets in. Some couples focus on differences between them while their intimacy and connections erode. Others will work with the differences and move toward deeper and more mature forms of love. True spiritual experience helps move couples from the original "falling in love" to a much deeper level (Olsen, 2000). As we grow and , we continue to understand our partners in much deeper, more meaningful ways. By extension, this deeper understanding and respect a couple has for each other flows into the couple's family life with children. In developing a sense of spirituality we refer to the particular shape and texture of our encounter with God (or Higher Power) in our lives. When a husband and wife attend to each other not as objects for their own gratification but as subjects of infinite dignity and worth, they enter into the life of love and communion with each other and the relationship - they enter into an "I-Thou" experience (Buber, 1951). Couples making intentional decisions to grow together toward something bigger than either of them individually or collectively may be viewed as creating a sense of spirituality (Gaillardetz, 2007). Intentional marriages, whose partners are conscious and deliberate about maintaining and building commitments and connections to each other (Doherty, 2001) represent values for good communication, constructive ways to argue and deal with conflict, and ways to be intentionally present to the relationship and to each other. With an understanding that being known, loved, understood and accepted is a universal longing in marriages, this workshop focuses on spiritual opportunities in marriages as well as roadblocks toward achieving opportunities.

# Uncovering Family Narratives of Spirituality

USA

Suzanne Coyle

**Short Description:** Families are challenged by a growing societal emphasis upon immediate gratification. This presentation focuses upon postmodern therapeutic practices that lift up a family's narratives of spirituality. By telling their narratives of meaning, a family can then develop resilience to the cultural discourse of the 'quick fix.'

**Abstract:** Families presenting in therapy are often motivated by the acting out behaviors of their children and teens. Such behaviors include, but are not limited to alcohol and drug abuse, suicidal ideations, and sexual activity. The family often desires a 'quick fix' to the at risk behavior. While controlling at risk behavior is critical, the problem may recur or a new problem takes its place. This presentation contends that an underlying dominant discourse contributes to the problem. Western societies extol the desire for immediate gratification as exemplified by an out of control societal consumerism and quick fixes. For children and teens, this discourse is found in the behaviors of wanting the most recent mobile phone, current brand of clothes, and the socially acceptable people to friend you. This search for outward satisfaction belies an inner yearning for meaning and connection in the family. The response to this challenge is the engagement of the family therapist with the family in uncovering their narratives of spirituality that can give their lives meaning. As the family tells their stories of meaning, family members can re-tell and expand those stories can sustain them in difficult times. These stories of meaning can be expanded to create narratives of spirituality that offer the family resilience to the often oppressive cultural stories of immediate gratification or the 'quick fix.' Spirituality in this presentation refers to "that sense of something or someone other than self or relationships that move persons beyond themselves." This working definition of spirituality can thus be engaged with families who are evangelically conservative, progressive liberal, the 'spiritual but not religious' to those families who may not even identify spirituality as important. The narrative practices of re-authoring, relative influence questioning, and re-remembering will be used to open families to narratives of spirituality which can counter oppressive discourses of immediacy. The therapist and family can explore together the family's spirituality as a resource to counter behavioral problems if they recur instead of seeking a 'fix' for each new problem.

# Understanding Family-Centered Care in the Mental Health System

Canada

Sandy McNeil

**Short Description:** This presentation explores how family members in Ontario describe and understand their experiences with the mental health system in the context of caring for their loved ones. It provides a critical analysis of their experiences and considers ways in which discrimination may be operating to sustain inequality.

**Abstract:** A recent focus on Family-Centered Care in mental health has resulted in a variety of recommendations designed to increase family involvement in caring for relatives with mental health issues. Various studies indicate that family members require collaboration, information, and support from the mental health system and its providers, but confidentiality concerns, funding limitations, and discrimination often prevent such needs from being met. As a critical social worker in Ontario, Canada, I questioned how well FCC philosophy is being practiced, and I wondered about processes of discrimination that may be interfering with its implementation. This study explores how family members supporting relatives with mental health issues describe and understand their experiences with the mental health system, and provides a critical analysis of their experiences, considering ways in which discrimination may be operating to sustain their exclusion and inequality. A qualitative, exploratory study using in-person interviews has been implemented to better understand the perspectives of these participants. The sample includes four family members who are currently supporting relatives with mental health issues. A critical, Foucauldian theoretical framework is applied to the data to expose hidden systems of domination and oppression in the daily lives of family members, which may be contributing to discriminatory attitudes and practices that interfere with FCC. The results of this study reiterate those found in the FCC literature; however, family members in this study seem hesitant to identify discrimination as a primary obstacle to FCC. It appears that complex processes may be at work that elicit the participation of family members in the reproduction of discrimination by interfering with their ability to recognize and resist its multiple and subtle forms. Recommendations for resistance include cultivating a critical awareness to disrupt dominant assumptions that inform discriminatory attitudes and practices. This 45 minute power point presentation will begin by providing a clarification of language, followed by a brief literature review, and an outline of my theoretical perspective and method. Findings and analysis will be presented, concluding with a brief discussion of the implications and recommendations for social work practice in mental health.

# Immigrant Couples: The Road Untraveled

USA

Martha Marquez

**Short Description:** Immigration to a foreign land brings with it a host of complexities for families. Couples, in particular, charged with leading their families, often present in therapy with similar obstacles as well as a variety of strengths. In this lecture the presenter will share clinical observations of work with immigrant couples.

**Abstract:** Immigration to a foreign land brings with it a host of complexities for families. Couples, in particular, charged with leading their families, often present in therapy with similar obstacles as well as a variety of strengths. In this lecture the presenter will share clinical observations of work with immigrant couples. Immigrant couples wrestle not only with acculturating to a new country but also with issues of whether or not to redefine the nature of their relationship. Many couples must focus on child-rearing issues, language barriers, and financial struggles. What is often pushed to the side is their own intimate relationship. Many immigrant couples are introduced to a new definition of western relationships between intimate partners. Some struggle with loyalty to their definition of origin and the new definition. Individual differences and preferences add to the complexity of these transitions. Many immigrant couples have found productive and enriching methods to maintain or enhance their closeness in their new country. Clinical observations of common struggles and strengths will be discussed.



# Black Men and Marriage: The Impact of Slavery

USA

Racine Henry

**Short Description:** This workshop will be a brief presentation of doctoral dissertation research on how perceived racism affects a single, heterosexual Black man's desire to marry. A review of empirical literature and primary research data will be shared along with clinical implications.

**Abstract:** Current literature states that Black people are the most uncoupled population in the United States due to a lack of interest in sustaining healthy relationships and/or marriage (Gallup, 2006). Ironically, many Black men and women not only desire to be in a long-term relationship but also envision marriage as a part of their lives yet singlehood remains a dominant lifestyle in the Black community (Dixon, 2009; Lawrence-Webb, Littlefield, & Okundaye, 2004). Compared to other racial groups in the U.S., Black marriages tend to result in divorce and separation at extremely high rates (Mare & Winship, 1991). In our society, Black Americans have a history of being mistreated and oppressed due to being perceived as an inferior race (White, 1985). While it is impossible to realize or capture the full impact of slavery on Black people in North America, this ongoing marginalization has had profound effects on how Black men and women relate to one another and has positioned Black men and women as adversaries (Gillum, 2002; West & Rose, 2000). Existing literature on this topic primarily focuses on Black women, thus, focusing solely on Black men highlights the topic of marriage with an underserved population in research with an innovative approach (Blee & Tickamyer, 1995; Simien, 2005). What is not talked about are the unique issues faced by Black men such as higher infant mortality rates, higher incarceration rates, and greater risk of health disparities than any other race thus lowering the number of eligible, heterosexual, and single Black men available for marriage (King & Allen, 2007; Lawrence-Webb, Littlefield, & Okundaye, 2004). This workshop will present primary data on the impact of perceived racism on whether a single, heterosexual Black man desires to marry. Clinical implications as well as self of the therapist issues will also be discussed.

# Suggested Cultural Enhancements of Brief Strategic Family Therapy & Multisystemic Therapy

USA

Sheena Horsford

**Short Description:** African American youth are impacted by intense mental health disparities compared to their non-Hispanic White counterparts. These disparities are associated with limited culturally informed treatments, particularly if African American youths are influenced by exposure to violence and discrimination. Cultural enhancements to family therapy interventions have potential to reduce these disparities.

**Abstract:** African American youths continue to be impacted by intense health and mental health disparities, compared to their non-Hispanic White counterparts. These disparities are associated with limited culturally-informed treatments, particularly if African American youths are impacted by exposure to gang violence, illegal drugs, stigma influencing provision of mental health treatment, and personal experiences with racism and discrimination. Evidence-based interventions constitute a potential alternative to increase the quality of life of African American youths and their families. For example, Brief Strategic Family Therapy (BSFT) intervention and Multisystemic Therapy (MST) are treatment modalities that have been found to be effective with African American adolescents by reducing engagement in delinquent behaviors and improving parent-child communication. Both interventions promote positive youth and family outcomes by reframing the adolescent delinquent behavior as a family problem, acknowledging family members as experts of their lives, and working within multiple networks of the adolescent (e.g. school, community). However, both interventions can be enhanced as they refer to African American families by increasing the cultural relevance of their approach and content. For instance, it is important for therapists to be deeply involved within African American culture prior to engaging with African American families. This can occur by becoming involved in the African American community, outside of therapeutic settings. It is also important to address the stigma associated with using mental health services within the African American community. Finally, therapists working with African American families should feel comfortable having direct conversations about the direct and indirect experiences with racism and discrimination. It is important therapists do not ignore the historical experiences that once defined African Americans existence within the United States. Such cultural enhancements have high potential to reduce the intense mental health disparities experienced by African American youths. The objectives of this lecture presentation are threefold: First, to highlight the current cultural relevance of BSFT and MST interventions with African American families. Secondly, to provide alternative enhancements that aligns with the values and beliefs of African American culture. The tertiary objective is to understand the value of cultural enhancements within family therapy interventions.

## How to engage and be effective with the other 20%

New Zealand

Rick Whiteside

**Short Description:** Research on families and couples usually considers a program effective if it succeeds with 80% of the population studied. This humorous, multimedia presentation will challenge participants to consider how to achieve success with the other 20%, those families who don

**Abstract:** Research on families and couples usually considers a program effective if it succeeds with 80% of the population studied. Unfortunately, that leaves many therapists wondering how to handle the remaining 20% who don't fit into typical models. This humorous, multimedia presentation examines the reasons traditional models often don't succeed with a variety of "exception-al" families and presents a model which helps family therapists individualise their treatment plans and stances in order to maximize effectiveness with a wider range of clients. It encourages practitioners to adjust their stance to meet the client's cooperation patterns instead of dismissing them as resistant or placing them in the too hard basket.

# Therapist Mistakes: There Are Fifty Ways of Losing a Client

Turkey

Sevket Emre Konuk & Zeynep Zat

**Short Description:** Studies tell us that between 20% to 57% of clients drop out after the first session and another 37% to 45% attend therapy for two sessions.

**Abstract:** Studies tell us that between 20% to 57% of clients drop out after the first session and another 37% to 45% attend therapy for two sessions. Therapists are generally inclined to rationalize the dropouts as clients having resistance; an explanation based on phenomena going within the client, rather than focusing on the relationship between the therapist and the client. We have enough accumulated research and clinical experience to help us reduce dropouts. Most of them are mentioned briefly in therapy handbooks, many of them are discussed in supervisions but very rarely given enough credit. Some of them are really very simple to apply: A simple phone call to check a first appointment leads to reduce dropouts by 66%. Many of them require more emphasis in Family Therapy trainings and even more in supervisions. Some of the issues to be discussed are; how to get into coalitions, importance of case conception and planning, dangers of too early and immature interventions, overemphasis on technique, not emphasizing the link between theory and technique, dealing with the past, managing the session, managing emotions in the session, issues around confidentiality in Couples and Family Therapy and many more. We hope that this workshop will provide enough clues, techniques, strategies and interventions that will help the therapist to reduce dropouts and attain good outcome.

## Sex therapy: Creating a healthy narrative

USA

Edita Ruzgyte

**Short Description:** Participants will learn the importance of language in sex therapy and ways to address the narrative that couples create about their sexuality. Clinical examples will be used to illustrate how societal beliefs about sexuality affect sexual discussions in a therapy session and how therapist can work with it.

**Abstract:** This workshop is designed for family therapist who work with couples and wish to become more instrumental in helping their clients to address the concerns of sexual functioning. When it comes to sexuality, one of the most common questions that clients ask is: “Am I normal.” Often they look for answers that contain numbers and averages. Some clients ask therapists to “normalize” their sexual behavior—reassuring them that their fantasy, frequency of sexual encounters, or turn-on is “normal,” others ask for a “dysfunction label” which will give them and their family members the explanation for their behavior. In the workshop participants will learn how to turn the request for “normalizing” into a clinical goal of developing clients’ inner strength, healthy sexual narrative and ability to validate their own reality independent of others’ consensus. Participants will learn the ways to conceptualize such question as: How do we help people who reject the premises of healthy sexuality? What can we offer when couples insist using limited and negative sexual narrative? And what are the ethics of helping people create sexual lives based on limitation rather than possibility? Using a variety of clinical examples, this program identifies and challenges common therapists' beliefs that impede therapeutic effectiveness. Participants will learn the inaccurate assumptions behind sexual health; understand what keeps them from productively using the experience of being triangulated; acquire tools to make couples sex therapy more robust; and identify the personal issues professionals must handle in order to let go of comfortable, self-defeating clinical beliefs. Lecture will present the practical ways to: To examine how societal beliefs about sexuality affect sexual discussions in a therapy session, To understand how the concept of sexual normality affects sexual expression, To learn to decode and discuss with patients their narratives about sexuality.

# How Solution-Focused Brief Therapists Use Circularity to Create Within-Family Alliances

USA

Ronald Chenail & Dragana Ilic

**Short Description:** Examining five Insoo Kim Berg Solution-Focused Brief Therapy case transcripts, we noticed her style resembled Milan Systemic Therapy circular practices suggesting her circular utterances helped each family member observe each other family member's solution-building relationally. We suggest such relational practice creates positive, within-family alliances contributing to successful conjoint therapy.

**Abstract:** To understand better how Solution-Focused Brief Therapy (SFBT) is used with couples and families, we examined transcripts from three SBFT cases conducted by one of the model's co-creators' Insoo Kim Berg – two couple cases and one family case in which relational complaints were shared, as well as one individual case in which the client complained of relationship issues, and one individual case in which the client complained of addiction issues. As we read over the transcripts, we focused on the observations and questions Insoo asked to her clients and began to notice the style in which she delivered typical SFBT questions seemed to resemble circular questions and observations more commonly associated with Milan Systemic Therapy. For example in one of the couple sessions, she said, "What will you do when you see her do that," "When your children know....what would they see different about the two of you that would tell them?" and "What can Bill do to be helpful so that you know that he is committed to this marriage as much as you are." We suggest all of these utterances are structured circularly so one member of the family is being asked to observe what another family member is doing so that they can each see what the other family member can see as contributing to solution-building. We found similarly circular-styled practice in all four of the relationship-complaint transcripts, including the SFBT case with an individual, but not in the individual case concerning the client's addiction problem. Reflected on this seemingly circular SFBT practice, we suggest Insoo's use helped her clients recognize when they shared common viewings of each others' solution-focused doings. This apparent usage is consistent with clinical researchers' findings that such relational practice constitutes creating positive, within-family alliances that can contribute to successful conjoint therapy.

# Interactional Pattern Analysis: A New Development in Family Therapy

South Africa

Warwick Phipps

**Short Description:** The interactional pattern analysis (IPA), pioneered by Charl Vorster, represents a new development in family therapy. As a form of relational diagnosis building on the interactional approach, the IPA involves the observation of core variables of the client's interaction to systematically formulate, and subsequently treat, the presenting difficulty.

**Abstract:** The interactional pattern analysis (IPA) represents a new development in the field of family therapy. Pioneered by the South African Charl Vorster, it integrates key developments in communication theory, general system theory (GST), and the humanistic approach. The basis of the IPA is that interaction can be observed in a trained way and that the client's presenting difficulty or complaint can be understood within the context of this interaction. It thus constitutes a form of relational diagnosis whereby (interpersonal) phenomena are observed and described in terms of relationship/interaction. Building on the earlier interactional approach, the IPA signifies two fundamental developments. Firstly, and drawing on Bateson's (1972) notion of context, the presenting difficulty is considered the context for interpreting the meaning of the interaction. Secondly, by observing particular interpersonal variables, interaction can be observed in a trained or systematic manner. Specifically, the IPA involves the observation of 15 core variables of the client's interaction—within the therapeutic relationship and broader primary system—to systematically formulate and, subsequently treat, the presenting difficulty. Ultimately, therefore, the IPA is not so much a development within the interactional approach, but rather a development of it. More significantly, however, the IPA highlights how an interactional approach—that is, the observation, in the here-and-now, of effects and impacts in the interaction between individuals—can continue to serve as a cornerstone for the practice of family therapy.

# Family Therapy Interventions with Special Transient Populations: International Student

USA

Reham Gassas

**Short Description:** This workshop aim to provide interventions applicable to international college students who have families. The intervention will focus on exploring cultural expectations and strains placed on international college students who bring their children with them. The intervention will focus on cultural education, parenting, and the couple relationship.

**Abstract:** Family Therapy Interventions with Special Transient Populations: International Student Dealing with Adjustment and Parenting. International college students who bring their children with them while they complete their studies face many challenges such as: Adjustment to the academic setting, loss of country-of-origin family and social support, dealings with child rearing responsibilities, dealing with shifts and changes in gender roles, financial strains, and parental roles. The focus of the workshop aim to provide therapist/clinicians with interventions that are applicable to international students and their families. The interventions are designed to explore the following: Eliciting the parents' parenting experience, at home as compared to the host country. Therapist/ Clinician will learn about how to explore with parents their family-of-origin and what they want to keep and what they want to change. Exploration of parental fears and perceptions. Therapist/Clinician will help parents explore their fears about parenting in the host country. Will explore some of the challenges parents face: fear of the child schooling performance, feeling sad for the child not to have his/her previous social network, protecting the child from rejection and sometimes discrimination. Negotiate parental and gender roles. Therapist/Clinician will learn about ways to explore gender roles, parental roles, and empower the couple to negotiate their expectations of one another. Explore couple pattern of interaction. Therapist/ Clinician will learn ways to explore couple healthy and ineffective pattern of handling their differences. Will explore ways to create in session effective pattern of interaction about couple relationship and parenting concern. Issues of power and financial inequity will also be explored in cases where the spouse of the student is limited in his/her options due to visa restrictions Self-of-the-Therapist Therapist/Clinician will examine their own views of parenting, assumptions about parenting in different countries. Their own view about helping different cultural groups in terms of gender role, parenting, and empowering women.



# Pets: A Therapeutic Tool When Working With Families and Children

USA

Lori Pantaleao & Natalie Rothman Young

**Short Description:** The workshop provides participants with an in depth look of the roles pets have within the context of the family system. This presenter will offer a framework for how this postmodern creative approach to therapy can be utilized with families and children to enhance relationships with in the system.

**Abstract:** The following workshop will begin with the presenter providing an overview of the benefits that pets offer to their families. Personal accounts from pet owners will be offered to further exemplify the value pets have in the family system. In today's society, pets are regarded as family members, children, confidants and companions. Caring for a pet teaches life lessons such as responsibility, affection, unconditional love, exposure to grief, and so much more. Pets display behaviors based on family interactions and heighten states of emotion. Utilizing pets in the process of therapy encourages families to look closer at how they relate to one another. This workshop is comprised of interactive group exercises and a group discussion regarding personal experiences with pets and as well as hands on interaction with therapy dogs.

# Children and Chronic Sorrow: The Emotional Impact of Parental Rejection and Its Treatment

USA

Victoria Foster

**Short Description:** The concept of chronic sorrow offers a fresh perspective for understanding the emotional impact of parental rejection on children. Our presentation integrates chronic sorrow into a model of therapy for families, foster parents, and group homes with children at risk for psychological, emotional and social problems.

**Abstract:** The concept of chronic sorrow offers a fresh perspective for understanding the emotional impact of parental rejection on children. Psychologically, this belief (or reality) leads children to negatively evaluate themselves and their futures, making them vulnerable for internalizing behaviors including depression or psychosomatic illness and for externalizing behaviors such as hyperactivity and aggression. Limited developmentally to an egocentric view of their experiences, rejected children may conclude that they are unworthy of their parent's acceptance and, thus, responsible for the rejection. Damage to self self-esteem stems from an undeveloped ability to differentiate their self concept from a negative concept of rejecting parents whom they essentially see as part of themselves. Chronic sorrow refers to a unique response that occurs when loss is not final, but continues to be present in the life of the individual. Such grief is unique in that it is sustained by a cycle of ongoing loss and does not abate over time but becomes a recurrent presence throughout a rejected child's life. Chronic sorrow includes elements of grief, depression, and anxiety, but with some notable differences. Our presentation integrates chronic sorrow into a model of therapy for diverse families, foster parents, and group homes with children and adolescents at risk for developing psychological, social, and emotional problems. Key elements of the model include a) providing companionship as preferable to achieving closure as a therapeutic goal; b ) applying specialized strategies to address anxiety and depression; c) helping children restore a sense of control in their lives. Finally, this model assists parents and caregivers to understand that their role with children experiencing the chronic sorrow of parental rejection is not merely one of providing "good parenting." It requires that they assume a remedial approach to address the unique psychological, social and emotional damage of parental rejection, including chronic sorrow. Case studies will offer opportunities for assessment and discussion of the model.

# A social justice approach to DV: Healing for victims & perpetrators

USA

Dalesa Scott

**Short Description:** This presentation will review treatment for IPV using a social justice approach, focusing on the importance of accountability and empowerment. Presenter will discuss therapeutic approaches to healing through case study examples.

**Abstract:** Intimate partner violence (IPV or DV) impacts numerous couples in countries across the globe, regardless of race, class, sexuality or culture. Providing therapeutic interventions for couples when violence is a part of the relationship is not therapeutically possible or ethical, and often clinicians will discontinue couples therapy and refer the victim to a shelter and the perpetrator to anger management. As a result, recidivism is high in IPV, as both partners are often lacking the treatment that can assist in ending the cycle of violence, such as addressing trauma history, socialization, and oppression. This presentation will discuss treatment using a social justice approach for both victims and perpetrators, focusing on accountability and empowerment, as well as how race, class, gender, culture and other societal factors influence the perpetuation of violence in intimate relationships. The presenters will also provide information on therapeutic approaches to healing through case study examples, as well as focusing on how various systems can have an impact on recovery.

# A Natural Systems Lens: Culture, Diversity, and Differentiation of Self of the Therapist

USA

Terri Neipert

**Short Description:** The workshop provides an in depth look at the role of culture and diversity within the context of a natural systems approach to marriage and family therapy. The presenter will offer a meta-analysis of the role of culture and diversity within a family system from a natural systems perspective.

**Abstract:** Through a review of current literature and a look at the presenter's culture of origin this presentation will explore the role of culture from a Bowen family systems perspective. An interactive exercise and group discussion regarding personal experiences of one's culture of origin and the implications of culture and diversity in therapy will be explored. Togetherness is a biologically rooted life force that propels an organism to follow the directives of others, to be a dependent, connected, and an indistinct entity. This force to be connected is reflected in the striving to act, feel, and think like others, as well as, the striving to have others act, feel, and think like oneself. Culture is strongly influenced by the togetherness force. Bowen family systems emphasizes the therapist's own family of origin work that is reflected in "the ability to be in emotional contact with a difficult, emotionally charged problem, and not feel compelled to preach about what others should do" (Bowen & Kerr, 1988 p. 108). Ethical and culturally competent therapists consider how cultural factors influence the therapeutic process and therapeutic outcomes, as well as, the influence of culture on the therapist's differentiation of self of the therapist.

# A Transtheoretical Model for Conceptualizing Couples: The Four Session Evaluation

USA

Anthony Chambers

**Short Description:** One of the most challenging skills for any couple therapist is being able to move from an individual to a systemic case conceptualization (Stanton & Welsch, 2011). Thus, this presentation presents a systematic and systemic model that actualizes the case conceptualization competency (Chambers, 2012).

**Abstract:** Despite calls for competency-based training in couple and family psychology (CFP; e.g., Kaslow, Celano & Stanton, 2009) and couple and family therapy (Celano, Smith & Kaslow, 2010), only recently has there been attention to the knowledge-, skill-, and attitude-base that a psychologist must possess in order to achieve specialty status as a CFP (Stanton & Welsh, 2011). As the field of CFP matures, training models are needed that can facilitate competencies at the specialty level. One of the most challenging skills for any beginning couple therapist is being able to move from an individual to a systemic case conceptualization. A thorough case conceptualization involves problem formulation, case formulation, and treatment formulation. Thus, this presentation, which is based on a recent publication by the presenter (Chambers, 2012), will present a systematic and systemic model that actualizes the case conceptualization competency. The framework presented is a four session evaluation that includes an initial conjoint session in order to understand the couple's relationship problems followed by separate sessions in order to understand each person's individual and family of origin histories. The evaluation concludes with the therapist providing feedback to the couple that is used to establish a working alliance. Although the notion of routinely meeting with each member of the couple separately as part of an evaluation is not new (e.g., Karpel, 1994), the purpose of this presentation is to describe this procedure in enough detail that audience members will be able to teach this model to their trainees and/or be able to replicate this model for use in their own practice with couples. Specifically, the presentation will describe the rationale and goals for the model, the tasks and pertinent issues to assess in each session, as well as how to present the model to couples during the initial phone call and initial visit. Finally, the presentation will discuss how to provide a dyadic/systemic conceptualization of their relationship problems, and how to make appropriate recommendations for treatment. Ethical and complicated issues such as confidentiality, how to handle secrets, and how to know when couple therapy is contraindicated will also be presented.

# Equality Across Cultures: Supporting Sexual Minorities in a Global Community

USA

Alicia Bosley

**Short Description:** Explores the unique and important work therapists can do to support Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals, couples, and families in our increasingly global society.

**Abstract:** As globalization increases and geographic, linguistic, and cultural boundaries are increasingly bridged, therapists are increasingly being exposed to diverse populations. This increased contact makes cultural sensitivity and understanding imperative for competent and effective clinical work. However, many therapists are still unfamiliar with working with sexual minority populations, and many state that they feel unqualified to work with LGBTQ clients. As marriage equality and anti-discrimination campaigns are increasing and gaining support, movements that work against these campaigns, including cultural, religious, and legal movements, are also gaining support. In this conflictual environment, sexual minorities are facing numerous stressors on top of common stressors arising from daily life. Thus, the need for competent, sensitive, and affirmative therapists to work with these individuals, couples, and families has been increased. Finally, due to globalization, it is important for therapists working with LGBTQ clients to be familiar with the implications of sexual minority status and experience in different cultural and religious contexts. This workshop is designed to provide a basis from which therapists may build their knowledge base and ability to assist LGBTQ clients to live more comfortably within our increasingly diverse and interconnected world.

# Shattered Soul? Five Pathways to Healing the Spirit after Abuse and Trauma

USA

Patrick Fleming & Suzanne Lauber-Fleming

**Short Description:** Abuse not only injures the survivor psychologically, the soul and spirit are assaulted as well. Such soul wounds often go untreated, inhibiting the healing process of survivors. This presentation will identify these spiritual wounds, providing a road-map for healing soul trauma through a process based on our book, *Shattered Soul?*

**Abstract:** Sexual, physical, verbal, emotional, religious abuse, and other life traumas not only injures the survivor psychologically, the soul and spirit are assaulted and wounded as well. These soul wounds often go unnoticed and untreated, and can greatly inhibit the healing process and even the recovery of survivors of abuse and trauma. For instance, addicts of different kinds who are survivors, and who suffer from abuse related spiritual wounds, will often find themselves stymied or even blocked as they attempt to work the spiritual program of the Twelve Steps. This presentation will help participants learn how to identify these spiritual wounds of their clients, and provide a road-map for healing and transforming this soul trauma through a spiritual healing process called *The Five Pathways: Spiritual Courage, Holy Anger, Grief, Forgiveness, and Spiritual Transformation*. These Pathways provide practical, yet deeply spiritual processes for healing and transformation. Participants will experience some of these processes as well as how to utilize them in their own work with clients. Our approach respects all spiritual traditions and practices, and works to empower clients to re-discover their own spiritual resources for their healing and recovery journey. This work is based in our clinical experience of integrating psychological and spiritual treatment processes with survivors of abuse and with addicts, and on our recently published book, *Shattered Soul? Five Pathways to Healing the Spirit after Abuse and Trauma* (WordStream Publishing, 2011). Goals: 1. Participants will learn how to help survivors and addict clients identify the spiritual wounds caused by abuse and trauma. 2. Participants will be introduced to practical, experiential tools to facilitate the spiritual healing process of their clients. 3. Participants will learn how to help addict clients overcome the spiritual blocks they encounter in their Twelve Step program caused by their spiritual wounds. 4. Participants will develop tools for sensitivity in addressing the spiritual healing needs of their clients through non-religious, spiritually neutral and spiritual diversity respectful approaches to treatment.

# Family Sculpting to measure and increase self-esteem based upon the Satir Growth Model

USA

Regina Ragan-Taggart

**Short Description:** Role players will create a family sculpt to represent the internal dynamics of an interaction and then identify which of the seven self-esteem resource tools can be used by role players to create a more open expression of thoughts and feelings in the family as well as coping stances.

**Abstract:** A foundation of the Virginia Satir Growth Model is that we are born with internal resources for self-esteem. Even if one's family system didn't nurture these resources, this model of therapy believes that as adults we can learn to utilize them to create a greater sense of internal well-being and to build healthier connections with others in our lives. The Self-Esteem Resource Tool Kit includes the following parts: a wishing wand, detective hat, wisdom box, courage stick, yes – no medallion, golden key and heart. An in-depth explanation of the resources will be explained during the presentation. A primary vehicle for creating change in the Virginia Satir Growth Model is family sculpting, which non-verbally provides insight into the dynamics within the family system. Sculpting gives the therapist information about internal thoughts, feelings and provides a measure of each person's level of self-esteem. A sculpt is prompted by asking a family member to create a pose to represent what they are thinking and feeling during a specific interaction. In this experiential presentation, role players will be invited to non-verbally sculpt an interaction within a family using one of the four coping stances in this model. The coping stances are blaming, placating, super-reasonable and distracting. The sculpts will be used by the group to identify which self-esteem resource tools could be used by each role player to create an open expression of thoughts and feelings within the family system. This approach is multi-faceted and can be used with individuals, families and groups.



## Encouraging Positive outcomes: The Needs ABC approach to working with difficult couples.

Canada

Tom Caplan

**Short Description:** This workshop will address the application of the emotion-focussed, needs-based, approach to therapeutically challenging couples. This approach, known as Needs ABC (Needs Acquisition and Behavior Change), is distinguished by its emphasis on the unmet relational needs behind maladaptive behaviours and the emotions they predict, rather than the behaviours themselves.

**Abstract:** This workshop will address the application of the Needs ABC (Needs Acquisition and Behavior Change) integrated therapeutic approach to couples as well as parents with parenting concerns. The Needs ABC approach is distinguished by its emphasis on the relational needs behind maladaptive behaviours, rather than the behaviours themselves. The focal point of this approach (Needs ABC) is the understanding that couples enter the treatment setting when their individual relational needs are not being met. The Needs ABC approach to working with clients proposes a method of understanding what the client's relational needs are, both within and beyond the therapeutic setting. The Needs ABC integrated approach combines therapeutic approaches also described in cognitive-behavioral and motivational work (Ellis, 1997; Miller and Rollnick, 1991, Jacobson, 1996), narrative therapy (White, 1990; Myers-Avis, 2004) and emotion-focused treatments (Greenberg and Johnson, 1988; Greenberg and Pavio, 1997). At base, Needs ABC approach rests on the belief that, once emotional needs have been ascertained, a plan for meeting them can be readily established, utilizing the most applicable aspects of the various above-named approaches in combination with a strictly client-focused agenda. A fundamental premise of this approach is that it is the need that drives the emotion and it is the emotion that drives the behavior. Once the clients' therapeutic goals have been clarified and the emotions that drive their behaviors understood, the process of collaborative problem-solving can begin. This workshop explains the benefits of the Needs ABC integrated approach and proposes options for intervention within the therapeutic setting that can help clients to feel emotionally safe, to identify and clarify their relational objectives, participate more authentically and see the bigger picture of problem-solving strategies.

# Women as Agents of Change: The Intersection of Peacebuilding, Community and Therapy

USA

Morgan Stinson

**Short Description:** Recent traumatic events have disrupted the lives of people and local communities – posing a need for therapists to bridge the divide between providing therapy and utilizing local communities. This workshop will address women as change agents in the peacebuilding process and how they can be resources in therapy

**Abstract:** Research on conflict resolution and peacebuilding has seen new lights in the context of evolving global conflicts and wars of the recent past. The intractable strain and stress of these conflicts continue to impact the local community long after the spotlight. However, there remains a paucity of research in the mental health field to bridge the gap between mental health providers, the clients affected by these larger traumatic events, and the local communities for which our clients reside in — more specifically the role of therapists and how they can leverage local community. The capacity to manage and resolve trauma constructively enables individuals and groups to sustain peaceful environments. Along with accessing communities as leverages of change, we argue women play an integral role as radical change agents and empowered peacemakers. Dominant perspectives in peacebuilding and conflict resolution largely neglect the role of gender, favor a less relational perspective, and promulgate structural inequality. We assert that women are versatile-resourceful agents who will meaningfully influence the aforementioned limitations in a powerful way. What is now needed is a rethinking and a joining together of the theoretical and practical aspects of peacemaking/peacebuilding, communities, and family therapy. This lecture will explore research on the multifaceted effects of trauma on the individual, family, and community level; narratives of women as partners of change, and the role of systemic thinkers in all this. In addition, this lecture will demonstrate a conceptual model informed by theory; thereby highlight the pathways of change that can be integrated in wide array of therapeutic modalities. Relevant case studies will be cited as exemplars of this emerging conceptual lens. Through the presentation of current literature, along with case vignettes, and multi-media aids, participants will gain a greater capacity in dealing with the repercussions of local traumatic events.

# The Role of Family in End-of-Life Decisions: Ethical Considerations

USA

Robyn Mowery

**Short Description:** We die as we live: in a web of complex relationships. Yet most institutional policies related to end-of-life care in the U.S. focus on individual rights. Is it okay to harm families to avoid harming individuals? Practical suggestions for working with different types of families

**Abstract:** Families facing the loss of a loved one come face to face with the reality that the whole is greater than the sum of its parts. Yet for much of the western world, modern medicine has been so successful in specialized care, that it has become fragmented, such that the part is often not considered in light of the whole. This has especially become true at the end of life. Historically, we died at home, surrounded by loved ones. In the United States, where individual patient autonomy and legal risk management has come to dominate medical ethics, most of us will die in institutions....alone. Yet these individualistic policies and procedures do not match what research tells us matters most to those who are dying and those who are left behind to grieve. In this presentation, we will reflect on three key questions: (1) Does the ethical injunction to “do no harm” apply only to individuals? (2) Is it okay to harm the family in order to avoid or minimize harm to the individual? (3) If the individual helps create and is created by the family, is it even possible to think in either/or ethical terms? We will explore these questions utilizing John Rolland’s Psychosocial Typology of Illness, Boszormenyi-Nagy’s Relational Ethics, and empirical research results from the Melbourne Family Grief Studies. Practical suggestions for working with different types of families within the typology will be included.

# Solution Focused Brief Therapy Gone Right!

USA

Jennifer Jones & Elizabeth Martinson

**Short Description:** Beginning therapists are drawn to Solution Focused Brief Therapy, yet are at risk for utilizing the model like a cookbook. This innovative training module refutes common SFBT misconceptions. Our entertaining and interactive workshop will demonstrate useful techniques that ground beginners in both theory and practice of SFBT with couples.

**Abstract:** Our workshop presentation provides an overview of our innovative and interactive Solution Focused Brief Therapy (SFBT) training module based on two mock couple's therapy sessions. The objective of the workshop is to contrast the differences between how SFBT was initially developed with how it is often misused. Additionally, we will also review the teaching and training SFBT methods specifically with beginning therapists. The development of our training module was inspired by our experience with beginning therapists using SFBT techniques. In their enthusiasm, these therapists were at risk for utilizing the model like a cookbook, while ignoring the subtleties and underlying principles. The use of this training module addresses the common challenges and misconceptions in teaching SFBT to beginning therapists. The training module was created to provide a clear and concise approach to be used by teachers and trainers in any setting. During the workshop, attendees will be presented with a thorough description of the implementation of the training module in a graduate level classroom setting at Nova Southeastern University. The module consists of five components: pre and post training questionnaires, SFBT PowerPoint presentation, SFBT Elements Chart, and two mock couple's therapy sessions. We will present prerecorded clips of two mock couple's therapy sessions with an included discussion. A brief overview of the student data collected during the implementation of the training module will be provided. Our intention is to show the usefulness in the classroom setting through positive student feedback. For the remainder of the workshop, we will facilitate small and large group discussions with specific questions relating to the teaching and training of SFBT. The purpose is to have the attendees collaboratively reflect on previous experiences, while allowing them to develop new ideas and creative ways to implement SFBT.

# Emotionally Focused Couple Therapy & Couples with Autistic Children: Findings from a Clinical Study

USA

Brent Bradley & Maegan Megginson

**Short Description:** This workshop will present findings from a quantitative study detailing the use of Emotionally Focused Couple Therapy (Johnson, 2004) with couples having autistic children. This study offers a well-researched assessment and treatment protocol for effective therapy with these couples. Session video will demonstrate interventions in Stage I and II of EFT.

**Abstract:** Autism is a severe, long-term developmental disorder that has substantial influence on different aspects of the family system. Currently there is significant research attention given to autistic children and adolescents. But there is very little attention given to the couple's adult love relationship. Scholars note the need for support programs to target family and relationship variables as well in order to sustain the family unit and improve quality of life for parents of autistic children (Higgins, Balley, and Pearce, 2005). This presentation describes the first research study, of which we are aware, to explore challenges couples with autistic children experience in their adult love relationship. These couples underwent 12 sessions of EFT. The presentation will demonstrate how the particular context of parents with autistic children influences the course of therapy. The presenter will emphasize how EFT contributes to building the strength of the couple's bond. The specific results of the study will then be discussed, including: (1) Emerging hypotheses about what is different in these couples; (2) How these differences challenge their relationship; and (3) How Emotionally Focused Couple Therapy helps couples de-escalate and deepen their attachment bonds. In-session videos from the research studies will demonstrate therapeutic interventions in Stages I and II of EFT. There will be time allotted for questions.

# "Have You Eaten?" - An American View of Family Therapy in China

USA

Scott Johnson

**Short Description:** An comparative overview of the history of and recent trends in family therapy in China

**Abstract:** In many western cultures, friends greet each other with the question, "How's it going," or "How are you doing?" But in China, it is not uncommon for friends to ask, "Have you eaten?" when they meet. The difference in these greetings suggests a profound difference in the development of psychotherapy in western and eastern cultures, as do the differences in the more collectivist versus individualist frameworks of western and eastern societies. It would seem inevitable, for example, for a country whose founding document asserts that all have a right to "the pursuit of happiness," to embrace fairly wholeheartedly a profession whose explicit goal is to try to make people feel better about themselves. But how that profession develops in a society where simply being able to eat has often been a consuming issue is likely to be a different story. This program will examine some of the similarities and differences between family therapy in China and the U.S., including looking at the histories of their separate development, and trends in both countries moving forward.

# Use of Motivational Interviewing Skills for Family Therapists

USA

Shobha Pais

**Short Description:** As individuals, and families make health behavior changes for conditions such as addictions, weight management, diabetes, motivational interviewing (MI) a therapeutic approach can be useful in supporting such change. This presentation will describe how to use MI techniques in the context of family therapy along with case examples.

**Abstract:** Motivational Interviewing (MI) is a therapeutic approach that integrates the relationship building principles of humanistic therapy with more active cognitive behavioral strategies, targeted to the client's stage of change. Developed by Miller and Rollnick, MI has been studied in substance abuse treatment. It is a helpful approach for any kind of human change—addictions, smoking cessation, HIV risk behaviors, dietary changes, etc. Motivational Interviewing (MI) is a therapy technique that resolves ambivalence, enhances intrinsic motivation and promotes confidence in a person's ability to make behavior changes through strategies, such as reflective listening, summarization, shared decision making, and agenda setting. The therapist's empathic attunement to emergent client concerns and the communication of accurate understanding is important. The capacity to embody the MI spirit and establish a secure empathic bond with a client is central towards achieving positive treatment outcomes. Additionally, MI specifies goals of reducing ambivalence and increasing a client's own intrinsic motivation to change without countering an individual's previously held beliefs. There is no direct attempt to confront denial, dismantle irrational or maladaptive beliefs, or persuade since confrontation with a client's personal beliefs can damage the therapeutic rapport and build defensiveness rather than confidence. Instead, the therapist helps the client think about and verbally express their own reasons for and against change and how their current behavior or health status affects their ability to achieve their life goals or fulfill core values. MI has proven to be a valuable tool for eliciting intrinsic motivation to make changes by encouraging clients to find their own means and their own solutions. MI is a valuable tool in working with both children and adults make health behavior changes especially in exploring and resolving ambivalence. This presentation will summarize the main principles of MI from the family therapist's perspective. As family therapists become an integral part of healthcare management teams, knowledge of how to encourage and support health behavior changes is important. Examples with health behavior changes as well as systemic changes in a family will be discussed to demonstrate the use of this technique with individual

# Combining Research & Experiential Learning to Enhance Sexuality Education of Therapists

USA

Geoffrey Reddick & Katie Heiden Rootes

**Short Description:** It has been suggested that therapists' sexual opinions and values are affecting the quality of care that clients receive. Thus, it's important to find new ways to help therapists identify these issues. This workshop presents how to do this through combining research and experiential learning in a group activity.

**Abstract:** The prevalence of sexual issues appearing in therapy is increasing rapidly, and it has been suggested that the sexual opinions and values of therapists may be affecting the quality of care that their clients receive. With both of these issues in mind, it is important that the field come up with new and better ways to increase therapists' awareness and comfort in treating sexual issues through education and supervision. One way to do this is through combining research and experiential learning into creative activities. This approach will provide therapists the opportunity to learn more about current, clinically relevant research on sexuality (e.g., sexual orientation, dysfunction, problematic sexual behavior, treatment outcomes, diversity issues, etc.), as many practicing therapists do not stay current in the literature. Also, the experiential exercise will allow participants to learn firsthand how personal bias can impede clinical judgment. The presenters will engage the audience in this process by showing them how to create an experiential activity based on a research article. At the conclusion of the exercise, discussion will be led in order to teach how this process can be used in the classroom, in supervision, and also individually around a variety of sexuality issues.



# Therapy Needs and Challenges in Post-Genocide Cambodia

USA

John Miller & Jason Platt

**Short Description:** During the Khmer Rouge reign in Cambodia, approximately one-fourth of the country's population lost their lives. Mental health counseling was completely destroyed. This presentation will discuss a 7-year project to collaboratively develop the first generation university trained counselors in post-genocide Cambodia, and ongoing mental health needs in Cambodia.

**Abstract:** During the Khmer Rouge reign in Cambodia from 1975 to 1979, approximately one-fourth of the country's population lost their lives by execution, starvation, or disease. Mental health counseling, in the form of psychiatric services established in Cambodia prior to 1975, was completely destroyed by the Khmer Rouge regime. Only recently have psychiatric and counseling services been rebuilt, often in response to the high prevalence of post-traumatic stress disorders and other psychosocial problems. Despite the need, mental health issues continue to receive little attention in Cambodia, mainly due to a lack of resources, knowledge about mental health issues, and stigma attached to counseling. This presentation will discuss the results of a 7-year project to collaboratively develop first generation of psychology undergraduate and graduate students since the end of the Khmer Rouge regime and ongoing research regarding their impressions of current mental health needs in Cambodia. During the presentation we will discuss the types of problems people bring to therapy, the clinical populations they work with and their work settings, their views of treatment approaches in Cambodia, barriers to service delivery, and types of training needed to address the concerns of the people of Cambodia. The presentation will conclude with implications and recommendations for the future development of family therapy approaches in Cambodia.

# The Fourth Dimension: 4-D Communication with Adolescents

USA

William Scott

**Short Description:** The therapeutic relationship with adolescents has been referred to as the 'fragile alliance.' Communicating effectively with adolescents poses challenges to the most seasoned therapists. Assessing and properly utilizing Distance, Direction, Development, and Dialogue will provide a frame for understanding and guiding more effective communication with today's youth.

**Abstract:** Adolescents have been referred to as the 'alien-nation' (Family Therapy Networker). Communicating effectively with adolescents can challenge the most seasoned therapists as we are faced with inherent double binding messages: 'notice me,' 'leave me alone,' 'come closer,' 'back off,' 'help me,' 'I can do it myself.' Drawing on Edwin Friedman's 3-D's of communication, the 4-D's of communication (Distance, Direction, Development and Dialogue) provide guidelines for translating these mixed messages and communicating more effectively with today's youth. Relational Distance is influenced by Structural boundaries as well as the nature of the therapeutic alliance (John Meeks). One 'unholy alliance' signals a relationship with diffuse boundaries (too close) where the therapist is experienced as a colluding, voyeuristic peer, while another 'unholy alliance' signals a relationship with rigid boundaries (too distant) where the therapist is experienced as another correcting authority figure. The teen longs for a relationship (the 'fragile alliance') with a caring, authentic adult who can serve as an 'ego' support, or trusted mentoring figure. Direction is influenced by the 3-M's: movement (pursuit and distancing), hearing and understanding the teens' metaphorical expression, and respecting, yet challenging, misdirection. Development involves understanding and utilizing developmental theories that support a resilient identity, and increased levels of differentiation. Through Dialogue, the self of the teen is affirmed and validated as the therapist serves as audience, and co-author to the teen's re-authored story. The therapist intentionally invites, makes room for, and calls forth stories of competence, courage, and hope (Waters and Lawrence). A bonus D, Disclosure, involves therapist self-disclosure as well as the thorny issues of client confidentiality and parental right to treatment information. As is readily apparent, the D's overlap to suggest guidelines for more effective interaction and communication with today's youth. The first rule of communication is that 'everything is communication.'

# Helping supervisees use their personal struggles to facilitate clinical effectiveness

USA

Alba Nino & Karni Kissil

**Short Description:** This workshop will introduce the use of Harry Aponte's Person-of-the-Therapist model in supervision. Through a combination of lecture, experiential exercises and vignettes, participants will learn two tools to enhance supervisees' ability to use their inner struggles to connect with clients and improve therapeutic outcomes.

**Abstract:** Most self-of-the-therapist approaches to training and supervision view resolution of personal issues as a necessary means of change and growth that frees therapists to become more effective professionals. Nevertheless, our clients get who we are in the present, not who we would like to be. The Person-of-the-Therapist (POTT) approach emphasizes learning the intentional use of self as-is. The POTT model adopts the concept of the "wounded healer", stating that it is through our woundedness that we can empathize with and relate to the woundedness of others. Thus, our wounds can be powerful tools allowing us to feel our clients' pain, understand their life struggles, and speak to their will to change. By promoting awareness and acceptance of ourselves and our struggles, POTT helps therapists understand how these issues can affect their therapeutic work. Most importantly, this approach promotes the intentional use of who we are, with our strengths and shortcomings, to enhance our clinical effectiveness. POTT pivots on the concept of therapists' signature themes, the life-long, ongoing issues that run through the struggles of their personal journeys. Increased awareness and acceptance of the signature themes and continuous reflection on how they manifest themselves in therapeutic encounters translate into therapists being able to take conscious responsibility for what they bring to the therapeutic engagement with their clients, and result in enhanced ability to connect purposefully and effectively with clients around therapeutic tasks. Through lecture, videotaped vignettes and experiential exercises, this interactive workshop will introduce participants to the main tenets of the POTT approach as it pertains to supervision and training. In addition, participants will learn how to apply the POTT principles in their work with supervisees through the use of two specific tools: the signature theme paper and the clinical case presentation. The first tool is aimed at helping supervisees identify and understand their signature theme (origins, effects on relationships, etc.) The second tool helps supervisees focus their attention on how signature themes and other personal factors manifest themselves in their clinical work and can be used to facilitate effective therapy in three areas: connection with clients, assessment and intervention.

# Suspending Judgement: A Study Abroad Journey Through Sydney

USA

Jessica Rana, Cameron Schober, & Eronia Melesse

**Short Description:** Students had the opportunity to study abroad in Australia about human sexuality and its use in therapy. Being that sex work is legal in Australia, it provided a unique experience in combining knowledge learned in seminars and knowledge gained through the culture of Sydney. During the presentation the students will

**Abstract:** Suspending judgments allows for students, educators, and professionals to develop skills removed of personal beliefs within a therapeutic relationship. Basic counseling practices have stressed the importance of removing one's own values and beliefs in the field of counseling. Students were able to master the concept of suspending judgments which allowed them to better understand and learn about uncomfortable topics of human sexuality, in particular the sex worker industry of Sydney, Australia. A few key experiences of the study abroad program were the opportunity to experience a consumer sex site and visit a medically supervised injection clinic. The consumer sex site visit was an assignment that allowed the students to experience an on-site location that sold products related to sexuality. The purpose of this was to allow students permission to visit an area related to sexuality that would be slightly out of their comfort zone in order to help student suspend their judgments about sexuality. The medically supervised injection clinic was a mandatory visit by the group of students which also took place in an area that would require them to suspend judgments. This presentation will include a detailed explanation of the concept of suspending judgments and its importance in counseling. The presenters will report their personal experiences during this trip as well as how they view their growth as counselors in relation to suspending judgments. Additionally, the participants will gain knowledge on the sex worker industry of Sydney compared to that of the United States. The seminar will provide in depth information about suspending judgments, medically supervised injections clinics, Sydney's sex worker industry, and students' experience related to them. Discussion will include participant's feedback on human sexuality, challenging "American" ways, and how to implement suspending judgments in counseling practices. The seminar will conclude with an overview of material and personal narratives of student's experiences..

# Understanding Sexually Diverse Relationship Styles

Canada

Ruth Neustifter

**Short Description:** The mainstream media has recently been filled with examples of open and kinky relationship types. As a result, therapists are now increasingly likely to encounter them. This presentation will offer a safe, non-intimidating space in which to learn about these relationships and activities from a clinical perspective.

**Abstract:** The mainstream media has recently been filled with examples of open and kinky relationship types. As a result, therapists are now increasingly likely to encounter them. This presentation will offer a safe, non-intimidating space in which to learn about these relationships and activities from a clinical perspective. This presentation will begin with a basic description of open relationships and of kinky relationships. The presenter will then guide the audience in an understanding of the most common sub-types within each of these two areas. Basic terminology used within these groups will be explored, especially that which is likely to be utilized in therapeutic interviews and conversations. Finally, common myths will be addressed about each group in order to help therapists better assess the health and well-being of clients who may present with interest in these areas, or who already have a history of involvement in open relationships or kinky activities. Attendees will be welcomed to ask questions throughout the workshop. No demonstrations or explicit images will be used during this workshop, and the presenter will focus on ensuring a safe, welcoming, and non-intimidating atmosphere for all attendees.

# Trauma, attachment, and interpersonal neurobiology: an integrated cross cultural approach

USA

Menijeh Daneshpour & Iman Dadras

**Short Description:** Trauma, attachment, interpersonal neurobiology and family systems approaches are clinically integrated in a unique cross cultural fashion to reinforce the ways in which the treatment of individuals and families suffering from trauma can be changed to wellbeing within any cultural context

**Abstract:** Wellbeing can be seen to involve at least three elements composed of mind, brain, and relationships. Therefore, a coherent mind, an integrated brain, and empathetic relationships mutually reinforce and create each other. This multidisciplinary perspective enables us to build on the wisdom of many scientific disciplines in defining the mind and mental health which is extremely useful in understanding the mechanisms underlying trauma's effects and an effective means to facilitate healing. In this presentation, trauma, attachment, interpersonal neurobiology and family systems approaches are clinically integrated in a unique cross cultural fashion to reinforce the ways in which the treatment of individuals and families suffering from trauma can be changed to wellbeing within any cultural context.

# Family Roles in the 21st Century: Promoting Egalitarian Relationships

USA

Leslie Guditis

**Short Description:** Two incomes may be an economic necessity, but if families do not adjust to meet the needs of all concerned, families may be affected in a negative way. This is a discussion of the effects on families with two working parents, and of benefits to families of increased paternal participation.

**Abstract:** Many American families have two income earners. As a result, dads either increase participation in childrearing, or moms' workload expands. Often, individuals, couples, and families suffer from the effects of both parents working. Two incomes may be an economic necessity, but if the inner workings of the family do not adjust to meet the needs of all concerned, individuals and families may be affected in a negative way. Dinnerstein (1976) argued for a radical restructuring of the family, and of the social/economic relationships supporting family life. She believed there was a correlation between father's participation in childrearing and relationship satisfaction, personal satisfaction, and emotional stability of children. Results from research studies support Dinnerstein's hypothesis. This session will be a presentation of information about changes in the American family, a discussion of the effects on families with two working parents, and a discussion of benefits to children, couples, and families of increased paternal participation in child rearing. Presenter will explore ways for therapists to help couples cultivate more egalitarian relationships and to discover tools to help families struggling to find a balance, those families that may want to restructure their family in a way that is supportive of the family. A number of family therapy models will be discussed in regard to their application in such cases. Leslie Guditis is a core faculty member with Capella University - Counselor Education (MFC/T), a Licensed Marriage and Family Therapist Supervisor, and a Certified Family Life Educator. She adjuncts at Texas Woman's University. Dr. Guditis maintains a private practice, where she specializes in working with parents, adolescents, and couples.

# A case illustration of sensate focus therapy with a polyamorous couple

USA

Megan McCoy & Donald Bruce Ross

**Short Description:** This presentation provides the literature on polyamorous relationships before describing a case illustration of how one of the authors co-constructed new rules for sensate focus therapy with a polyamorous couple. This will serve as a springboard for discussion on implications for therapists working with this unique coupling type

**Abstract:** Polyamory is when individuals pursue multiple concurrent romantic relationships with the permission of their partners. Polyamory is distinct from infidelity, and, instead involves commitment to being open about each of the relationships in their life. There are several types of polyamory. There are open relationships, which is when two partners give each other permission to pursue additional relationships but do not usually interact with their partner's partners. There are also couples that consider themselves swingers, or couples who have sexual encounters with others but do not form bonded relationships with these lovers. That is not the primary form of polyamory, typically the original partners have the most commitment to each other. Their relationship is considered primary, while the other relationships they are involved in are considered secondary. Sometimes, the partners agree not to date anyone outside of their units, in which case the couple arrangement is termed polyfidelitous. In this presentation, the reference to polyamorous couples will be in reference to the polyfidelitous types. The case study focuses on how one of the authors completed sensate focus therapy with a polyamorous couple that attended therapy for sexual concerns and the unique issues that arose while performing sex therapy with a couple in a nontraditional sexual relationship. Since this population is under recognized and under researched, it includes a literature review of research on this population, clarifying misconceptions many may hold, describing the characteristics of this population, disclosing the prevalence, and introducing the potential benefits of being a polyamorous couple. It will also explore the unique needs of this nontraditional type of coupling in therapy and how sex therapy worked with a specific polyamorous couple.



# ACRONYM: Allowing Creativity Reveals Opportunities, Novel Yet Motivating

USA

Venetia Bennett

**Short Description:** The Acronym technique offers new hope for goal setting with difficult, vague, and/or unmotivated clients. This playful yet seriously effective approach is especially useful when defusing crisis situations. Participants will learn to use the technique in a variety of situations, and case examples will be presented.

**Abstract:** This workshop will begin with the presenter providing an overview of the ACRONYM technique. This practice is intended to assist therapists working with clients who are stuck in crisis mode or experiencing trouble when articulating goals. This technique can also be helpful with clients who are fuzzy about why they are in therapy. With this unique approach therapists are provided a new innovative way to identify with and understand their client's current disposition, both in and out of the therapeutic experience. Case studies will be shared to highlight the effectiveness of the ACRONYM approach. Participants will leave with strategies for use, able to put this MRI, Solution Focused, Narrative oriented technique into practice.

# Ensuring a Legacy: Will MFT Educational Programs Survive the New Economic Challenges?

USA

Anibal Torres Bernal

**Short Description:** MFT programs are not immune to the financial pressures associated with providing quality educational programs. This presentation will discuss the current economic environment and present its effect on MFT programs, an area that is unaddressed in the literature. The presentation will describe a pragmatic approach to respond to fiscal challenges.

**Abstract:** Marriage and Family Therapy (MFT) graduate programs are not immune to the financial pressures associated with providing quality educational and training programs. This presentation will discuss the current higher education economic environment; explore contemporary trends in higher education administrative policy and practice. The discussion will encompass both state-funded and private, tuition-driven institutions, and present its effect on MFT educational and training programs, an area that is virtually unaddressed in the literature. The presentation will proceed to describe a pragmatic approach for MFT educational and training programs to respond to the challenges brought forth by the fiscal complexities embedded in the contemporary higher education administrative and macroeconomic environments. The discussion will provide practical and actionable management policy / practice models that will both help programs ensure their survival and help them continue their path towards sustainable growth.

# Considerations When Counseling Couples Following Pregnancy Loss

USA

Jessica Alvarez & Traci Williams

**Short Description:** Although grief following pregnancy loss is similar to any other loss, specific risks and implications exist for this population. Presenters review literature on clinical issues associated with pregnancy loss for couples, their existing children, and strategies for resolving grief, coping, and future planning in order to minimize negative outcomes.

**Abstract:** Pregnancy loss is a very common occurrence and the grief associated with it can be similar to the loss of any other loved one. An estimated 10-20% of clinically recognized pregnancies end in miscarriage (Kline, Stein & Susser, 1989). Difference in grieving is one of several risk factors that can decrease marital satisfaction and intimacy and increase the risk of divorce following the loss (Alderman, Chisholm, Denmark & Seibold, 1998). Grief, stress, and difficulties coping can also affect existing children, as well as the decision to attempt to conceive in the future. This presentation highlights the difficulties and risks associated with pregnancy loss and strategies for clinicians to improve a couple's grief resolution, coping, and future planning, as well as decrease the risks for depression and relationship dissolution. Experiencing a pregnancy loss can affect a couple's relationship in many ways. One member of the couple may feel isolated or misunderstood by their partner due to differences in grieving patterns. Also, emotional and sexual intimacy can be reduced due to differences in grief and stress (Serrano & Lima, 2006). The risk of divorce increases tremendously immediately after and up to several years following a pregnancy loss (Gold, Sen, & Hayward, 2010). Existing children may also be affected psychologically by a pregnancy loss. Current developmental level is associated with a child's understanding of pregnancy loss and an inappropriate explanation of the loss may negatively impact the child (The Miscarriage Association, 2011). Finally, a pregnancy loss can also affect a couple's decision to try to conceive again. Couples may be apprehensive about becoming pregnant again, may anticipate another pregnancy loss and may avoid attaching to, or bonding with their baby until it is born (Greenfeld & Walther, 1991). Understanding these issues is critical for clinicians working with couples who have or may experience a pregnancy loss. Following the review of these risk factors, the presentation will shift to an overview of strategies for reducing the possible negative consequences of pregnancy loss, facilitating a developmentally appropriate explanation of the loss to existing children, and considerations when helping couples decide their next reproductive step.

# Love and Respect Factors in Relationships

USA

Tracey-Ann Spencer-Reynolds & Tommie V. Boyd

**Short Description:** The concept of Love and Respect was formulated by Dr. Emerson Eggerichs. This theory posits that the basic fundamental need of men is respect, and the basic fundamental need of women is love. This presentation will illustrate how love and respect factor needs can be met in relationships.

**Abstract:** The concept of Love and Respect was formulated by Dr. Emerson Eggerichs. This theory posits that the basic fundamental need of men is respect and the basic fundamental need of women is love. This theory examines how these needs can be met in marriage and other relationship systems in which men and women are embedded. Eggerichs postulates that if the basic need of the male is not met, he is likely to respond unlovingly to his wife or female partner in the relationship. The same is true in the reverse, if the love need of the female is not met, she is likely to respond disrespectfully to her husband or male partner in the relationship. Eggerichs points out that it is not a matter of who is right or wrong in a disagreement between male and female, it really is a matter of difference in male and female perspectives. In other words, the analogy of women using pink sunglasses to see the world, pink hearing aids to listen, and pink megaphones to speak is presented. On the other hand, men use blue sunglasses to see the world, blue hearing aids to listen, and blue megaphones to speak. This is to say that men and women see and understand the world differently; there is no right or wrong, just different viewpoints. As such, it is essential for us to understand the definition of love for women, and the definition of respect for men. This presentation will foster an understanding of how the love needs of women can be met and how the respect needs of men can be met. When met, people in relationships better understand the needs of their partner.

# Supervising Foreign-born Therapists in the United States

USA

Senem Zeytinoglu & Karni Kissil

**Short Description:** This presentation will provide a clinical guide for foreign-born therapists in the U.S. and their supervisors for increasing awareness regarding the ways that immigration and acculturation experiences impact their professional work. Participants will receive a specific tool to harness these experiences to their therapeutic advantage.

**Abstract:** U.S. By increasing awareness to these experiences of being the “other” immigrant therapists can harness it to their therapeutic advantage. However, studies show that foreign-born therapists themselves usually lack awareness regarding how their immigration and acculturation experiences impact their professional lives. To be able to purposefully and effectively use their experiences in their clinical work, foreign born therapists need to develop a comprehensive understanding of the structure, rules and meanings attached to their own culture of origins, as well as understanding of their immigration experiences, and how the experiences in the home country and in the U.S. impact their therapeutic work. Thus, our clinical guide aims to increase foreign-born therapist’s awareness regarding their immigration and acculturation experiences and their impact on their professional self, using 4 steps; therapist’s immigration experience, creating a Cultural Genogram, review of a therapy session and reflection.

# Improv-ing Therapy: Principles for Collaborative Storytelling with Children and Families

USA

Bryan Cafferky

**Short Description:** Be introduced to the basic principles of improvisational theater and experience how they resonate with principles of MFT. Engage in improv "games" and practice the skills necessary that can facilitate fresh and collaborative storytelling to enhance therapy with children and families. This workshop can accommodate up to 15 participants.

**Abstract:** Improvisational theater developed from theory and techniques specifically designed for children that they might become less inhibited and more expressive. Contrary to popular belief, improvisational theater is not about stealing the spotlight or getting laughs. Improv is about being present in the moment and collaborating with others in order to collectively create new stories. I have found that the fundamentals of improvisation profoundly resonate with our principles of Marriage and Family Therapy. These striking similarities allow us to effortlessly merge improvisation with therapy models by focusing on the process of therapy instead of just the outcome of therapy. The principles of improv can empower clients (especially children and families) to be more expressive and less inhibited while practicing a culture of acceptance and collaboration. By experiencing improvisational theater, attendees of this highly interactive workshop will learn how to better tap into their own wells of creativity and inspiration. Attendees will also learn how these principles of improvisational theater can help them facilitate a context of attention, acceptance, and commitment. Finally, attendees can expect to collectively play non-threatening improv "games," practice collaborative storytelling, and learn simple therapeutic interventions (inspired by improvisation) that inspire self-discovery and self-expression when working with children, families, and groups. Bryan Cafferky (M.S. in Marriage and Family Therapy, doctoral MFT student) has over ten years experience using improvisational theater as a communication tool. He has traveled nationally and internationally to perform and teach improvisational theater including the training and consultation of four improvisational theater troupes. He has found that children, groups, and families readily respond to improvisational interventions and he is excited to share how principles of improv have influenced and enhanced his therapy.

# The Value of Hope in Couple and Family Therapy

USA

Jeffrey White

**Short Description:** Hope is described as an essential part of successful therapy in the common factors literature. In this lecture, participants will learn about the dimensions of hope, various theories related to hope and therapeutic change, and strategies to appropriately elicit hope within their therapy sessions.

**Abstract:** Determining what factors contribute to a human change process is complex. Decades of scholarship in the field of behavioral health have established that therapeutic interventions and processes are helpful in reaching therapeutic goals for the majority of people who pursue them. Despite this, how such interventions and processes bring about change is still unclear. Therapeutic approaches have specific factors which make them unique, but there are also common factors which cross all approaches. Research related to common factors in psychotherapy has identified what the common factors are, how they work, and to what extent they help. Hope is described as an essential part of successful therapy in the common factors literature. However, hope and expectancy are addressed significantly less often than the other common factors. In this workshop, participants will learn about the dimensions of hope, various theories related to hope and therapeutic change, strategies to appropriately elicit hope within their therapy sessions, and strategies to maintain one's own hope during difficult therapy cases. Hope is described as an essential part of successful therapy in the common factors literature. However, hope and expectancy are addressed significantly less often than the other common factors. In this workshop, participants will learn about the dimensions of hope, various theories related to hope and therapeutic change, strategies to appropriately elicit hope within their therapy sessions, and strategies to maintain one's own hope during difficult therapy cases.

# Intimate Partner Violence: Impact on Low Income African American Youth's Self-Identity

USA

Candice Cooper & Marlene Watson

**Short Description:** This retrospective qualitative study examined the experiences of 10 African American males and females whom witnessed male to female IPV (intimate partner violence) as low-income youth and its impact on their adolescent self-identity and development.

**Abstract:** Few studies in the field of couple and family therapy have focused on intimate partner violence (IPV), particularly in African Americans (Avis, 1992; Bograd, 1999; McDowell & Jeris, 2004). This phenomenological retrospective study utilizing developmental-ecological theory specifically examined race, class, experience of witnessing IPV, and impact on self-identity and development on low-income African American youth. Ten African American males and females in the Buffalo area of New York were sampled. Findings revealed the following: loss of safety; feelings of helplessness though some still tried to protect mothers/caregivers; loss of childhood; independence; adolescent violence in romantic relationships; emotional distress; risky behaviors; stress related to race and class; and resiliency and tenacity. Interestingly, participants felt they were better individuals because of their hardships.



# Families Moving From Wholes to Parts: Meaning-Making in Sudden, Unexpected Divorce

USA

Geraldine Kerr

**Short Description:** Divorce unilaterally imposed by one partner over another has been labelled abandonment. Contextual understandings of how families divorce is critical to childrens

**Abstract:** Contemporary researchers who have addressed a unilateral decision by one party to end the marriage label the ending "abandonment" (Ahrons, 1999; Carter and McGoldrick, 1999, Hoge, 2000; Kaslow and Schwartz, 1997; Sprenkle and Cyrus, 1983. Weiss (1982) explained that marriage becomes part of the essence of who we are. Loss of the marriage may be experienced as "the loss of a limb" (p. 71). Hoge (2002) focused on the complications inherent in the co-occurrence of grief reactions and the presence of trauma within the context of sudden divorce. Becvar (2006) reported that for those who face unexpected divorce "out of the blue" another level of complexity is added that is similar to sudden death. This workshop focuses on issues of abandonment, trauma, grief and meaning-making after sudden, unexpected divorce for those who are left and their children. Anderson's (2000) stages of abandonment will be highlighted. Attig (2001) observed "In grieving, we relearn ourselves" (40). This workshop focuses on trauma and grieving as aspects of meaning-making, which processes facilitate movement from Wholes to Parts and back to newly reconstituted, meaning-filled Wholes.

# Culture: A mosaic not a melting pot, working with multicultural couples

USA

Maria Davis-Pierre & Dominique Leveille

**Short Description:** This workshop will discuss stigmas associated with three cultures and show how, as therapists, we can work with these stigmas to integrate effective couples therapy. Additionally, we will show how to take the couples different experiences related to their culture and use brief therapy practices to provide effective couples therapy.

**Abstract:** Living in South Florida you commonly hear the term “melting pot” when referring to culture. With the diversity surrounding the area, culture is a mosaic, where each piece can stand out as an individual as they also fit together to become one piece, rather than “melting” together to become one. The purpose of this workshop is to talk about stigmas associated with each of our cultures (African American, Cuban, and Haitian) and to show how we, as therapists, can work with these stigmas to integrate effective couples therapy with the clients’ culture. Additionally, our workshop will show how to take the couples different experiences related to their culture and use brief therapy practices to provide effective couples therapy.

# Trauma and its transmission-second generation holocaust survivor Men in couple work (EFT)

USA

Judith Kellner

**Short Description:** Demonstrate how past trauma emerges in the life of the second generation man, how it appears in couplehood, and facilitate staying with man's emotions once the vulnerability is touched. The goal is to liberate these second generation men by allowing them to pursue their own voices in intimate relationships.

**Abstract:** One of the goals of working with couples (using the EFT model) is to help each partner get in touch with his or her vulnerable emotions. Achieving this goal is particularly difficult when partners have past trauma. If the trauma is from a previous generation it is even harder for the patient to connect to and is harder to explore its impact on the person in treatment. I will demonstrate how this past trauma emerges in the life of the second generation man, how it plays out in couplehood, and how to help the man stay with his emotions once the vulnerability is touched. My goal as a therapist is to liberate these second generation men and allow them to pursue their own voices in intimate relationships by helping them feel their own emotions: experience their own fear, loss, sadness or shame attached to their legacies. Clinical examples (Sessions Video) from the presenter's work will be introduced through the presentation.

# Brain Chemistry and Eating Disorders

USA

Rebecca Cooper

**Short Description:** This presentation will provide participants with the current scientific research about eating disorders, food addictions and disordered eating. Participants will be able to assess patients for food related mood disorders, eating disorders or food addictions. Methods of treatment will also be discussed.

**Abstract:** Millions of people are becoming obese or engaging in disordered eating or eating disorders. Addiction scientists are finding that if a drug becomes available again, animals will take more than they did prior to abstinence resulting in the “deprivation effect” (Sinclair & Senter, 1968). Research also showed that cyclic bingeing and food deprivation might produce alterations in opioid receptors (Aravich et al., 1993). Could dieting be one reason for obesity? For some patients eating disorders have properties of an “addiction” (Avena, Rada, & Hoebel, 2008). In 1990, Dr. Ernest Noble identified differences on chromosome 11 that determines the number of dopamine receptors. Those addicted had genetic programming for fewer receptors. To compensate individuals would use substances (or some foods) to increase dopamine levels. The decrease in dopamine receptors in obese subjects correlated to the reductions reported in drug-dependent subjects (Wang et al., 2001). This could be why some patients are using food. It could also explain why eating disorders are often a precursor to substance abuse and why many people use food instead of their drug of choice in early alcohol and substance abuse recovery. Ingredients in highly processed foods are affecting the brain’s reward system. When these ingredients are consumed in the form of binges, this can release excessive dopamine that causes compensatory changes that are comparable to the effects of drugs of abuse (Avena et al., 2008). A French scientist demonstrated that research animals preferred intense sweetness to cocaine rewards (Ahmed, 2007). Behavioral depression has also been found following naloxone administration in intermittent sugar-fed rats (Avena et al., 2008). What if people are unknowingly eating foods that have addicting substances that causes mood swings, food cravings and binge eating?

# Parent-mediation: A study of communication and phenomena contributing to sever conflicts

Norway

Odd Arne Tjersland & Wenke Gulbrandsen

**Short Description:** A report from a study of high conflict cases in mediation. The dialogues between the parents as well as the identified sources to the conflicts will be described and video-illustrated. Implications for mediation and couple therapy with high conflict cases are discussed.

**Abstract:** The presentation is based on a study of recordings from sessions with a strategic sample of high conflict cases in mandatory mediation. The majority of the parents quit mediation after few sessions and did not reach any agreement. The study of the dialogues displayed an interaction with frequent interruptions, subjects shifting rapidly, escalating emotions and no mutual recognition and trust. The subjects on the agenda were visitation schedules and custody. Behind these there were identified eight sources to the conflicts: Two attached to the breakup, four about concerns related to understanding and care for the child, one about antagonistic ideas for future life and one about voices from the outside that dominated the dialogue. In the work-shop we will use a video illustration to describe the sources of the conflicts and invite to a discussion of ways to handle high conflict cases in mediation. Implications for couple therapy are also a relevant subject.

# ABFT: Attachment Based Family Therapy for Depressed Adolescents

USA

Alba Nino

**Short Description:** ABFT is an empirically supported treatment that targets family and individual processes associated with adolescent depression. ABFT aims to strengthen attachment bonds and promote adolescent autonomy by focusing on five therapeutic tasks. Through lecture and vignettes, this presentation will introduce the model's theoretical roots, therapeutic tasks and supportive research.

**Abstract:** Attachment Based Family Therapy is the only manualized, empirically informed, family therapy model specifically designed to target family and individual processes associated with adolescent depression. ABFT emerges from interpersonal theories that suggest adolescent depression can be precipitated, exacerbated, or buffered against by the quality of interpersonal relationships in families. ABFT is a trust-based, emotion focused psychotherapy model that aims to repair interpersonal ruptures and rebuild an emotionally protective, secure-based, parent-child relationship. The treatment initially focuses on repairing or strengthening attachment bonds and then turns to promoting adolescent autonomy. The model is emotionally focused but provides structure and goals, thereby increasing therapist's intentionality and focus. Treatment is characterized by five treatment tasks: a) reframing the therapy to focus on interpersonal development, b) building alliance with the adolescent, c) building alliance with the parents, d) facilitating conversations to resolve attachment ruptures and e) promoting competency in the adolescent. This presentation will use a combination of lecture and clinical vignettes to provide an overview of the theoretical principles and therapeutic tasks of ABFT. The presenter will review how attachment theory, emotional regulation, and trauma resolution inform the delivery of this experiential treatment approach. Then, the instructor will review the goals and structure of the five treatment tasks that provide a road map for delivering this interpersonally focused, depth psychotherapy effectively and rapidly. In addition, participants will familiarize with the four clinical trials that support the effectiveness of this therapeutic model.

# Taking Systems Thought to a New Level - Third Order Change

USA

Phoebe Prosky

**Short Description:** Has the systemic paradigm reached its full potential? No. Zen Buddhist thought - a science and psychology - can deepen and broaden our understanding of the interconnectedness that underlies systemic theory and practice. It provides both a conceptual framework and practices that expand the potential of our work.

**Abstract:** Systems thought has tremendously expanded our therapeutic lens and capabilities and allowed us to impact more people in a more lasting way by our interventions. Has the systemic paradigm reached its full potential? No. There is much further it can take us in our quest for healing. Scientists in the West are discovering that the tenets and practices of Buddhism provide an age-old road map for the understanding of the workings of consciousness that are now being explored through the lens of neurobiology. The Dalai Lama has centered a large part of his life's work on this confluence. Buddhist thought underlines the interconnectedness of everything and gives us practical ways to realize that perception in our work and everyday lives. It can radically expand and extend our current notion of systems, leading to avenues for healing and growth that tap into the potential of the human spirit. In this workshop we will explore elements of Buddhist thought that can take our systemic work to new levels - a shift that might be called third order change.

# Treatment of Panic Disorder with Agoraphobia

Turkey

Zeynep Zat & Sevket Emre Konuk

**Short Description:** Panic Disorder with Agoraphobia is a good example of how

**Abstract:** Panic Disorder with Agoraphobia is a good example of how 'psychological' problems may have major effects on relationships within a family. Since the clients experience recurrent unexpected attacks, the relationships in the family tend to get organized around the "panic attacks". In this presentation participants will find how Family Therapy is effective in the treatment of Panic Disorder with Agoraphobia and how another psychotherapy technique can also be integrated into Family Therapy, where an early traumatic experience contributes to the ongoing family system. Additionally, participants will watch a video demonstrating the therapist's first experience of working with a family under supervision where one member is diagnosed as having Panic Attacks. We will be able to observe how Family Therapy interventions help alleviate the 'symptoms' and relationships developed around the Panic Attacks. The progress of therapy was measured by Symptom Assessment Scale WHOQOL-BREF, Beck Depression Inventory and STAI. Throughout the presentation the main aim is to show that Family Therapy interventions are effective in the treatment of 'symptoms' such as; anxiety, losing control, having a heart attack, "going crazy", and depersonalization, avoidance of particular places or situations from which escape might be difficult (or embarrassing).



# The Family System as a Mobile: Homeostasis and the challenge of rocking the boat.

USA

Stephen Buckbee

**Short Description:** This teaching triad will demonstrate how the Satir concept of the "Mandala" and her metaphor of the family as a mobile work well to teach people about the dynamics of relationships in families and their quest for balance.

**Abstract:** We will explore the family dimensions of: Spiritual, Emotional, Sensual, Contextual, Nutritional, Intellectual, Physical and Interactional parts and how the separate parts make up the whole. We will demonstrate how various interactions between parts affect the whole, individual and family. We will show how systems react to maintain balance and survive and grow through the use of mobiles and sculpting as tools. The program will employ experiential exercises relative to each dimension encouraging the participant to integrate theory into practice. Handouts will be provided.

# The Ties that Bind: Grief and the Impact on the Couple Relationship

USA

Heather Hay

**Short Description:** Presentation will provide an overview of grief and loss with specific emphasis on clinical work with bereaved couples. Participants will increase their knowledge of theory, research, and practice of clinical work with bereaved couples. The workshop will provide tools for facilitating a supportive environment in the context of grief.

**Abstract:** One of the characteristics of American culture is the idea that we live in a death denying society (Becvar, 2003; Kuhl, 2002). Research indicates that the death of a close family member or friend is rated as one of life's top stressors (Spurgeon, Jackson & Beach, 2001). Worden (2008) explored the concept of normal grief reactions, such as crying, irregular sleep patterns, depressed mood, and concentration difficulties; then extrapolated to include shock, numbness, anxiety, loneliness, relief, and confusion. Yet most family therapists receive little to no training in issues related to grief and loss. Attachment theory tells us that grief reactions and the function of grief responses are to revive or ensure the survival of interpersonal relationships (Bowlby, 1980). Couples may struggle with the emotional toll of grief and corresponding strain on their relationship. There is an expectation that partners will provide comfort and support to each other during life stressors. Yet this may not always be the case for couples where each partner's therapeutic resource has been compromised, when the person they would normally turn to for support is also engaged in the grieving process (Rando, 1986). Wing, Clance, Burge-Callaway, & Armistead (2001) emphasize the 'ongoing' stressors that encumber the coping mechanisms of bereaved couples. Along with difficulties in communication, there may be incongruent coping related to differences in the grief expression between men and women. Gender socialization leads women to explore emotional expression, while men may tend to problem solve and cope with emotion alone. Yet research has found that problem-solving support was more helpful for women and emotion-focused support was most helpful for men (Schut, Stroebe, van den Bout, & de Keijser, 1997). Family therapists must be skilled in recognizing the range of grief responses for couples in order to facilitate not only the grief process but also communication and understanding between partners of the couple.

# Solution Focused Brief Therapy: Expanding Scaling Questions through Metaphor

USA

Lori Pantaleao & Natalie Rothman Young

**Short Description:** The following case studies exemplify the benefits to using metaphoric expansions of the solution focused brief therapy scaling question technique to assist adolescents' within family therapy sessions. This creative use of the scaling question allows for emotional expression, concrete understanding and further enhances the join process client and therapist.

**Abstract:** The following workshop will begin with the presenter providing case studies to exemplify the benefits to using metaphoric expansions of the solution focused brief therapy (SFBT) scaling question technique to assist adolescents' within family therapy sessions. The emphasis and unique specification of the scaling question when approaching an adolescent with a familiar metaphor aids in both engagement and understanding of the concept. This postmodern creative approach to utilizing the scaling question has engaged adolescents otherwise silent in session and has assisted in their comprehension of the therapeutic experience. This creative use of the scaling question allows for emotional expression, concrete understanding and further enhances the join process of client and therapist. This workshop is comprised of interactive group exercises and group discussion regarding the expansion of the SFBT scaling question. Participants will learn another unique way of joining with adolescent clients.

# Alleviating the strain on your relationship while alleviating your wallet: Helping couples

USA

Megan McCoy & Donald Bruce Ross

**Short Description:** Financial therapy integrates family therapy with financial planning techniques. Unfortunately, there has been a dearth of research on financial therapy approaches. This presentation will describe one possible therapeutic lens that could be utilized. We will present an integrated approach that utilizes Narrative Theory within a six step financial planning process.

**Abstract:** Finances are the most commonly reported argument starter for couples and economic distress is one of the most cited reasons for divorce in many married couples. Discussions around finances do not only impede the happiness of lower socioeconomic status couples, but impact couples of all socioeconomic classes. It is clear that finances impact relational satisfaction, but conversely some studies now suggest relational satisfaction can also impact financial success. This may suggest that there is a circular causality between couple satisfaction and financial stability. There is a strong need to help couples acquire skills to help navigate their financial struggles while communicating effectively about the financial situation to help both the state of their marriage and the state of their wallet. Some couples may reduce financial and marital strain by consulting with a financial planner and improving their joint financial management. Others couples may benefit from couple therapy focused on increasing communication skills to learn more effective ways of coping with their financial strain. While others still may spend the money and time of seeing both a planner and therapist separately to deal with both issues. However, there is a fourth option where couples could choose to complete a form of “financial therapy”. Financial therapy is an approach that integrates treatment aspects from mental health interventions with financial planning techniques at the same time. The goals of financial therapy includes helping couples improve communication, strengthen relationship stability, decrease financial distress, increase financial management skills, and create an economic locus of control. Financial therapy could be a possible anecdote to the bidirectional relationship between financial strain and marital distress aforementioned. However, there has not been many theoretical approaches applied to financial therapy. With the absence of theory, there is not a clear consensus on what financial therapy actually is and how it is implemented in sessions. This presentation will describe one possible therapeutic lens that could be used to do financial therapy. We will present an integrated approach to financial therapy that utilizes Narrative Theory within the six step financial planning process.

# Conversations with our sons: Preparing children for a diverse world

USA

Ariel Jones & Katie Heiden Rootes

**Short Description:** In a world that's constantly diversifying, globally and within families, ideas and questions around race relations remain. Children are navigating within systems that are diverse and are often ill-equipped for such tasks. This presentation will focus on current research and clinical experience of working with families to address diversity.

**Abstract:** Preparing children to embark into the world is a complex job. This job of preparation is made more complex when their family includes multi-ethnic and racial identities. There are increasing numbers of multiracial families created through marriage, remarriage, and transracial and international adoption creating a growing population of multiracial contexts. These families operate within a complex world now best defined as diverse. Immigration, migration, and international study are the norm, promoting racial and ethnic diversity globally. In a world that's constantly changing and diversifying both globally and within families, the ideas and questions around race and race relations continue to linger. Children are often ill-equipped to navigate within family and community systems that are progressively more diverse. For this presentation, the role of parents in preparing children is explored, answering these questions: how do parents dialogue about racial diversity within the family, particularly where the children are the minority race? How do parents dialogue about racial diversity within their child's peer friendships? Worlds collide as parents struggle to talk about a topic that is controversial and often anxiety-laden. The anxiety reveals prejudicial fears and difficulties in fully articulating the complexity of the child's world. The importance of parent dialogue with children around diversity is underrepresented in the research as yet. Though, some research suggests a parent's level of cultural competency impacts self-esteem and identity development of children. This presentation will focus on current research on the parent-child relationship and also clinical experience of working with parents and families around addressing the diversity within their family and community. We will discuss continued ways to help parents and clinicians begin to discuss these matters with children, while fostering protective factors and promoting healthy development. As children begin to embark into a world more diverse than ever before, both clinicians and parents need to be better prepared to explore increasing cultural concerns and equipping families to navigate successfully within this world of increasing diversity.

# Family Therapy Along the Margins and in the Trenches: Tips, Tools, and Tricks of the Trade

USA

Kenneth Hardy & Misbha Qureshi

**Short Description:** Many approaches to clinical practice fail to capture the subtleties of life in the trenches. The gap that often exists between what family therapists are prepared to give and what disenfranchised families need, brings many challenges. This workshop will critically examine the needs of marginalized families and implications for treatment.

**Abstract:** Most theories of therapy were not conceptualized with the poor, marginalized, and disenfranchised in mind. Heavily skewed towards White, Anglo-Saxon, Middle Class, Western values, many approaches to clinical practice fail to capture the subtleties of life along the margins and in the trenches. Unfortunately, the gap that often exists between what we are prepared to give as family therapists and what disenfranchised and marginalized families actually need makes the work challenging, even seemingly hopeless at times. Resistance, recalcitrant, and hard to engage are the common descriptions used to characterize the soul of families in the trenches. These roadblocks to effective engagement and treatment are often more symptomatic of the gaps that exist between the world of therapy and life in the trenches, than they are the clients we serve. This workshop will take a critical look at marginalized families, what it means to life lived along the margins of society, and the implications for treatment. The values and everyday organizing principles of family life in the trenches will be explored. Specific attention will be devoted to the tools that family therapists can employ to work more effectively with marginalized families. Critical Self of the Therapist issues will be explored.

# Exploring the E-Developmental Family Lifespan

USA

Markie Blumer & Katherine Hertlein

**Short Description:** Relationships with technology remain constant over the family lifespan, however, the forms of technology and how it is managed differs. Exploring family e-development means thinking of technology as if it were a family member, and understanding the development of the family system, and each member, in relation to this member.

**Abstract:** As use of technology becomes more entrenched in everyday interactions as a family, having a thorough understanding of what this means in terms of family development is essential. For many, it is as if technology is now a member of the family. Thus, as each member grows and changes during the lifespan the role of technology in the family must be negotiated and renegotiated. Yet, little attention has been paid to electronic development, or “e-development”, across the family lifespan. Some of the areas to consider e-developmentally include, but are not limited to: the role that technology plays in relation to forming families, the part of new media in communicating relationship endings, the connectivity that technology fosters around child-free families and families with children, the technologically-related risks that emerge in families with adolescents, the role of technology in enhancing communication between younger and older generations, and the part that technology plays in caring for aging members of the family. The purpose of this presentation is to explore e-development across the family lifespan. This involves exploring the relationship that each member of the family, as well as the system as a whole, has with technology across the family lifespan. Such an examination includes the family relationship with technology at each point in development. This e-developmental understanding was introduced by AUTHOR (in press) and is the most comprehensive perspective on the family lifespan in relation to technology to date. It is informed by cross-disciplinary research, clinical practice, and with attention to diversity. In this presentation, we will present e-development across the family lifespan, which includes the life periods of family initiation, families without children, and families with children, families with adolescents, families with adult children, families with aging members, and family dissolution. Also presented are some of the common presenting technology related concerns at each point in the family lifespan. In addition, we present the benefits, challenges, and e-developmental tasks to be considered across the lifespan. Finally, we present a series of questions that families and practitioners can utilize in exploring the role of technology at each point in evolving family relationships

# The Transition from Violent to Nonviolent Relationships

Canada

Ruth Neustifter

**Short Description:** This presentation will present the results of a qualitative study on survivors of intimate violence who have transitioned to new, nonviolent relationships. Participants will then be invited to work together adapt and apply this grounded theory to their own clinical work with survivors.

**Abstract:** This presentation will present the results of a recent qualitative study on survivors of intimate violence who have transitioned to new, nonviolent relationships. This study was inspired by clients who sought information on other violence survivors who had successfully exited the cycle of violence with new partners, and the lack of exist research and writing in this area are relational resilience. In depth interviews were performed using a Strengths Based interview framework, transcripts were analyzed using a Grounded Theory approach as described by Charmaz, and a new grounded theory for this transition was created. This presentation will share representative and inspiring quotes from each area of the new theory, as well as experiences of the primary investigator on conducting these interviews. The results not only demonstrate that the cycle can be successfully broken, but also offer hope and insight to survivors, their loved ones, and their therapists. Participants will then be invited to consult together as a group to adapt and apply the grounded theory results and interview techniques to their own culture and clinical work.



## Working with Sex Offenders: A clinician's ability to work passed assumptions and biases.

USA

Amy Miller

**Short Description:** It is the focus of this workshop to provide clinicians a systemic and contextual approach preparing them to provide services to Sex Offender, and clients that challenge their personal biases.

**Abstract:** Currently there are over 200,000 registered Sex Offenders in the United States. Marriage and Family Therapists, and mental health providers often provide services to this population as either a condition of probation, or as a community service. It is not uncommon for clinicians to have strong biases concerning Sex Offenders. However, it is also not uncommon for clinicians to come into contact with the Sex Offender community at different points of their career. It is the focus of this workshop to provide clinicians a systemic and contextual approach preparing them to provide services to Sex Offender, and clients that challenge their personal biases. By demonstrating a systemic perspective, this workshop aims to provide clinicians a different outlook, and the ability to contextualize the reality of Sex Offenders. The presenter will provide insight based on experience working with the Sex Offender population of South Florida, and the personal journey towards understanding the population and becoming therapeutically useful. This workshop will allow participants to examine their own assumptions, and to potentially create an awareness that could be applicable across their therapeutic practice.

# Family Power in Family Group Decision Making

USA

Frida Rundell

**Short Description:** Family Group Decision Making provides a process where extended family are invited in to help the family plan an intervention. It meets the criteria of being most effective, least intrusive and most economical. This process will be discussed and cases given.

**Abstract:** Family is the primary social unit of humanity. As individuals we are most directly affected and influenced by our family and extended family, both genetically and through the family environment. More and more schools, courts, criminal justice and social welfare agencies intervene as the family social structure breaks down. This presentation presents a process called Family Group Decision Making (FGDM) in video form and then discusses the advantages and disadvantages of the process. When dealing with children as part of the family system, we need to seek new and innovative ways to be most effective, least intrusive and most economic in dealing with family issues and challenges. FGDM reaches out to include extended family and friends in the initial planning phase of dealing with the family challenge. Cases will be discussed where the success of this process was used.

# Empowering Parents & Community Building for Families Using the Satir Model

Turkey

Sibel Erenel

**Short Description:** Satir family therapy approach impacted a group of parents of children with cerebral palsy to become empowered and to form a community. Parents learned to move away from the “problem” to resources, within, between and among. The participants will have opportunity to explore parts of the program experientially.

**Abstract:** When Istanbul University hospital Physical Rehabilitation Clinic asked the parents of children with cerebral palsy what they needed most to help their children, the answer was: psychological support. Parents were experiencing hopelessness, depression, anxiety, marital problems, some were worried about their parenting skills to keep the family unit together. Most of them complained of isolation and not getting the support they needed from family, friends, school system, and the community. Satir Insan Gelisimi ve Aile Terapisi Enstitusu collaborated with Istanbul University Hospital Pediatric Rehabilitation Unit’s Family Focused Treatment Project to provide the psychological support these families needed. The author of this presentation developed a 6 week program for parents using Satir Transformational Systemic Therapy (STST). The aim was to help parents gain better understanding of themselves, the family dynamics, strengthen the parental dyad by strengthening the couple relationship and creating a community of support so that the group could continue being a support community after the program was over. Satir approach allowed the participants to explore their own internal experience, understand family of origin issues, and learn about self/couple/family/ community resources. They gained awareness of their strengths and areas to grow in their couple relationship/ parenthood and their family relationships experientially with the help of large and small group work. The focus of the program was systemic, positively directional, change-focused and experiential. Satir trained group leaders and co-therapists who were new learners on Satir therapy, played an important role in facilitating change and helping the parents to gain new awareness’s and build a community. The program consisted of large group experiential exercises and small group processing of reflections on personal experiences where couples worked together. Satir’s beliefs, STST’s 5 essential elements for transformational change impacted a group of parents to become empowered and to form a community ending isolation. This program can be also applied to any group of parents where empowerment is needed to move away from the “problem” to resources, strengths within, between and among. The participants will have opportunity to explore parts of the program experientially.

# The Relational Diagnostic Assessment (RDA)

## Development, Implementation in Practice & Supervision

USA

James Nelson

**Short Description:** The Relational Diagnostic Assessment (RDA) — a process for clinical work and supervision — was developed out of relational and systemic practice. Utilizing the theoretical metaphors of Human Ecology and Symbolic Interactionism, the RDA is intended to provide a contextual and relational alternative to the DSM and the traditional

**Abstract:** The Relational Diagnostic Assessment (RDA) is a process for clinical work and supervision and was developed out of a relational, contextual and systemic practice. The RDA utilizes the theoretical metaphors of Human Ecology and Symbolic Interactionism to provide a contextual and relational alternative to the Diagnostic & Statistical Manual of Mental Disorders-IV/TR (DSM) and the traditional diagnostic assessment process (DA), a source-process that has been traditionally and exclusively utilized in diagnosing. The DSM-based DA is primarily individual in its focus, obscuring important relational processes and resources (i.e., the family, community and culture of the individual). Alternatively, the RDA focuses attention on relational patterns (e.g., rituals, habits, narratives, symbols, stories, meaning) across relational ecologies (e.g., individual, family, community, culture) as important constituting, influencing resources for consideration in assessing and treating mental health issues. In the RDA process, the DSM-based DA is contextualized as an artifact with other macro interactions. The RDA can be particularly helpful in communities historically marginalized by racism and poverty specifically valuing/attending to relationships constituting/influencing the individual. The RDA process includes contextual and ecological considerations of (a) the individual in intra-personal, micro contexts or relational patterns “within” the individual (e.g., self-talk, attribution processes, decisions, narratives), (b) proximal relationships in inter-personal, meso contexts “between” the individual and others (e.g., alliances, supports, triangles, dyads) and, (c) social cultural relationships in macro contexts that are both “within” and “between” persons, emerging from the social cultural contexts of persons (e.g., beliefs, artifacts, rituals, symbols). The RDA process utilizes the foundational, cross-disciplinary work of psychology, sociology and anthropology to operationalize the assessment and treatment processes in the three relational ecologies described above. Importantly, the RDA is an attempt to privilege those dynamics obscured in a DSM-based DA and utilizes a single-system research design to demonstrate clinical outcomes.

# More than Resilience: The role of Positive Deviance in Community Change and Therapy

USA

Morgan Stinson

**Short Description:** Considerable clinical focus has been spent on examining resilience as a therapeutic factor. However, most models of therapy neglect the role of communities as a healing factor for clients embedded in a disadvantaged context. This lecture will present a new framework of positive deviance for systemic practitioners.

**Abstract:** We advance the perspective that new insights into resilience can be gained by focusing on the iterative process of exploring the role of positive deviance with local actors embedded in local communities. Positive deviance is an approach to social change that enables communities to discover the wisdom they already have and then to act on it. While social justice is important for all levels in society, it is often associated with places or contexts that are defined by inadequacies, deficits, or lack of resources. Furthermore, while external interventions help to promote growth, we also take the view that communities and groups have local solutions which are essentially deviant from the current problem saturated context, yet are sustainable and adaptive ways of coping with the existing challenges. As agents of change, we present how clinicians and other community level workers can identify such local solutions to make a larger impact in the community. We believe this perspective will move us beyond static conceptualizations in the therapy room to focusing on risk and protective factors in the social context. This will broaden our understanding of resiliency as a process, and accelerate our ability to identify the essential targets of intervention when focusing on individuals, couples, families, and communities at risk. This lecture will examine and synthesize recent research on positive deviance and how it can leverage family therapy interventions. We begin by providing basic information about positive deviance, and highlighting similarities and differences between positive deviance and other frameworks. We next turn to clinical implications of this body of scholarship and how it informs social justice. Lastly, we provide relevant case studies to show practical applications of positive deviance.

# Multicultural Competency as an Ethical Requirement

USA

Marcia Michaels & Linna Wang

**Short Description:** Professionals working with culturally diverse clients look to their codes of ethics for guidance. In this study, AAMFT, CAMFT, APA, NASW, and ACA codes of ethics were compared on the ethical requirements for culturally competent practice. Findings indicate major differences across disciplines so suggestions to enhance the codes are discussed.

**Abstract:** The U.S. has experienced a wave of immigration that has led to dramatic demographic changes in the population. As this society has become increasingly more multicultural and multilingual, there has been an emphasis placed on preparing the next generation of mental health professionals to provide culturally competent and relevant services. When working with culturally diverse populations, professionals look to their professional organizations' code of ethics for guidance as it provides standards for ethical practice, and therefore standards for a culturally competent practice. This study compared five professional codes of ethics to evaluate their level of guidance in the area of multicultural competence. Specifically, the following codes of ethics were compared: the American Association for Marriage and Family Therapy (AAMFT, 2012), California Association of Marriage and Family Therapists (CAMFT, 2011), American Psychological Association (APA, 2010), National Association of Social Workers (NASW, 2008), and the American Counseling Association (ACA, 2005). A content analysis was conducted to examine differences between the five organizations in the level of ethical guidance on multicultural competency. The analysis focused on the "face value" and "breadth and depth" of the guidance. "Face value" was analyzed by word counts or frequency of terms such as "multicultural," "ethnicity," "race," "discrimination," and "social justice." "Breadth and depth" was analyzed by examining cultural competency as an ethical requirement in different contexts i.e., limited to the clinical context or also required to be infused within education/course design, training, research, teaching, and selection of diverse groups within faculty and student populations. Preliminary analysis indicates there are major differences across these disciplines. ACA and NASW provided the highest level of guidance to their members. There was a purposeful integration of multicultural understanding that had implications for the profession, student, educational system, therapist, and in the larger social system. They were followed by CAMFT, APA, and AAMFT. Suggestions to enhance the Code are discussed.

# Relationship between Family Environment and Parenting Styles with Identity Status

Iran

Ali Zadeh Mohammadi

**Short Description:** 281 students were chosen randomly from four areas in a region in Tehran. Parenting Style questionnaire and Extended Objective Measure of Ego Identity Status questionnaires were completed. The results of the study indicated that, there is a significant relation between two dimensions of parenting and statuses of identity ( $P < .05$ ).

**Abstract:** The identity formation is related very closely to the development and long conscious processes of mind. Family structure as a basic factor also has important role to forming achieved identity. The major hypothesis in this research is that there is a significant relation between family environment and parenting styles with identity status. 281 students were chosen randomly from four areas in a region in Tehran. Parenting Style questionnaire) and Extended Objective Measure of Ego Identity Status (EOM- EIS) questionnaires were completed by participants. The results of the study indicated that, there is a significant relation between parenting styles and identity status ( $P < .05$ ), and between two dimensions of parenting and four statuses of identity ( $P < .05$ ). Diffusion and moratorium identities are associated with authoritarian parenting style and permissive parenting style with too much freedom to child is associated with foreclosure identity. Keywords: Parenting Styles, Family Environment, Identity

## Lend me your voice so I can be heard! - Family work with an intellectually disabled adult

UK

Matthew Selman

**Short Description:** A case study of family work with an adult with an intellectual disability. It described a novel technique enabling the clients voice to be fully present in the session.

**Abstract:** Working with adults with intellectual disabilities and their families can present challenges around power and the privileging of verbal communication in therapy. This poster describes a case study where a mixture of one-to-one time prior to family sessions enabled the therapist to provide an advocacy role through a novel adaptation of Karl Tomm's "Internalised other" technique. The role of the therapeutic relationship and working with difference levels of ability in a family with an adult member with an intellectual are discussed.



# What Parents Need to Know to Educate Pre-Adolescent Children About Human Sexuality

USA

Christina Branham & Glen Jennings

**Short Description:** This poster presentation will help participants understand, from a mother's perspective, what parents need to know to educate their pre-adolescent child about human sexuality. A discussion of the seven themes found through the research as well as a discussion of implications for family therapists and researchers will be presented.

**Abstract:** This poster presentation will help participants understand, from a mother's perspective, what parents need to know to educate their pre-adolescent child about human sexuality. This will be accomplished through an interactive presentation of the following information with emphasis on the findings and practical implications of the findings. Sixteen mothers with children between the ages of six and 10 were interviewed for this study. The participants were all asked one structured question at the beginning of the interview. Unstructured follow-up questions were asked to gather a greater understanding of the participants' points of view related to the research topic. Each interview was transcribed and reviewed for recurring themes. After two rounds of coding, data were sent to members of the research team for cross checking and individual interview data were given to members who agreed to participate in the member check. From this process of analysis seven themes emerged: parents need basic resources, choices available to children, consequences of sexual choices and behaviors, family ethos about sexuality, family involvement to monitor for teaching moments, gender differences between parents and children, and physical development that occurs during puberty. Family therapists can provide guidance and developmentally accurate information to families that face the task of educating their child about human sexuality. Through working with families in a systemic manner, families can change their patterns of communication to increase their knowledge, confidence, and openness in communicating sexual and developmental topics.

# Further Validation of the SCORE (Systemic Clinical Outcome and Routine Evaluation)

Ireland

Elena Hamilton

**Short Description:** The aim of this study is to investigate the responsiveness of the SCORE (Systemic Clinical Outcome and Routine Evaluation) to change over time, within the context of a longitudinal study, a large sample of families attending an Irish therapeutic service will be tested on 3 occasions spanning a year.

**Abstract:** The SCORE (Systemic Clinical Outcome and Routine Evaluation) is a questionnaire for completion by family members 12 years and older to assess outcome in systemic family therapy and other family-orientated services (Stratton et al., 2006). The study aims to investigate the responsiveness of the SCORE-15 and SCORE-28 to 4 months of family intervention. It also offers an opportunity to replicate the factor structure and reliability of the SCORE 15 and 28; the construct validity of these instruments in terms of their correlations with other measures of family, child and parental adjustment; and the criterion validity of these instruments in terms of their capacity to significantly differentiate between clinical and non-clinical cases. A cross-sectional design was used for the first part of the study. To date, data were collected for 296 families receiving services from 10 family centres and 5 preschools. In the second part of the study a longitudinal design was used. Data were collected on 2 occasions, from 182 of the 296 families in the first study, at baseline (Time 1) and 4 months later (Time 2). Results indicated that data collected from 284 mothers fit the established 3-factor models of the SCORE 15 and 28. Data from the 296 families were used to confirm good internal consistency reliability on all SCORE scales, with coefficients above .7; correlation analysis revealed significant correlations with other measures of family (GARF), child (SDQ and CGAS) and parental adjustment (MHI-5 and GAF); T-test results demonstrated that mean scores of the clinical group were significantly higher than those of normal controls on all scales except the communication scale; T-test analysis revealed significant improvement in mean scores from Time 1 to Time 2 4 months later on SCORE 15 and 28 total and difficulties scales; SCORE-28 communication scale and main problem severity and impact ratings. Time 3 data 12 months after Time 1 assessment are being collected to further assess responsiveness. This study is being conducted by a research team at The School of Psychology, University College Dublin lead by Professor Alan Carr in partnership with The Daughters of Charity Child and Family Service. Hamilton, E., Carr, A. & Cahill, P. (2013).

# Exploring the Needs of Master's Family Therapy Students in Clinical Supervision

USA

Dragana Ilic, Patricia Cole

**Short Description:** An anonymous survey was used to examine the supervisees' needs in their clinical supervision. Content analysis and descriptive statistics were used to analyze the data. Results of this research study will be provided.

**Abstract:** Students in master's programs in family therapy need to be prepared to successfully perform therapy before they graduate. A big part of their preparation lies in building their confidence in how to conduct therapy and in expanding their competencies to address a wide range of clinical issues. In addition to learning to carry out a clinical assessment and diagnosis, planning treatment, performing therapeutic interventions, and practicing ethically and legally, students are expected to develop MFT conceptual, perceptual, executive, evaluative, and professional skills (Nelson et al., 2007). Clinical supervision for students may not always address all the issues and concerns that students have during their clinical training. It is possible that perceptions of what students need for their progress is different between supervisor and supervisee. In addition, supervisors may not be aware of this difference. In order to discover students' needs and to increase supervisors' awareness of them in this research project the researchers explored the needs of master's level students in their clinical supervision. Fifty master's level students in family therapy completed an anonymous survey in which they were asked about what they felt they needed, how they determined what they needed, what were their most important needs, why they are important for them, whether they were met or not met to their satisfaction, whether their needs changed over time, and whether there is any difference in their experiences in internal and external practica. The researchers used content analysis to analyze the qualitative open-ended questions and descriptive statistics to analyze the Likert-scale type of questions in this study. The results of the study and discussion will be provided.

# Southern Women: An Interdisciplinary Oral History Project

USA

Martha Laughlin

**Short Description:** This poster display describes the development and implementation of an interdisciplinary (History and Family Therapy) research project designed to collect 25-30 life stories of senior women from diverse social, cultural, ethnic, and racial backgrounds throughout the state of Georgia who range in age from 75 to over 100

**Abstract:** This poster display describes the development and implementation of an interdisciplinary (History and Family Therapy) research project designed to collect 25-30 life stories of senior women from diverse social, cultural, ethnic, and racial backgrounds throughout the state of Georgia, who range in age from 75 to over 100. Thirty interviews of 5-8 hours in length have been collected. The interviews were designed to help interviewees reflect on their lives in a way that allows an interdisciplinary team composed of a historian and two family therapists to analyze larger issues of consequence to historians, family therapists, and others in the social sciences, for instance, the intersection of the personal and the political, the public and the private. The goal of the research is to learn about how participants 1) found meaning amidst their particular social setting or cultural constraints; 2) identify the extent to which their lives are the products of historical, social, cultural, and familial influences and how much they believe themselves responsible for the outcome of their lives; and 3) interpret the impact of historical events and cultural variables such as class, race, gender, region, religion, etc. The presentation will describe the interdisciplinary collaboration used to develop the research project and some of the preliminary findings of the research.

# Evaluation of a Family Based Approach to Counselling

Ireland

Ciara Cassells

**Short Description:** This study evaluates a model of therapy, Positive Systemic Practice (PSP), developed over forty years at Teen Counselling and implemented in six centres in Dublin, Ireland with adolescents (12-18 years) and their parents/carers.

**Abstract:** Epidemiological studies show that up to a quarter of adolescents suffer from psychological disorders. Family therapies are a popular method of treating a range of adolescent disorders. This study evaluates a model of therapy, Positive Systemic Practice (PSP), developed over forty years at Teen Counselling and implemented in six centres in Dublin, Ireland with adolescents (12-18 years) and their parents/carers. An archival audit of Teen Counselling established demographic characteristics, clinical problems, referral sources, patterns of counselling, service usage and clinical outcomes of cases treated with PSP at Teen Counselling, between 2007 and 2009. A second study is evaluating the model within a controlled trial and aims to involve 134 families. Adolescents, referred to Teen Counselling with significant psychological problems, are allocated to Treatment and waiting list Control groups. Teenagers and their parents in the Treatment group complete psychometric measures of adolescent and family adjustment prior to intake, after 9 sessions of counselling over 16 weeks and at 6 month follow up. Control group families are evaluated when first placed on the 16 week waiting list and again prior to intake. Preliminary results indicate that families in the Treatment group report significant improvements following counselling which are maintained at follow up. Adherence to the treatment model is being rated using audio recordings of counselling sessions and client satisfaction with the Teen Counselling service is also being measured. No changes have been reported by families in the Control group. This study aims to establish PSP as an evidence-based model of family therapy.

# You Might Want to Wait Until You're Older: Young Marriage in the Media

Canada

Samantha Merritt

**Short Description:** This study explored how young marriage is viewed in mainstream media by completing a discourse analysis of relevant articles on three popular magazine and newspaper websites. Interpretative repertoires around both negative and optimistic views of young marriage were discovered and will be discussed.

**Abstract:** Young marriage is increasingly less common in Canada. When couples are younger than the national average age of first marriage, and make a decision that does not reflect the cultural trend of delaying marriage, they may experience individual and relational distress. They may also, however, experience psychological benefits and life satisfaction. Conflicting research on the consequences of marrying young suggests that multiple discourses could be present in mainstream media, each of which could either help or hinder young couples in their marriage. In order to explore these multiple discourses, the current study analyzed how young marriage is represented in relevant articles posted on the websites of Cosmopolitan Magazine, Maclean's Magazine, and Huffington Post, using the seminal discourse analysis framework presented by Potter and Wetherell (1987). Four interpretative repertoires were discovered across the three media outlets: couples should wait until they are a particular chronological age such as 25 years old to marry, young marriage may not be wise, young marriage is associated with divorce, and finally an optimistic perspective was presented that young marriages can last. This last interpretative repertoire often occurred within articles that focused more on one or more of the other repertoires, suggesting multiple discourses were influential within articles. The majority of the articles seemed to suggest that marriage is still a valued institution, but more so if young people wait until they are a certain age before marrying.

## Student and Intern Perceptions of Working as an MFT

USA

Andrew Roberts

**Short Description:** This research assesses the needs of master's level MFT students and recent graduates with regards to professional skills, clinical skills, and perceptions of the training process to show opportunities for growth in the traineeships and workplaces that new MFTs experience.

**Abstract:** This research assesses student and intern perspectives of working as an MFT with regards to professional skills, clinical skills, and perceptions of the training process and work environment. Significant research has not yet been done to combine each of these aspects in order to show strengths and opportunities for growth in the training, internships, and workplaces that new MFTs experience. This research will benefit the field of Marriage and Family Therapy by adding relevant data to the literature that may be used to better prepare students for their first years practicing in the field, as well as providing criteria for enhancing training and employers in their recruitment efforts. Participants were recruited from the Couple and Family Therapy program at Alliant International University, San Diego campus (WASC and COAMFTE-accredited), as well as student interns and employees of San Diego Youth Services, a local non-profit organization. These individuals fall into one of three groups: students without a current traineeship, students with a current traineeship, and graduated students that have been working in the field for approximately one year. The purpose of the three distinct groups is to show the progression of the MFT training process. The instrument used in this study was a survey that was constructed by the authors based upon the work of Hines (1996) and Miller & Lambert-Shute (2009), which explores the needs of MFT students and their career goals. This instrument expands upon the results of Hines by allowing the participants to rate their level of preparedness for clinical and professional tasks, effectively revealing opportunities to better prepare future generations of MFTs. Additionally, the Moos Community Oriented Programs Environment Scale was utilized to identify perceptions of the work environments of new MFTs. Preliminary results indicate that the top presenting problems that Hines reported in 1996 are all issues that our participants feel well prepared to address. The present study has found that problems with young children and problems with sexual dysfunction/sexual enrichment are two issues that are most difficult for our participants to approach. Data analysis is scheduled through the fall of 2012.

# The dog ate my homework but I brought my traumatic stress with me

USA

Stephen Mitchell, Alex Ochoa

**Short Description:** Traumatic stress has a pervasive impact on the lives of numerous children and adolescents manifesting itself in various behavior issues in school. Conceptualizing the school system as a “family system” offers school therapists a new way of addressing these behavioral issues by integrating family based treatment models for complex

**Abstract:** Complex trauma is endured by countless children and adolescents who live in the shadow of abuse, neglect, war, natural disaster, and various persistent threats to their physical and psychological safety. As these vulnerable young people develop in the midst of trauma they manifest the lasting and deep impact of their environment through symptoms of traumatic stress. The school setting often is a place where children and adolescents’ traumatic stress is activated. What is it that makes the school system an activating environment for these young people? How are students within the school system invited to present as oppositional, defiant, aggressive, hyper active, distracted, and emotionally closed? Research on the impact of complex trauma has given a depth of knowledge and insight into the systemic nature of complex trauma. As children and adolescent’s brains, emotions, and bodies accept information from internal and external sources, traumatic stress manifests itself in the school system. It is at this moment school therapists are asked to intervene and “fix” the student’s behavior. This moment offers therapist a unique opportunity to apply some of the most current evidence based trauma treatment models. This presentation will consider the evidence based Trauma Focused Cognitive Behavioral Therapy model (TF-CBT) and the promising practice of the Attachment, Self-Regulation, and Competency model (ARC) as potential interventions in a school based setting. A major component of these treatment models is incorporating the parents or caregivers of the children and adolescents in family therapy. In the school setting the parent or caregiver is not available in the day to day activities of students dealing with traumatic stress and many of the students struggle in the school environment. What if there was a means to apply some of the family principals in these treatment models to the school? Within the school “family system” how does the idea of the whole or part apply? Conceptualizing the school system in terms of a “family system” promotes creative and powerful avenues for students with traumatic stress to feel safe at school.



# Therapeutic Gatorade: Understanding Differences in an Athletic Family Life Cycle

USA

Alex Ochoa, Stephen Mitchell

**Short Description:** The demands of athletic competition, training, and lifestyle often present to families unique circumstances that departure from the “normal” family life cycle. Understanding these deviations offers the therapist a better understanding of the family’s unresolved development and the impact that athletics have on the families’ subsystems .

**Abstract:** The family is one of the most important influence in any athlete’s life, where young athletes develops the skills and coping mechanisms needed in the demanding life of competitive sport. The family is the primary social environment in which the athlete develops identity, self-esteem, and the motivation for athletic success. Successful athletes often credit their families for encouragement, instilling values and discipline, and for providing support that is not conditional to their success or performance. However, often families will dedicate significant money, time, and energy to youth sports or adult participation, and the athletic family has to deal with many stressors and challenges in the world of competitive sports. Demands and expectations can foster an atmosphere of rigid rules and unrealistic expectations. A poorly functioning or under organized family system can result in a lack of self-discipline, values, substance abuse, inadequate interpersonal relationships, poor stress management skills, difficulty with schoolwork, and a struggle to accepting authority and limits. Any of these difficulties can have a negative effect on both the athlete’s and family’s development and lead a family into therapy. This moment offers therapist a unique opportunity to apply some of the research and developmental models that have been formulated in dealing with athletic families. The demands of athletic competition, training, and lifestyle often present to families unique circumstances that departure from the “normal” family life cycle. Understanding these deviations offers the therapist a better understanding of the family’s unresolved development and the impact that athletics play on families’ subsystems. It is the intent of this proposal to present information on an athletic family development model theorized by J.C. Hellstedt to inform therapists of the potential lifestyle deviations athletic families undergo so that can be better equipped if dealing with athletic families.

# Experiencing Kidney Transplant from Deceased Donor in the Family

Brazil

Maria Goreti da Silva Cruz, Ana Lucia de Moraes Horta, Rosa Maria Macedo

**Short Description:** qualitative study held Post-Transplant HRH-UNIFESP-SP outpatient clinic  
Objective: Experiencing Kidney Transplant in the Family. Method: Family narratives collected through group interview Result: The denial of kin donor is reported as main issue which affects families during this process. Conclusion: A space to narrate their stories is important to families

**Abstract:** Introduction The person who undergoes transplant faces many changes in daily life and has to adapt him/herself to a new lifestyle. This demands family engagement in personal care and treatment adherence. The significant increase in the number of transplants in Brazil in the last decades is due to sensitization of the deceased's family of the importance of organ donation, specially kidney donation, which might represent the only chance of survival for patients with chronic kidney disease. The interdisciplinary teams fitted on a systemic approach, aim not only the illness itself but in mobilizing emotional and social resources so as to build environments that will contribute to successful kidney transplant, restoring or preserving the health of patients. This study was conducted at the Post-Kidney Transplant and Hypertension Clinic at Universidade Federal de São Paulo Hospital, where patients discharged from kidney graft procedure are attended. Aims: To understand the experience of the family of kidney transplant patients from deceased donor. Method: Qualitative study with families of patients undergoing kidney transplant from deceased donors. Data collection occurred from July to August 2012. Group meetings were held after the first outpatient appointment. The family narratives were collected through group interview Results: Data were recorded, transcribed and analyzed in the light of the thematic analysis pointing that during the process from illness to kidney transplant the family structure is affected by issues such as: the denial of the potential donor with some degree of kinship, generating crises and conflicts; whereas beliefs and family values are reported as factors that favor the union of family members in order to ensure the recovery of the transplanted member. Contradictory feelings such as anger, joy, hope and loyalty might evoke reciprocal behaviors. Conclusion: Promoting moments when families of kidney transplant patients may narrate their stories of the process, enabling them to understand relationships, redeem feelings and provide new meanings for their lives is of vital importance.

# USE OF TECHNICAL genogram IN FAMILIES OF DEPENDENT CHEMICAL

Brazil

Doralice Otaviano Dora, Nadja Vilela dos Santos, Ana Lucia de Moraes Horta

**Short Description:** Search realizada with families of drug addicts in the city of São Paulo Brazil, using Genogram to investigate the influence of addiction on the family system. Methods: Qualitative descriptive During the performance of genograms notice the repeating pattern of self-regulation system before the DQ family, negative feelings about themselves.

**Abstract:** Introduction: This is research carried out by members of the Group of Study and Research in Family and Community (GEPFAC) - UNIFESP with families of addicts of an Institution of Social Assistance of São Paulo / SP - Brazil, developing therapeutic care with the support Genogram performed by members of the Research Group of Family and Community (GEPFAC), Federal University of São Paulo - UNIFESP Objective: To investigate the influence of addiction on the family system through the Genogram. Methods: Qualitative descriptive developed in 14 meetings, weekly, with each group comprising family, dependent and co-dependent. Results and Discussion: During the performance of genograms families notice the repeating pattern, the self-regulatory system family before the DQ, negative feelings about themselves. Note also intergenerational aspects, which influence the family context Conclusion: This study made us realize the importance of continuing this study with family systems sickened by chemical dependency. When we allow a space for listening, there was the construction of a therapeutic process, which favored re-signification, communication and perception of the participants of content through the Genogram. Thus, we suggest the development of a working family therapy can use the technique of Genogram as well as other techniques to understand the topic in question.

# THE REVERSAL OF ROLES IN A POOR FAMILY ONE PARENT

Brazil

Fernanda Cruz Vieira Ferreira & Doralice Otaviano Dora

## Short Description:

**Abstract:** Introduction: The purpose of this study was systemic therapeutic care to a poor family a Intituição of Social Assistance of São Paulo / SP, Brazil. Objective: To identify the family dynamic role reversal in a one parent setting, and its constitution mother and three children. And, through the foster care systemic organization of roles, working for his mother to take ownership of motherhood and can reframe the family context. Methods: Qualitative descriptive. Were performed 14 therapeutic care for 01 poor family, including his mother and 03 children. The meetings were weekly, with an hour each session, the period of 04 months. Results and Discussion: It is clear that this constitution has some familiar relational difficulties, which are influenced by role reversal, then the mother assumes the role of provider of home material, but has trouble taking motherhood, moving this function to daughter 10 years. The 03 children are from different fathers, who abandoned them, not assuming the paternal function. However, during the sessions observed systemic discourses of family construction and redefinition of family dynamics, where the mother tries to make some activities of caring for children, caring for children of 03 years, allowing the daughters were children, whereas before they could not, they had to take care of his brother and housework. Note that to enable a therapeutic space, the family can organize your paperwork, set boundaries, be respected in its life cycle stage, which can reflect and seek alternatives to deal with reality itself, enabling a better family life. Conclusions: This research draws attention to the new family configurations and their peculiarities as to heed a family where the roles intertwine becoming an endless tangle. We saw the need to continue this study to be a remarkable experience do work with poor family, financial difficulty which does not allow access to therapeutic care.

# SYSTEMIC INTERVENTION WITH FAMILIES IN DISEASE PROCESS IN ADDICTION

Brazil

Nadja Vilela dos Santos

**Short Description:** Member of the Group of Study and Research in Family and Community UNIFESP, we conducted a research study with families of drug addicts in a Healthcare Institution of São Paulo - Brazil, developing therapeutic care with systemic intervention seeking to collaborate with the process of transformation of family dynamics.

**Abstract:** Introduction: In this work we propose to develop care in systemic intervention to families of addicts in Social Institution assistance of São Paulo/SP, Brazil. Objective: Identify how families experience the disease process in addiction. And, by providing systemic intervention to reframe the family context. Methods: Qualitative descriptive. From 14 therapeutic encounters with needy families. We conducted 14 weekly meetings with each family group, comprising some members of the same family, with sessions of one hour each, from 04 months. Results and Discussion: It appears that many families have information about its dynamics in the face of addiction through his speeches and Systemic Intervention observed the promotion of dialogue in a therapeutic space, allowing a reflection on the reality of their families, thus enabling a better coexistence with the intention to build or re-build, reframe the family dynamics, enabling a new contextualization family. Conclusions: This study made us realize the importance of continuing this study, as we experience significant experiences regarding work with needy families in a disease process such as chemical dependency. They appear emotionally vulnerable and relational difficulties in the systems themselves, thus requiring therapeutic family care.

# Rethinking the Diagnostic in Family Therapy

Brazil

Rosa Maria Macedo

**Short Description:** This POSTER intend to present a reflexive stance for the diagnostic in the therapy of mental disorders clients with their families, from a constructionist point of view .It is an alternative way to understand the patient behavior in comparison with that provided by the DSM classification.

**Abstract:** Mental disorders clients are ordinarily diagnosed by psychiatrists based on the DSM categories, which were constructed under an objectivistic paradigm of science. But, for the Family Therapist working with a family with a mental illness member, whose work is based in a subjective paradigm of reality construction, that kind of knowledge is useful as a requisite for the professional to work according the police of the Mental Health System. As Family Therapist working with a collaborative method for the construction of the clients reality we are concerned with the danger of labeling behavior in a language that reinforces the pathology and contribute to over-reifying certain illness so we wish that people are more careful in their use of DSM to prevent the stigmatization that, in consequence, frequently occurs. For this, we suggest an alternative constructive procedure for diagnosis in Family Therapy in comparison with the one through the DSM classification. We hope this procedure will be of great help to the Family Therapists, especially in the beginning of their careers, where the certainty offered by the universally accepted categorization is very temptress.

# Therapists' and Clients' Conversations on Culture

USA

Elise Cole, Alexis Becerra, Gibran Mendez, Mike Phillips

**Short Description:** The primary purpose of this qualitative study was to gain a better understanding of clients' and therapists' expectations and experiences with discussing various aspects of culture in counseling. Results will be reported, followed by a discussion and recommendations.

**Abstract:** Multicultural awareness and training is believed to help family therapists meet the needs of their increasingly diverse clientele (Kocarek, Talbot, Batka, & Anderson, 2001). The primary purpose of this qualitative study was to gain a better understanding of clients' and therapists' expectations and experiences with discussing various aspects of culture in counseling. Interview questions explored how decisions are made about when, what, and how to bring up conversations regarding culture in counseling, whose role it should be to bring up conversations on culture, difficulties that get in the way of having these conversations, and what more can be done to facilitate conversations on culture in counseling. When therapists have a better understanding of clients' experiences and expectations they are able to help them more effectively and in a culturally appropriate manner (McGoldrick, Giordano, & Garcia-Preto, 2005). Results will be reported, followed by a discussion and recommendations.

## Couple Enrichment Program for Same-Sex Couples

USA

Bethany Luna

**Short Description:** Due to the lack of couple preparation and enrichment programs designed specifically for same-sex couples, the presenters explored the vast relationship enhancement literature and chose relevant topics for same-sex couples. They then developed a comprehensive couple enrichment workshop for same-sex couples.

**Abstract:** Same-sex couples present to therapy with “many of the same issues as heterosexual couples” (Giammattei & Green). Currently, there are a number of pre-marital workshops for heterosexual couples. In addition same-sex couples experience a number of stressors unique to same-sex individuals in their relationships. They also experience these stressors differently, depending upon where they live, how much they travel, their professions, and their families of origin. It is reasonable to assume that a workshop specifically designed for same-sex couples would be pertinent, necessary, flexible and comprehensive. The presenters designed this program after a thorough review of the literature. The programs segments are presented in poster format and preliminary from preliminary participant evaluations research are presented.



# Relationship Among Neurocircuitry, Genes, and Family Symptoms of PTSD Clients

USA

Valentina Penalba

**Short Description:** Medical research has recently looked at how trauma alters neurocircuitry mediated by genetic predispositions. Family therapists are spending more time looking at systemically clinical symptoms of PTSD. This proposal seeks to find the relationship among these areas of research to promote more holistic care.

**Abstract:** Since the diagnosis of PTSD appeared, there has been much research regarding the neurobiological damages after traumatic events occur, as well as genetic predispositions that can collaborate to trigger a trauma. The research on familial and relational symptoms of clients expands this understanding to a psychological and social level. This study seeks to articulate the relationships that exist among the research in order to provide a more holistic understanding of the effects of PTSD. Recently, new studies found that the study of the epigenome might contribute to the understanding of the development of PTSD since it mediates the relationship between the environment and neurobiology. There is also some evidence that experiencing traumatic events induces alterations of immune related genes. Additionally, PTSD produces a variety of neuroendocrinological and brain structure alterations. Also, the Sympathetic Nervous System is a key circuit in PTSD pathophysiology, and its major neurotransmitter, norepinephrine, is an important player in stress response. Research is also beginning to link the neurobiological and the genetic findings regarding PTSD. Since genetics is a mediation aspect of PTSD, as it is the environment, it is believed that families are also at risk of developing disorders. Early research on PTSD has also shown the harmful impact of PTSD on families. This research has shown that veterans and their families have more marital problems and family violence than families with no veterans. Their partners are more distressed and their children have more behavioral problems than do those without PTSD. Veterans with the most severe symptoms had families with the worst levels of functionality. The proposal will help articulate the relationship among neurobiological, genetic, and systemically clinical aspects of PTSD. The majority of studies evaluated the clinical outcomes and the recovery of the patients through therapy. However, studies which include neurobiological recovery and the relationship of the genetic variable need to be investigated. This study hopes to show how connecting the different research fields will advance towards a holistic treatment of PTSD patients.

# Using Mindfulness to Transition from Termination to Resiliency

USA

Whitney Villmer, Aaron Cohn, Daniel Stillwell

**Short Description:** Termination is the end of a relationship hopefully launching clients into resilience. For many clients, this can be fostered through mindfulness training. We suggest a gradually increasing percentage of therapy time to mindfulness training. Three case studies will be used to illustrate our thoughts.

**Abstract:** Resilience is the capacity of individuals to endure difficult circumstances and events with the propensity to thrive thereafter. It follows that one of the most important meta-goals in therapy is to increase resilience in the client and client system. The development of mindfulness skills is strongly associated with greater resilience, and therefore is becoming an important part of numerous modes of treatment. We believe that these skills should be employed intentionally during the termination process of therapy to maximize the internalized effect. Specifically, we believe that because mindfulness skills show promise as a means of improving relationships, mindfulness training may prove a valuable resource for maintaining and improving the relationships within the client system once therapy has ended. Originating within the Buddhist tradition as a means of developing internal awareness and compassion, mindfulness is thought to increase the quality of relationships by facilitating interpersonal connectedness. Recently, its efficacy has been evident in family systems. Incorporation of mindfulness into systemically-minded therapy promotes attunement among the members of relationships, increases ability to handle relational stress, decreases reactivity and conflict, and improves relationship quality. This articulation of internal states allows for greater receptivity to others' processing, thus promoting more understanding and less critical judgment of others. Overall, mindfulness improves communication, increases sensitivity, and has been correlated with secure attachment. Using three varied case studies, we outline a method of incorporating mindfulness training into therapy. This is done by increasing the percentage of therapy time devoted to mindfulness from the initial session culminating in heavily focusing on mindfulness in termination. We hope to present a case for family therapists of all types to include mindfulness training into their practices. We argue its inclusion toward the end of treatment will enhance the transition process into resilience. Mindfulness, given particular attention in the termination process, would increase the client's capacity to make meaning of the process, to ameliorate the negative feelings attached to the shift from the therapeutic relationship, and to promote continued resilience by providing tangible skills for continued psychological and relational growth.

# Managing the influence of Stressful life events on Taiwanese couples' Marital Satisfaction

USA

Pei-Fen Li

**Short Description:** This quantitative study suggested that stressful life events did not always negatively influence 372 Taiwanese couples' marital satisfaction. Results using dyadic analyses showed that Taiwanese spouses successfully used skills such as tolerance, empathy and soothing to enhance both their own and their partner's marital satisfaction.

**Abstract:** As people age through a life course, they experienced multiple life transitions and unexpected life events. Sometimes, those normal transitions piled with critical life events can be stressful for people to experience life changes. In addition, different cultures often cultivate diverse social rules to guide people how to perceive their world and interpersonal relationships. For example, "Tolerance" and "consideration for others" are important cultural values to regulate interpersonal relationships and maintain group harmony in Chinese culture (Cheung, 2005). With an awareness of different cultural standards in marriage, it is important for researchers to know how Chinese cultural values would further shape Taiwanese couples to cope with stressful life events and manage their marital distress. Therefore, the Actor-Partner Interdependence Model (APIM) was used to examine the association of stressful life events and 372 Taiwanese couples' marital satisfaction and to further discover the interactive effects of stressful life events and three marital management skill (ex. tolerance, empathy and soothing) on couples' marital satisfaction. Results showed that only wives' stressful life events negatively influenced their own marital satisfaction, but not on the husband's marital satisfaction. Husbands' stressful life events did not influence their partner's marital satisfaction, but surprisingly increased their own marital satisfaction. All three marital management skills such as tolerance, empathy and soothing had positive actor effect on spouses' own marital satisfaction. In other words, Taiwanese couples successfully used those three skills to enhance their own marital satisfaction. Further, husbands' empathy and soothing also had positive partner effect on their wife's marital satisfaction. When Taiwanese husbands were able to show their empathy and soothing skills in managing marital distress, it increased both their own and their wife's marital satisfaction. Wives' soothing skill also had positive partner effect on their husband's marital satisfaction. When Taiwanese wives successfully used soothing skills in alleviating marital distress, wives and their husband both felt more satisfied with their marriage. In terms of interactive effects, only wives' tolerance, empathy and soothing skills helped to alleviate the influence of stressful life events on both her own and the husband's marital satisfaction.

# Enhancing the Therapeutic Alliance in MFT through Reflective Supervision

USA

Reham Gassas

**Short Description:** The aim of this poster is to further articulate common factors informed supervision by exploring the therapeutic alliance and reflectivity as a mediator variables that bring change to therapy. Implication of the use of reflective supervision, self-reflectivity, and therapeutic alliance reflectivity will be discussed through a conceptual model.

**Abstract:** Common factors offer many areas of focus for the supervision of new trainee in Marriage and Family Therapists (MFT) s. Thus far, only one proposed model in the literature that indicate the uses common factors in supervision. Supervision may enhance certain aspects of therapy, such as decision-making, clinical and professional competencies, and the therapeutic alliance. This poster will explore the current status of common factor in training and supervision. Moreover, the use of reflectivity in supervision will be explored as a mediator in enhancing the therapeutic alliance in the clinical practice of supervisees. In addition, the poster session will highlight the three interactional components: reflective supervision, self-reflectivity, and therapeutic alliance reflectivity. The main participants in the supervision interactions are the supervisor, the supervisee, the self of the supervisee, and the client. Implications of this conceptual model will inform supervisors and supervisees about ways to implement common factors to the therapeutic alliance. The use of the mediator reflectivity will be discussed in the supervisor/supervisee reflective supervision, self/supervisee in self-reflectivity, and supervisor/client in therapeutic alliance. The session will also describe how self-reflectivity can help supervisees to self-reflect and learn how to ask for help in this process. In addition, the poster will describe implications for supervisors to implement in supervision; in a way that encourages supervisors to bring awareness of decision-making, enhances clinical and professional competency, and strengthens the therapeutic alliance.

# Satir's work now and then through the Enriching Your Relationship program

USA

Dasa Jendrusakova, Sharon Loeschen

**Short Description:** The Enriching Your Relationship with Yourself and Others (EYR) is an intervention program based on teachings of Virginia Satir. The presented EYR had been revised and updated for the current scientific standards of the practice targeting different population of clients (e.g., couples and families within the area of prevention).

**Abstract:** The model presented on the poster is the experiential and psycho-educational brief intervention program, Enriching Your Relationship with Yourself and Others (EYR). The EYR program is based on teachings of Virginia Satir and direct observations of Satir's work with couples, families, and individuals. While Satir, the pioneer of family therapy, was recognized for her charisma and popularity, her work has been criticized for lack of theoretical and empirically based structure, and a clear guide to clinical application (Brubacher, 2006; Nichols, & Schwartz 2008). In the "era of evidence" (Sexton, Weeks, & Robbins, 2003, p. 460) characterized for the psychology of the twenty-first century, the presented EYR had been revised and updated for the current scientific standards of the clinical practice. The core skill set described and taught in the EYR includes six phases contributing to the process of therapy: Making Contact, Validating, Becoming Aware, Opening to Greater Understanding and Acceptance, Making Conscious Choices and Seeking and/or Giving Support. The EYR program has been widely and successfully used by trained and certified clinicians, and it is designed to target different population of clients, such as those within the area of couples and families, targeting primary, secondary, and relapse prevention. Furthermore, the EYR program was adopted and adjusted for use with individuals with disabilities, and violence prevention.

# We Are a Family: Exploring coparenting relationship between same-sex couples

USA

I-Shan Yang

**Short Description:** The purpose of this study is to explore how same-sex couples work together as parents and their parenting experiences. This study adopted the Coparenting Relationship Scale, to examine the coparenting relationship. The result will provide a better understanding of the strengths and challenges same-sex couples experience in parenting.

**Abstract:** As society progress, the types of family become more and more diverse. The component of the family is no longer limited to heterosexual couples and their biological children. Same-sex couple household, as one of the non-traditional family types, has a substantial growing rate based on the change of legal and public recognition. The majority of previous research on same-sex couple parenting employed qualitative research method. The main focus of these studies is interviewing with children about their experiences growing up in the same-sex parents headed household. To distinguish from previous studies, we focus on how same-sex couples negotiate parental responsibility and their experiences with being parent. The primary goal of this study is to gain a better understanding of same-sex couples with their parenting experiences. The secondary goal is to develop a questionnaire that fits with this population. To reach the goals of this study, we will collect both quantitative and qualitative data. In quantitative part, we adopted Co-parenting Relationship Questionnaire (Feinberg, Brown & Kan, 2010) as questionnaire tool. In qualitative part, we use open-ended questions to gather participants' parenting experience. We used mixed-method research design in this study to help us gather a more comprehensive understanding of the topic. Online survey and interview were used as the primary data collection methods. The quantitative data will be analyzed with MANOVA to provide information in strength and challenges participants identify with in parenting. The qualitative data will be analyzed using phenomenology method to explore same-sex couples' coparenting experience. We found the participants have identified that they contribute to parenting related issues equally. Further analysis needs to be conducted. We also expect to modify the questionnaire based on participants' feedback to expand for future research.

# The Role of Hope in Improving Relationship Quality: A Secondary Analysis

USA

Jeffrey White

**Short Description:** The project offers a theory that describes how change is influenced by expectancy, as well as how expectancy is influenced by three types of hope and previous experiences in receiving help. The theory was developed through the use of grounded theory methodology.

**Abstract:** Determining what factors contribute to a human change process is complex. Decades of scholarship in the field of behavioral health have established that therapeutic interventions and processes are helpful in reaching therapeutic goals for the majority of people who pursue them. Despite this, how such interventions and processes bring about change is still unclear. Therapeutic approaches have specific factors which make them unique, but there are also common factors which cross all approaches. Research related to common factors in psychotherapy has identified what the common factors are, how they work, and to what extent they help. Hope, defined here as the belief that change is possible, and expectancy, defined here as the belief that change is likely, are routinely identified as common factors, but are also scantily addressed in the literature. As a result, a clear understanding of what hope and expectancy are, how they work, and what impact they make in therapeutic change is needed. This project sought to explore hope and expectancy in the context of couple relationships and to develop a theory that describes and explains which factors contribute to change in couple relationships. The study analyzed videotapes of 21 heterosexual couples being interviewed via the use of the Oral History Interview. These interviews were conducted as part of a randomized clinical trial that sought to examine the effect of a couple workshop curriculum presented over 22 weeks to low income couples who experienced domestic violence. The purpose of the present research project was to develop a theory that contributes to the understanding of what pre-intervention factors contribute to the differential impact of the couple relationship education program on relationship quality. The primary research question was whether couple responses in the OHI could differentiate between those couples whose marital satisfaction scores improved throughout the 22-week period of the intervention and those who did not. The project offers a theory that describes how change is influenced by expectancy, as well as how expectancy is influenced by three types of hope and previous experiences in receiving help.

# Genocide's Impact on Generations: The Armenian Genocide & Interventions Now in Use

USA

David Bowers

**Short Description:** Largely a forgotten piece of history, the effects of the 20th century's first genocide reverberate in the lives of the grandchildren and great-grandchildren of its survivors. This poster examines the long-ranging impact on survivors and their progeny, as well as interventions used today with genocide survivors.

**Abstract:** The first genocide of the 20th century was, sadly, far from the last such event. In the last days of the Ottoman Empire, the attempted annihilation of the Armenian people, like all such human-made catastrophes, was brutally effective when one considers the numbers of those killed, and was agonizingly personal when one considers any of the many hundreds of accounts of survivors' experiences. In this poster, the author offers a brief review of the history leading up to the events of World War I; the immediate effects, both general and psychological, on those caught up in those events which began in 1915; a short recounting of the actions of international relief workers immediately following World War I; the long-term psychological and general effects on the survivors; and finally, a review of possible comparisons of the Armenian Genocide to that of the Holocaust and the Rwandan Genocide, looking to see what interventions might have been helpful for the Armenians.



# Studying differences in resilience among Puerto Rican couples

Puerto Rico

Antonio Romaguera, Yésica Nieves-Quiñones, Verónica Rivera-Vélez, Rosally Bisbal-Moreno

**Short Description:** The Couples' Resilience Scales (CRS) which is composed by four factors (Acceptance and respect, Communication, Commitment and Sense of humor) was used to study 150 participants. After performing ANOVA analysis, statistical significant differences were found ( $p < .05$ ) on CRS scores by gender, type of relationship, and religious denomination.

**Abstract:** Introduction: We are currently living with the highest rates of separation and divorce between couples. In order to find solutions to this phenomenon, studying and understanding couples' resilience is essential. Couples' resilience refers to the process that facilitate couples' coping towards problems emerging stronger from these. On this note, the Couples' Resilience Scale (CRS) offers the first steps for researching this area for possible clinical use. Method: A sample of 150 participants from Puerto Rico completed a socio-demographic questionnaire and the CRS. The CRS has an internal consistency of .96 and is composed of four factors: (a) Acceptance and respect, (b) Communication, (c) Commitment and (d) Sense of humor. Results: After performing ANOVA analysis, statistical significant differences were found ( $p < .05$ ) on CRS scores by gender, type of relationship, and religious denomination. In terms of gender, men scored higher on Sense of humor when compared to females. Individuals who are married scored higher in the four areas of the CRS when compared to those who are in courtship or living together. Lastly, when comparing religious denomination, individuals who identified themselves as Pentecostal scored higher in the four areas of the CRS than those who identified themselves as Christians, Catholics, or having no affiliation or belief. Discussion: We understand that it is of great importance to study and comprehend how couples view resilience as part of a relationship. Every person is an individual that will bring his or her own experiences to the relationship. Identifying these factors will be a useful tool in determining when a relationship is healthy or can turn sour. Understanding that differences occur within a relationship helps us to promote well being when problems arise.

## The facebook era and its effects on couples

Puerto Rico

Melody Coste

**Short Description:** The present study is a cross sectional survey that examines the role and effect of facebook on the shaping of boundaries and rules on couples. One hundred and fifty participants, males and females from Puerto Rico, were recruited by availability across the island.

**Abstract:** Facebook is the most popular social networking site (SNS) in the twenty first century that has been associated with shaping personal lives and identity construction. However, in spite of its popularity, and its proliferation, there have been few studies that investigated the use of facebook and its effects on the shaping and construction of boundaries in a couple. The present study is a cross sectional survey that examines the role and effect of facebook on the shaping of boundaries and rules on couples. One hundred and fifty participants, males and females from Puerto Rico, were recruited by availability across the island. The inclusion requirements to participate in the survey were: the participant had to be 21 years or older, currently be in an intimate romantic relationship (couple's relationship) for at least six months, and had to be regular users of facebook (used it for at least one hour per day). Preliminary data will be discuss on the effect that facebook use has on the development of couple's communication and rules.

# Therapists and the law      Why therapists should know the law?

USA

Angela Emerson & Edita Ruzgyte

**Short Description:** This poster presentation will outline the current trends in the field of marriage and family therapy related to the law and take a specific focus on how therapists can effectively manage any and all legal concerns.

**Abstract:** This poster presentation will illustrate the legal trends related to the study of marriage and family therapy including but not limited to: common ethical violations, issues in maintaining client records, sexual attraction between therapist and client, secrets in marital or couples therapy, and how to respond to a subpoena. Marriage and family therapists' code of ethics (AAMFT) provides guidelines for practicing therapists however, there are not clear distinctions for all situations as to how therapists should "legally" and appropriately respond to and handle each specific situation. This poster presentation will outline the current trends in the field of marriage and family therapy related to the law and take a specific focus on how therapists can effectively manage any and all legal concerns.

# Cultural Aspects to Consider When Treating Immigrant Hispanic Children and their Families

Puerto Rico

Keila Santos & Joy Lynn Suárez-Kindy

**Short Description:** Protective factors such as family stability and parental skills may override the negative effects on developmental outcomes of social disadvantaged children from immigrant Hispanic families. The purpose of this poster is to create awareness among mental health professionals towards the issues that should be considered when working with this population.

**Abstract:** Social and economic stressors affect children from different ethnic backgrounds in the United States. However, children from immigrant families face additional issues such as poverty, racism, and rejection which increase the risk of developing physical and mental health problems (Perreira & Ornerlas, 2011). In addition to these issues, Hispanic immigrant children experience a process of acculturation where their cultural and ethnic values are questioned and at times ridiculed by others. Given the risk factors that affect this population, it is critical to know and understand the family processes that both impede and enhance the children's adjustment and well-being (Leidy, Guerra & Toro, 2012). Duarte, Cristiane, Shen, Canino, Glorisa, et al. (2008) conducted a study with Puerto Rican families living in New York and found that low parental acculturation among Puerto Ricans represented identification with Latino values associated with key protective factors such as family stability and cohesiveness. Children that are rooted to their cultural values and identify themselves with their culture of origin are less vulnerable to developing mental disorders in the future (Perreira & Ornerlas, 2011). Besides promoting cultural values in their children, families should serve as a support group ensuring physical and emotional safety at all times. The purpose of this poster presentation is to create awareness among mental health professionals towards the issues that should be taken into consideration when working with this population. Therapists should be encouraged to recognize the importance of having multicultural sensitivity and knowledge about ethnically diverse families. At the same time, it is crucial to employ the constructs of diversity in therapeutic models used with immigrant children and their families, in order to provide a service that is sensitive to their cultural needs.

# A Cultural Mosaic: Working with Multicultural Cuban-American Couples

USA

Janessa Dominguez & Gunner Karakurt

**Short Description:** This poster presentation will look at the stigmas associated with Cuban-American couples and how therapists can work collaboratively with the couple to provide effective brief therapy.

**Abstract:** By referring to multicultural couples as a cultural mosaic, we are allowing each individual culture to stand out, but also fall into place with each other similar to a puzzle. This poster presentation will look at the stigmas associated with Cuban-American couples, and demonstrate how therapists can work with the stigmas, highlight each culture, as well as the newly established culture that is created when the two individuals become a couple, while maintaining cultural sensitivity. Additionally, the presentation will focus on providing effective brief therapy to these couples by integrating their experiences related to their culture and facilitating the development of the new couple culture.

# ACRONYM: Allowing Creativity Reveals Opportunities, Novel Yet Motivating

USA

Venetia Bennett

**Short Description:** The Acronym technique offers new hope for goal setting with difficult, vague, and/or unmotivated clients. This playful yet seriously effective approach is especially useful when defusing crisis situations. Participants will learn to use the technique in a variety of situations, and case examples will be provided.

**Abstract:** This poster will display an overview of the ACRONYM technique. This practice is intended to assist therapists working with clients who are stuck in crisis mode or experiencing trouble when articulating goals. This technique can also be helpful with clients who are fuzzy about why they are in therapy. With this unique approach therapists are provided a new innovative way to identify with and understand their client's current disposition, both in and out of the therapeutic experience. Case studies will be shared to highlight the effectiveness of the ACRONYM approach. Participants will leave with strategies for use, able to put this MRI, Solution Focused, Narrative oriented technique into practice.

# Community therapy as a strategy to support women who suffer violence

Brazil

Luciana Araujo

**Short Description:** Community therapy as a strategy for coping with family conflict in Pirambu-ce-Brazil

**Abstract:** Introduction: This study was conducted in four project-sticks Pirambu Fortaleza-Ceará-Brazil with families in a situation of social vulnerability. Objective was to identify, through the testimonies of the women developed strategies for coping familiares conflicts that arise in everyday listening and implications of collective processes of community therapy in these women's lives. . Methods: Qualitative descriptive, developed in 10 weekly meetings. Women were chosen as study object, because there is a larger share of them on wheels developed in the project 4 sticks, that they are always seeking strategic overcoming difficulties that arise in the family. Discussion and results: by collecting data shows that there is an inexhaustible strength in these women, who despite much suffering, have the capacity to be resilient in everyday concerns. For more women to be inserted in a context of exclusion and devaluation are usually always representing the family and seeking solutions and support in family conflicts .. Final consideration: The Community Therapy has emerged as a source of awakening forces existing in these women, driving them to always struggle, overcoming and believing that they are capable of meeting the challenges of everyday life. You research made us realize the importance of continuing to study these metalling women carrying the responsibility of solving family problems.

# The Saudi Experience of Family Therapy

USA

Hisham Al Ramadan & Huda Al Ramadan

**Short Description:** By incorporating our personal and professional histories of family therapy with the current research on Saudi and Arab families, we hope to more deeply enrich Western family therapists' understanding of this population. Family structure, religion, and women's issues are main themes.

**Abstract:** Utilizing our professional and personal experience working with Saudi families we hope to provide an overview of the nature of families in Saudi Arabia and help audiences to understand that the nuclear family, extended family and tribe provide the basis for Saudi social structure. In order to support individuals of a Saudi background, family therapy must be able to avoid interruptions. Saudis are cognizant of their heritage, clan, and families (extended and nuclear), thus Genogram might be an effective form of intervention. Indeed, Saudis are very serious about their responsibilities to their families, and family members usually have designated roles based on gender and age. Their families tend to be large, and extended families tend to be quite close. An individual's social network typically derives from the family, which provides assistance in times of need. Seeking help outside the family, including mental health assistance, is usually not approved of, and individuals often need to gain their family's agreement before seeking professional help. Some Saudi families consider the social network that exists among relatives as a source of discrimination and unequal opportunity when considered from the perspective that it may feed racism. Yet, from another perspective, most Saudis consider nepotism to be a valuable tradition, since it implies the primary importance of employing those whom one knows and trusts. We also hope that our participation might highlight the importance of family therapists' awareness of Islamic roles that exist in the everyday life of Saudi families. Hijab is the custom among women in Muslim societies to dress decently and modestly outdoors. Most Saudi families value the propriety principles of hijab. Saudi women dress in strict accordance to these principles. Women do not want to be categorized by their attractiveness or lack thereof. In addition, they do not want to size one another up on the basis of their clothing, jewelry, hair, or makeup. Instead, they believe that the body is the vessel of an intelligent mind and strong spirit.



# The shaping of relationships: a qualitative study on the role of facebook on couples

Puerto Rico

Cristina Cruz-Esteves, Ingrid Catalá-López, Damaris García-Mercado

**Short Description:** The present study explore the participants' beliefs on the benefits and the negative consequences of the use of facebook on their relationship, and on ways by which the use of facebook has contributed in shaping their relationship.

**Abstract:** Social networking sites (SNS), such as facebook, have gained an enormous popularity in the last decade. Many studies have focused on the individual effects of facebook on people. But, very little is known on the effect of SNS on systems such as couples. The present investigation is an exploratory qualitative content analyses study of three open ended questions that were part of a questionnaire from a cross sectional survey. The participants of this survey were 150 males and females living in Puerto Rico. The answers of these three open ended questions were given to 5 independent blind coders who coded them for themes. The questions were related to the participants' beliefs on the benefits and the negative consequences of the use of facebook on their relationship, and on ways by which the use of facebook has contributed in shaping their relationship. Preliminary data will be discussed on the participants perceptions and verbalizations of the role of facebook on the shaping of their relationship.

# Improved reliability in a revised measure of invalidating childhood experiences

USA

Aaron Cohn

**Short Description:** This study presents a revision of the Invalidating Childhood Experiences Scale, a self-report measurement of individuals' perception of emotional invalidation by one or both parents. Items were rewritten to account for the possibility that participants' caretakers may not consist of a heterosexual dyad. Implications for researchers and clinicians are discussed.

**Abstract:** The Invalidating Childhood Experiences Scale evaluates individuals' perception of emotional invalidation by one or both parents. Validated within a population of women with eating disorders and a non-clinical comparison group, the original authors found significantly higher levels of perceived invalidation among women with eating disorders. The current study administered a revised ICES to a nonclinical sample (N = 151). Rather than deploying Maternal and Paternal Invalidation Scales, the revised items account for the possibility that participants' caretakers might not fall into the categories of mothers and fathers, and also that participants may have been raised in single-caretaker households or by more than one set of caretaker(s). The notion of specifically parental caretaking was therefore replaced by the more general notion of caretaker(s), and the scale items rewritten accordingly. The revised ICES scale received a reliability statistic of  $\alpha = .91$  in a nonclinical sample--a considerable improvement over previous results in the literature. Implications for researchers and clinicians are discussed.

# Interethnic Immigrant Couples and Risk Factors for Intimate Partner Violence

USA

Chandra Lasley

**Short Description:** Potential risk factors for intimate partner violence in interethnic immigrant couples are explored through literature that examined risk factors in interethnic and immigrant couples. Recommendations for clinic protocol and a potential treatment model are presented with special emphasis on integrating basic knowledge of federal immigrant status regulations into IPV prevention.

**Abstract:** This poster explored the potential risk factors for intimate partner violence (IPV) in interethnic immigrant couples by reviewing literature that has examined risk factors in interethnic and immigrant couples. IPV among interethnic immigrant couples are of research and clinical interest, for a high percentage of immigrant women have reported partner violence while there seems to be a higher prevalence of reported IPV among interethnic couples than intraethnic couples (Dutton et al., 2000; Chartier & Caetano, 2011). There is a paucity of literature, however, that directly examines the risk factors for interethnic immigrant couples composed of one immigrant spouse and one citizen spouse of a disparate ethnic background. Research suggests that interethnic couples, compared to intraethnic couples, face certain interpersonal and social stressors that increase their stress and dissolution rates, heightening their risk for IPV (Gaines & Brennan, 2001). Such stressors can originate from factors such as differential treatment or lack of support from family or the greater community and disparate expectations of gender roles. Limited literature also suggests that immigrant couples experience unique risk factors that may expose them to IPV, such as geographical distance from family of origin, culture and language barrier, and hierarchy of immigration status (i.e. Orloff, 2000; Raj & Silverman, 2002; Keller et al., 2004). Combining literature from two areas of research, we hypothesize that interethnic immigrant couples may experience both interethnic and immigrant risk factors, further heightening their risk for IPV. We offer recommendations for clinic protocol that will enhance clinicians' adeptness at assessing IPV, providing appropriate resources or referrals, and delivering suitable therapy. Special emphasis will be placed on integrating basic knowledge of federal regulations relating to immigrant status into IPV prevention and a potential treatment model. Additional research implications and limitations are discussed.

## Family environment of patients in the children

Mexico

Selene Flores

**Short Description:** The research describes the perception of family environment by the parents of a child who presents any symptoms or behavior problems; the participants are persons who ask attention in the Psychological Services Center at National Autonomous University of Mexico.

**Abstract:** The aim of this research is describe the perception of family environment by the parents of a child who presents any symptoms or behavior problems. The participants are persons who ask attention in the Psychological Services Center at National Autonomous University of Mexico. The system theory is used in this research, which explains that the problems are between the person and their environment more than their own internal process. Therefore this research is placed in the relational context. The sample is formed by one of the parents of 150 patients attended between 2008 and 2012. The age range of the parents are 24 to 68 years, who answered the Family Environment Scale (FES) of Moos. This scale describes the family environment in three dimensions, the relationship dimension, the personal growth, and the system stability. The results allow identify the perception of family environment by the parents, related to different symptoms or problems of the children as well as social and demographic data.

# Involving Families in Problem Gambling Treatment

Canada

Toula Kourgiantakis

**Short Description:** This presentation provides a critical review of the research on problem gambling and families. It will discuss the impact of this behavioural addiction on families, as well as the role of the family in the etiology, maintenance and treatment of problem gambling.

**Abstract:** There has been a proliferation of gambling since the 1990s and this phenomenon is now estimated to be a problem for 2.3% of individuals internationally (Williams et al., 2012). This behavioural addiction can have multifarious adverse effects in finances, employment, relationships, and mental health. There are elevated rates of depression, anxiety, substance abuse, trauma, and suicide (Petry et al., 2005) and it has been identified as a public health concern. An individual's gambling affects 8 to 10 others, and those most impacted are spouses and children. These effects are pervasive, traumatic, and involve a profound sense of loss. There has been scant research examining the impact of problem gambling on family, and even fewer studies on the role of the family in the treatment of problem gambling. This presentation is based on a comprehensive critical review of recent research studying the role of families in the recovery and treatment of problem gambling. The following questions will be discussed: What is the impact of problem gambling on family? What is the role of the family in the etiology and maintenance of problem gambling? Which theoretical models are used that promote family inclusion in the treatment of problem gambling? Do family-based approaches result in better treatment outcomes for the individual and the family?

# The Awkward Pause: Overcoming the Difficulty of Difference

USA

Martha Gonzalez Marquez

**Short Description:** This presentation will provide clinicians with relevant tools to effectively foster conversations of difference in therapy. Most clinicians understand the importance of incorporating larger contextual variables into therapy, but struggle with integrating social context in sessions. The process of incorporating cultural conversations in clinical practice will be explored.

**Abstract:** Every therapist has experienced a moment in therapy where difference between themselves and their client emerges that creates a sense of discomfort. In this moment, the point of difference is ignored, awkwardly addressed, or addressed in a way that fosters a conversation that allows for deeper exploration. The purpose of this presentation is to provide clinicians with relevant tools to effectively foster conversations of difference in the therapeutic context. The intention is to present key components of the process of incorporating cultural conversations in clinical practice. When issues of culture are even discussed, it is oftentimes either a polite dance, or an intense, emotional exchange. Most clinicians understand, in theory, the importance of incorporating the presence of larger contextual variables into therapy, but struggle with how to integrate social context in sessions. An essential element of cultural competence is the continued awareness of social location, and how that impacts our experience with clients. The interconnection of our varied 'selves' shapes our values, experiences, and contexts (Aponte et al., 2009). With each part of self, the issues and intersections of power, privilege and oppression must be considered, as they are present in the therapeutic conversation – if we are aware of it or not. This presentation will be interactive, as audience members are encouraged to present questions and experiences in the conversation. The intention is to highlight perspectives, strategies, and exploration of self-of-the-therapist issues that can foster important therapeutic conversations for therapists and clients.

# Supervising and Teaching International Student Therapists in the US

USA

Mei-Ju (Meryl) Ko

**Short Description:** This session will present a study about challenges experienced by international student therapists in their clinical trainings in the US. Further discussions on what are some good and bad examples of how supervisors handle the situations that international therapists encountered, and what could be done to improve students' supervision experience.

**Abstract:** The presenter did an interview of current and recently graduated international students of family therapy training programs in the United State. She will report her findings that include who are these students, what are they reporting as their career goals, where they are likely to live after trainings, and what are international therapists reporting as issues in supervision and on internship. The presenter will lead a group discussion on how supervisors and training programs could handle challenges reported by the international student therapists. The three main challenges that the international therapists identified in this study are language barrier, clients refuse service from international therapist, and cultural barrier. The presenter will also share some good and bad examples of how supervisors handle the issues based on the report from the international therapists. The purposes of this session are to increase supervisors' cultural awareness in training international therapists, and to enhance a more positive supervision experience for future international therapists.

# The 7 A

USA

Derek Ball, Lee Williams

**Short Description:** Helping a couple heal from infidelity is never easy, but this approach (split into 7 steps all beginning with the letter "A") can help a therapist structure their intervention in a way that makes sense to couples.

**Abstract:** This workshop will present seven important tasks that therapists must address when working couples who are recovering from an affair, which are represented by the 7 A's. The therapist must determine if an apology has been made. For the apology to be effective, it must reflect three other A's. The person who committed the infidelity must be able to accept responsibility for the affair. Individuals may minimize or disown responsibility for an affair. The individual must also be able to acknowledge how the partner has been hurt. This must go beyond simply stating that they know their partner is hurt and requires that they articulate the various ways in which they have hurt their partner. Atonement is the third ingredient, and refers to the actions that the individual will take to live out their apology. What changes have they made, for example, to show their apology is sincere? Rebuilding a relationship after an affair often requires the couple attach meaning to the affair. Many couples cannot fully heal until they uncover why the affair happened. Determining why the affair happened is often a catalyst for self-examination that can lead to personal and relationship growth. It may inform what actions the individual will take to atone for the affair. The couple must also learn how to rebuild or accumulate trust in the relationship. Vicious cycle can emerge as couples deal with trust issues or talk about the affair, which will be discussed. The final A is accepting the apology, which requires taking the risk of putting down the hurt, and moving forward into the future with the partner. Within each of these tasks, specific suggestions will be made for working through the issue.



## Panel: MFT Education and Training with American Indian Graduate Students

USA

Linna Wang, Waymon Hinson, Jeremiah Whitebird, Jodene Platero

**Short Description:** This presentation summarizes the literature on the education and training with American Indians, and experiences in providing MFT trainings to AI. The presenters will share their experiences, challenges and opportunities, and suggestions in MFT training with this least represented group from the perspective of educator, administrator, and AI student.

**Abstract:** Epidemiological studies indicate that American Indians (AI) generally fare the worst in health and mental health in the nation by comparison to non-native populations. These populations present with higher incidences of major mental illnesses, health problems, issues with drugs and alcohol, and incidents of exposure to violence; meanwhile, individual and family resiliencies are also found. AI students come from these contexts and are also least represented in the field of MFT. There is, however, no significant amount of literature on the topic of MFT education and training to this under represented population to provide very much needed guidance. The presenters of this workshop include MFT educators/trainers, an administrator from an American Indian tribe, and AI students. They are to summarize the existing literature on education with AIs in general, and mental health education and training in particular. This summary will cover the challenges that Native American students face as well as their resilience, the inclusion of indigenous epistemologies in mental health education, the laws that are specific to AI health and education, and different models and strategies reported in the literature. The presenters will link the literature to their own life stories, share those narratives in their different functions and roles, and explore the challenges and opportunities learned in operating an American Indian graduate program. This confluence of narratives will merge in the unique context of providing MFT education to AI students in traditional educational settings, the practice in providing MFT clinical training to AI students in AI rural and urban contexts, and through an exploration of what worked or did not work from the AI students' point of view both pre-graduation and post-graduation.

# Family Counseling and Mediation in Saudi Courts

Saudi Arabia

Nasser Aloud, Fahed Albakran, Mohammed Alfaiem

## Short Description:

**Abstract:** Saudi Arabia's rapid social and economic developments over the last decade have prompted various changes across the Country. Family Counseling service have been introduced in many settings including Saudi Arabia Judicial System in order to reduce the increase of the proportion of divorce rate which reach 23% according to a recent report by the Ministry of Justice in Saudi Arabia. The stigma associated with counseling and therapy is beginning to fade. With rich cultural traditions of multigenerational family connections, marriage and family counseling has emerged as a popular modality among individuals seeking divorce or dealing with family conflict in Saudi's courts. This paper provides an overview of family counseling and mediation in Saudi's Courts, noting the recent statistics and numbers relevant to the successful practices and interventions. The implications for the future of counseling services in courts system, professionals training, and strategic development are also discussed.

# Shake-Up: Enhancing Therapist's Role Flexibility, Maneuverability and Effectiveness

USA

Audrey Ellenwood, Kenneth Miller

**Short Description:** This workshop will provide understanding of how therapeutic styles and preferred professional therapeutic roles can create impasses with families. 18 professional therapeutic styles and a comprehensive model designed to enhance therapist maneuverability, maintain essential orthogonally, and help free the therapist from problem-saturated and seductive /family vortexes will be overviewed.

**Abstract:** Therapeutic impasses are seduced processes that occur within a therapeutic session between clients and the therapist. When an impasse develops, all members of the therapeutic system become stuck and only minimal progress is made by the clients and often therapy ends prematurely. The purpose of this workshop is to assist both novice and seasoned family therapists to identify and reflect upon the types of professional therapeutic roles that they assume in their practice, some of which may lead to impasses. Through reflection and self-awareness of their developmental family, social, and work settings, family therapists will be encouraged to construct their professional framework or their own "living culture" to see how they might have developed certain professional therapeutic roles and how they might enhance their work patterns. To move out of an impasse or, a seduced role, family therapists must become cognizant of the professional therapeutic role being employed with clients and begin to think about other professional therapeutic roles that could be activated to deconstruct the impasse. The workshop will overview 18 professional therapeutic roles that are often adopted by family therapists. Through the use of a cross map, participants will be able to identify the professional therapeutic roles which will be most useful when working with various types of clients and presenting concerns. By engaging in this process, family therapists will be able to move clients to a higher level of restructuring that will promote change. This workshop is designed to encourage family therapists to move into a higher level of understanding of one's therapeutic professional development, preferred professional therapeutic roles, and to quickly identify those professional therapeutic roles to which can be shifted into when an impasse develops. The workshop is based on the book, *Shake-Up: Moving Beyond Therapeutic Impasses by De-Constructing Rigidified Professional Roles* written by the presenters. Participants will benefit through encouragement to reflect on their personal growth, their own "living culture" and professional development to re-think their positions within a therapeutic session. The workshop will encourage deep reflection, challenges current professional therapeutic positions, and thereby promotes long-term professional development.

# Walking Wounded: Grief & Socio-cultural Trauma

USA

Cadmona Hall, Heather Hay

**Short Description:** African Americans' experience with the socio-cultural trauma of racism adds layers of complexity to the grief process. How can we learn to be a healing presence in a troubled world? Family therapy that explores unacknowledged loss will be discussed. Strategies for helping African Americans address oppression will be provided.

**Abstract:** One of the most salient dimensions of culture in America is race. Race and the education received about racial legacies prepare people to operate in the world. This is particularly true for People of Color. African Americans make up over 14% of the population of the United States; this translates to approximately 42 million people who identify as African American alone or in addition to another race (2010). Most African Americans have experienced the socio-cultural trauma of racism, experienced covertly or overtly, often on a daily basis (Constantine, 2007). Experiences with oppression create feelings of loss that need to be grieved. For most African Americans race is connected to the presenting issue that brings people to therapy (Hall, 2008). As race is a salient issue for bereaved African Americans, it is also critical to examine the many ways it is intertwined throughout the entire grief process. Literature indicates that many White Americans underestimate the prevalence and impact of racism in the lives of African Americans (Rosenblatt & Wallace, 2005). Understanding the grieving processes of African Americans without exploring the context in which they live and how racism affects their lives provides a limited, one dimensional view that limits the effectiveness of family therapists. African Americans' experience with the socio-cultural trauma of racism adds another layer of complexity to the grief process. Family therapy that addresses oppression will be discussed. Strategies for helping African Americans acknowledge and honor their losses will be provided. Participants will engage in self-exploration to examine barriers to addressing race in family therapy and develop methods to overcome these barriers leading to more effective alliance and engagement with African American families. This workshop will be experiential and focus on providing an overview of information, presentation of video clips, and a mix of individual and group reflective experiences.

# Empirically Informed Couples Therapy: Integrating Art and Science

USA

William Pinsof, Jacob Goldsmith

**Short Description:** This workshop presents the use of STIC Feedback System in Couples Therapy. It illustrates how STIC data can be used to enhance collaborative assessment, treatment planning, progress evaluation and alliance repair.

**Abstract:** The STIC System is a multi-systemic and multi-dimensional set of questionnaires that clients fill out online before every therapy session. Therapists instantly get emails notifying them that they "have data." They then go directly to the STIC Therapist website and see their analyzed client's data. Simple Bar and Change graphs identify how their clients are functioning and changing in regard to individual, couple, family and child functioning. The STIC also measures the therapeutic alliance. The marriage of the STIC, systems thinking and modern technology allows therapists to bring reliable and valid scientific data into the art of treatment. It gives them user-friendly feedback that they can use with clients to enhance collaborative assessment, treatment planning, progress evaluation and the detection and repair of alliance ruptures. This workshop focuses on the use of the STIC System in Couples Therapy. Participants will go online and use actual STIC data from real couples to experience as a group, collaborative assessment, treatment planning, progress evaluation and alliance management. This workshop brings research into practice, giving therapists real time data that can be used to inform treatment, facilitate collaboration and evaluate outcomes in couple (and family) therapy.

# Evaluating and Treating Child Attention Problems Using a Family-Oriented Approach

USA

Carol Pfaffly

**Short Description:** This workshop looks at family lifestyle habits as key components in the diagnosis and treatment of child attention problems. Participants will learn how therapists' knowledge and experience can be valuable to medical providers and families in the evaluation and treatment of attention problems.

**Abstract:** This workshop looks at family lifestyle habits as key components in the diagnosis and treatment of child attention problems. In the U.S., families regularly access medical services to evaluate and treat children exhibiting attention difficulties at home and in school. Medical providers often have time constraints limiting their ability to do comprehensive evaluations, and their treatment options can primarily focus on the use of medications. When time is limited, essential building blocks of healthy families, including proper nutrition, good sleep habits, and family activity level, are frequently minimized or overlooked in the evaluation of a child's attention problems. Family therapists can be valuable assets in expanding the evaluation and treatment processes to include relevant family lifestyle data. Participants will learn how family therapists can provide important adjunct services to medical providers and families by evaluating attention problems with the whole family in mind and designing non-pharmacological treatment components that address child attention problems more completely.

# I'm a Therapist, Not Your Therapist: Therapists Are People Too!

USA

Nicole Gordon, Mishelle Ortiz

**Short Description:** I'm a Therapist, Not Your Therapist: An interactive training workshop on the integration and separation of the professional and personal worlds of Marriage and Family Therapists.

**Abstract:** As Marriage and Family Therapists, we have the privilege to see clients in a professional setting as well as spend time with our family and friends outside of work. However, sometimes these two worlds overlap. This workshop focuses on the times when our professional language and skills impede on our personal relationships with friends and family, as well as how to help separate and acknowledge the blending of the two different areas in our lives. Specifically, we will look at times when our friends and family overestimate our knowledge and usage of therapeutic skills in everyday conversations with them; times when our personal opinion is misinterpreted as professional; and ways to help correct this problem. Handouts will be given with a list of skills for Marriage and Family Therapists to use personally and professionally. Special attention will be paid to personal experience among expectations across different cultures in regards to views on therapy and the families of therapists. Emphasis on special attention and acknowledgment of our ethical responsibilities is explored. The presentation includes video, interactive exercises, and discussion on the topic.

# Innovations in the Global Implementation of Functional Family Therapy

USA

Amy Hollimon, James F. Alexander, Michael Robbins

**Short Description:** Panelists will discuss implementation of Functional Family Therapy (FFT) in diverse populations (child welfare, FFT-CW), with unique referral behaviors (trauma, FFT-Trauma), and with specialized applications (substance abuse contingency management, FFT-CM). In doing so we describe how serving new populations has driven accommodations and adaptations to expand treatment breadth and effectiveness.

**Abstract:** FFT is being implemented 240 community locations, including sites in 11 different countries. FFT is being provided within diverse service delivery contexts (juvenile justice, child welfare, mental health, schools), with diverse clinical populations (internalizing, externalizing, abuse, neglect, trauma, substance use, ranging from at risk [prevention] to severe [alternative to out-placement] contexts), and with racially and ethnically diverse families. Our core values of respecting families—their unique family structures, their diverse family heritages and values, their specific treatment needs; respect for communities, and respect for practitioners—their diverse clinical experiences and educational backgrounds—has been a catalyst for the widespread adoption of FFT across the globe. All decisions, whether large implementation decisions or in-session clinical decisions are vetted through this foundation of respect and humility for family and community cultures, thus serving as a guiding principle in the process of FFT model uptake and sustainability. Through collaborative partnerships we have developed innovations in FFT to address the complex needs of a broader range of youth and families. In part, the impetus for these innovations has been fueled by requests from community partners who have been clamoring for efficacious interventions with the challenging populations with whom they work on a daily basis. This has challenged us to revisit the techniques and underpinnings of FFT to expand the recipients and focus of treatment. In this panel we highlight three very different innovations that we have undertaken and, wherever possible, we highlight preliminary evidence supporting the promise of these innovations. Specifically, the first presentation describes integrating and implementing FFT-Contingency Management (FFT-CM) with adolescent substance abusers. The second presentation describes our early experiences adapting FFT to serve the diverse needs of youth and families referred in child welfare settings (FFT-CW). This presentation describes how the model has been adapted to provide a continuum of care to meet the needs of all families referred from child welfare settings in an efficient, cost-effective, and clinically sophisticated manner. Finally, the third presentation describes the evolutions in integrating FFT with trauma-focused CBT to meet the needs of youth and families with PTSD and its profound effects on all.



# Couples Therapy: Individuation or Attachment? Why Not Both?

Canada

Kathlyne Maki-Banmen

**Short Description:** In couple's therapy, the debate is often focused on helping the individuals in the relationship individuate to have a more mature relationship or helping the couple connect through fulfilling each other's yearnings. This workshop will focus on how to do both simultaneously using Satir Transformational Systemic Therapy.

**Abstract:** The Satir Transformational Systemic Therapy Model (STST) is unique in encompassing both the intrapsychic and interactive components of therapy. In couple's therapy, the debate is often focused on one or the other: helping the individuals in the relationship individuate in order to have a more mature relationship or helping the couple connect through fulfilling each other's yearnings. This workshop will focus on how to do both simultaneously so that clients are able to develop more intimacy and openness while also learning to resolve differences and take more responsibility for letting go of reactions.

**Objectives:** 1. Make contact with clients' spiritual essence and internal resources; 2. Facilitate transformational change with clients through experiencing Life Energy and impacts and making new experiential intrapsychic decision; 3. Facilitate new connection and intimacy in relationships by fulfilling yearnings individually and within the couple relationship; 4. Facilitate resolving differences from interactive experience of intrapsychic systems.

# Navigating Religion & Systemic Thinking: Training integration on competing epistemologies

USA

David Van Dyke

**Short Description:** An overview of an integration process addressing clinicians' religious beliefs, systemic thought and how they interrelate. The process addresses training clinicians in dealing with religious beliefs in session. It will also include the opportunity for participants to begin their own integration process and learn from others' processes.

**Abstract:** Religious beliefs provide strength and resiliency for individuals and families. They are the meaning making systems that provide structure to the self-regulating systems we live out. They simultaneously constrain and provide possibilities structure for our relationships and the problems we experience. They can also foster exclusionary and inclusionary stances. Religious beliefs are an area of diversity that requires attention in our own lives as well as those we seek to engage in relationship. Often times our religious beliefs and therapeutic orientations are selected because of a goodness-of-fit in how they make meaning of personhood, brokenness/pathology, and healing. As marriage and family therapist, how do we navigate our own beliefs, the beliefs of the individuals and families we come along side, and the ethics within the discipline of Marriage and Family Therapy? This session will provide a template for training clinicians in identifying the multiple meaning making systems that guide them, begin to explore how these systems interaction, and how they manifest in our clinical practice. This presentation will consists of a 15-minute lecture on the content of the teaching process. The remainder of time is for experiential learning. Each person will have some time to explore their philosophical presuppositions on the nature of reality, personhood, deity, brokenness/pathology, and healing/growth. In a small group format, participants will discuss these 5 philosophical domains from their faith perspective, their theoretical orientation, and finally address the areas of continuity and discontinuity between clinical and personal perspectives. Concluding the session, participants will have an opportunity to share the implications that this process has in working with families, what to do when there are clashes within the clinician, between the clinician and the family, and possibly between personal and professional expectations and beliefs.

# The Role of Self-Exploration in Family Therapists' Personal and Professional Development

USA

Denise Fournier, Juan Turón, Iliámaris Rivera-Walter

**Short Description:** This presentation will focus on self of the therapist (SOT) exploration and reflection. Drawing from the existing literature on SOT and incorporating their own experiences, the presenters will invite participants into a conversation about the possibilities of SOT examination and suggest three ways therapists can engage in it.

**Abstract:** As children we were first puzzled by questions such as: “What came first, the chicken or the egg?” Years later, as therapists, we are confronted with a similar dilemma: “What came first, the self or the therapist?” While, on the surface, this may appear to be a simple question with a concrete answer, we contend that it is among the more consequential issues for family therapy practitioners. We believe that for therapists, their personal and professional selves are inextricably linked in a recursive manner, wherein one is always inevitably influencing the other. As such, for the therapist, it is impossible for the personal to be separated from the clinical. Left unexamined, the self of the therapist (SOT) can manifest itself problematically in a therapist’s work—often outside of his or her awareness—in some of the following ways: partiality, bias, emotional reactivity, impeded perspective, professional rigidity, and inhibited capacity for empathy. Therefore, it is essential that therapists develop and maintain an ongoing habit of self-exploration and reflection. Drawing from the existing literature on SOT and incorporating their own experiences, the presenters will invite participants into a conversation about the possibilities of SOT examination as well as suggest three ways for therapists to engage beneficially in it: 1) Process - the potential that therapy for the therapist has for providing a different understanding of the therapeutic process, 2) Emotion - the benefits of personal genogram construction and family of origin examination as a way to increase self-awareness, 3) Profession - the advantages of seeking supervision and consulting with colleagues as a means of erasing the distinction between the self and the therapist. Participants will: \* reflect on their own SOT experiences; \* become aware of the ways in which the self of the therapist can problematically manifest itself in their clinical work \* identify examples of common clinical limitations resulting from lack of SOT awareness; \* identify three ways to pursue SOT exploration and their potential benefits; \* be given an opportunity to complete an assessment of their appreciation of SOT before and after the presentation.

# Training Division Workshop: Developing Training in Developing Countries

Puerto Rico

Daniel Martinez-Ortiz, Audrey Ellenwood, Rick Whiteside

**Short Description:** What we know - what we need to know. Training Division Members and interested others will hold a multi-logue about helping developing countries generate family therapy training. Skype and e-mail contributions will be added to the presentations of those attending in person to generate a collective wisdom.

**Abstract:** This session will be a sharing among Training Division members and others about things they have learned about developing training programs in developing countries. Participants from around the world who cannot attend the workshop will contribute via e-mail and Skype. These submissions will be added to the in-person presentations of those attending the Congress, and the collective wisdom will generate a kaleidoscope of perspectives as to how training in developing countries can occur. The multi-logue will also inform the Training Division of how it can be of assistance as countries develop their training in family therapy.

# Functional Dialectic System (FDS) Approach: Individual, Couple, and Family therapy

Israel

Moshe Almagor-Tikotzki

**Short Description:** Functional Dialectic System approach (FDS) is a short-term approach. The basic assumption is that behavior is functional and carried out in a system context in order to ensure provision of the person

**Abstract:** The functionality of the symptom is derived by understanding its dialectic meaning. Using this approach we look at the meaning and function of a pathological behavior and help the person's awareness of the functional, in addition to the dysfunctional, aspects of his/her behavior. The ability to see both aspects of the difficulty expands the person's view of himself/herself in a way that highlights the possibility for a choice and a change. This awareness leads to a reduction in stress produced by having the problem.

# When New Tools and Experienced Therapists Meet: Internet based Feedback in Family Therapy

Norway

Hilde Opstvedt, Bente Barstad, Gudmund Fossli

**Short Description:** Clinical experiences with the use of internet based client feedback system STIC (Systemic Therapy Inventory of Change) and video recording in an inpatient couples and family therapy unit.

**Abstract:** Center for Family and Relationships (CFR) at Modum Bad is a couple and family therapy unit within a national adult psychiatric clinic in Norway. Couples and families are admitted to an intensive residential treatment for 6 and 12 weeks, respectively, living in separate houses forming a village at the hospital grounds. The treatment model is based on integrative therapy. CFR has since 2008 collaborated with Professor William M. Pinsof, President at The Family Institute at North Western University, Evanston, Illinois, in order to implement the internet based client feedback system STIC (Systemic Therapy Inventory of Change). In this workshop we will present the STIC System and how it can be used in therapy with multiproblem families and couples, including the use of short video recording clips of the family in everyday situations. We will share experiences and reflections upon how the use of the STIC System is influencing the therapy process and outcome. We will demonstrate how the use of the STIC System is a beneficial clinical tool in forming and assessing therapeutic goals, as well as a very powerful therapeutic intervention.

# The Road to Intimacy in Long Distance Relationship

USA

Alisha Rorer, Kelly Maxwell

**Short Description:** Long distance relationships are relevant to a global context given the travel and digital technologies that facilitate cross-national relationships. The challenges of long distance relationships usually include issues such as trust, commitment, communication, patience, and time management. Specifically, the lack of intimacy can be a barrier in long distance relationships.

**Abstract:** Definitions of intimacy vary, shaped by our culture, personal experiences, media, community, society, and family of origin. Yet, physical touch and proximity remain largely undisputed and foundational tenets for intimacy in relationships. Prodigious growth and development of technological advances in the sphere of communication and travel undergird the increasing prevalence of long distance relationship (LDRS) (e.g. Specifically, technologies such as texting, email, Skype, Facebook, chatting facilitate couples choosing to engage in romantic relationships across significant geographic distances. Thus, although such cross-national and even cross-continental relationships are becoming more common in our world today, these relationships pose unique challenges to sustain closeness in the relationship, as physical proximity is limited. In other words, do LDRs have to be a deal breaker? The literature demonstrates that couples who are geographically separated in their relationship, impacted by career, education, or military, tend to experience an increase in stress (Arditti & Kauffman, 2004); however, there is no difference in relationship satisfaction in comparison to couples that are not in such a long distance relationship. The literature also shows that couples in on-line romances reported intimacy, communication, and trust as predictors of relationship satisfaction (Anderson & Emmers-Sommer, 2006). Ultimately, focus on relationship maintenance becomes especially essential to safeguard the health of long distance relationships. There are several clinical implications to consider when couples encounter long distance relationships. In this presentation, we will explore types of intimacies, pitfalls to intimacy, and attachment injuries as a result of the use of digital technology, social media, and relationship maintenance in LDRs. It is important for therapists to understand the experience of long distance relationships and how to assist clients by integrating attachment therapy, Gottman's interventions, and Schnarch's techniques. The integration of these models provides a lens for understanding and negotiating intimacy and navigating the road to success in long distance relationship.

## Panel: Multinational Family Therapists Comparing Different Ethical Practices

USA

Valentina Penalba, Areej Almehdar, Seongjun Kim, Daniel Stillwell

**Short Description:** Four family therapists with experience in Saudi Arabia, South Korea, Belgium, Brazil, Venezuela, Argentina, Canada, and the USA come together to discuss ethical differences and similarities along a variety of topics. Discussion will be open to all, with prepared examples about multiple relationships, confidentiality, and competency training.

**Abstract:** Making ethical decisions are challenging wherever professionals practice. Understanding how to practice therapy effectively without causing harm is the first call for any family therapist. However, the world is often ambiguous and right actions are not always evident. This is further complicated when looking at different cultures and countries. Our panel has a wide variety of both personal and professional experiences from Saudi Arabia, South Korea, Belgium, Brazil, Venezuela, Argentina, Canada, and the USA. We hope to provide a forum for participants to learn and interact regarding how therapists make ethical decisions around the world. We believe that by sharing our professional experiences with each other, a greater sense of ethical practice will develop regardless of location. Also, by recognizing different ethical decision-making processes based on different cultural value systems, participants will grow in their own multicultural competency for this increasingly diverse field. Integrated within our presentation/discussion, we hope to illuminate cultural values, beliefs, moralities, and ethics that influence how family therapy is practiced in these places. For example, looking at family structure and power dynamics within the client system and our own systems are often useful keys to recognize whenever addressing ethical issues. We will present themes from the different ethical codes/laws from different countries, and discuss where our experiences match or are out of sync with the codes/laws. We have prepared examples about multiple relationships, confidentiality, and competency training to launch the conversation. We will provide information to the group regarding different codes/laws from around the world as a resource. A final component would be a brief discussion about a call for a universal ethical code that everyone could respect and follow. Currently, we see this could exist only as a general skeleton for right and just practice, with flexibility built into the code. Understanding the daunting task that this would require, we would process its viability with the participants. We hope that this would spark continued discussion among fellow therapist.



## Panel: Mending holes in Families and Communities

Turkey

Eda Arduman, Sibel Erenel, Martine Nisse, Leyla Akca

**Short Description:** Mending holes in families and communities is a reference to trauma. This panel will cover the work of 4 women from different origins residing in different countries. Each participant is from a different wake of life and the aim is to pool our knowledge and expand our understanding of trauma

**Abstract:** Four systemically trained therapists will present their own unique experience of mending trauma. Each of these women live in different countries are of varied origins and bring their own professional as well as life experience into the cases and projects they will present. The facilitator will start with brief overview of trauma and the delayed impact of trauma. This will be followed by four presenters who will submit their material independently. It will be followed by a discussion

# Treating Suicidal Adolescents: Considering Family Structure and Role Assignment

USA

Steve Livingston, Lee Bowen

**Short Description:** Family structure and adolescent role assignment within the family will be reviewed, including quantitative research and a proposed systemic treatment protocol.

**Abstract:** This workshop will present research and a clinical treatment protocol for working with suicidal adolescents and their families. Adolescent suicidal behavior continues to present an ever increasing crisis for families across cultures. Suicide is currently the third leading cause of death for adolescents in the United States. Family structure and adolescent role assignment within the family are found to be variables significant to the adolescent suicidal crisis. Family structure and adolescent role assignment within the family will be defined and discussed, reviewing existing literature. Quantitative research will be presented that explores the relationship between adolescent suicidal behavior, family structure and adolescent role assignment within the family. Implications for family therapy practice are explored. Clinical interventions will be discussed for working with suicidal adolescents and their families. This systemic treatment protocol includes individual clinical interventions with suicidal adolescents, interventions with parents, and family interventions. This workshop will be split into three sections. The first section will be a brief power point presentation of the existing literature on adolescent suicide, family structure and adolescent family role assignment. Section two will be a power point presentation of original clinical research involving suicidal adolescents and their families. Section three will include a power point presentation sharing a clinical treatment protocol for counseling suicidal adolescent and their families. Participants will be encouraged to ask questions and share their clinical experiences in working with suicidal adolescents. Participants will learn: The relationship between family structure, adolescent family roles and adolescent suicidal behavior, which family roles suicidal adolescents tend to be assigned, what types of family structure are associated with suicidal adolescents, clinical implications for treating suicidal adolescents and their families and research in the area of suicidal adolescents and their families.

# Working with Subsystems in Family Therapy: From Parent Empowerment to Marital Enhancement

Turkey

Fatma Torun Reid

**Short Description:** With the birth of a baby the transition from being a couple to being a family is a crucial one. A joyous event can mark the beginning of marital dissatisfaction. Parent empowerment not only helps couples become more effective in their parenting but can also improve their marital relationship.

**Abstract:** One of the challenges of marital survival and happiness is a couple's adaptability and readiness for change. The transition from being a spouse to being a parent, and from being a couple to being parents is a major change in the system and calls for new insights and skills in adapting to new roles and parenting. Through case studies, the workshop will explore how couples' relationships are affected by parenting issues and how they can be improved by what the presenter calls "insight-oriented skill building - - ISB." The participants will be invited to reflect on common issues faced by couples going through this period of transition, and on the implications of becoming a "we" as a couple versus becoming a "we" as a family after having a baby.

# Engaging Minds & Hearts: Using Experiential Teaching to Build Clinical Effectiveness

USA

Amy Zavada, Cadmona Hall, Ileana Ungureanu

**Short Description:** The purpose of this interactive presentation is to highlight the role of experiential teaching in enhancing Marriage and Family Therapy trainees' conceptual, perceptual, and executive skills. Key elements in developing, incorporating, and facilitating experiential exercises across a MFT curriculum will be discussed.

**Abstract:** The purpose of this presentation is to highlight the role of experiential teaching in enhancing Marriage and Family Therapy trainees' conceptual, perceptual, and executive skills. Grauerholz and Copenhaver (1994) state, "experiential teaching methods rely on students' own knowledge, experiences, and life events to enhance involvement, interest, and learning," (p. 319). In the field of Marriage and Family Therapy, experiential pedagogy can enhance students' ability to truly transition to a new paradigm where they not only understand systems thinking intellectually but where they, on a deeper level, actively integrate key theoretical concepts into their lived experiences. MFT educators have highlighted the importance utilizing experiential tasks in core MFT courses to train competent clinicians (Laszloffy & Habekost, 2010). The goal of utilizing experiential teaching methods is to teach foundational material, such as theory, in a way that facilitates the creation of a dynamic relationship between the student and material. The new course content a student gains is always filtered through their own self. Experiential teaching methods value this truth and prioritize dedicating time and space in the classroom to make this filtering process overt. Explicitly exploring a student's own experience, including thoughts, emotions, and "take away" learnings; fortifies a student's intimate connection with the material because the material is no longer abstract information but personal knowledge. In this way a student starts to not only understand key concepts on a cognitive academic level but can additionally start to grapple with the concepts in a personal way and integrate their new knowledge in relational interactions. In this session, participants will engage in an experiential exercise focusing on one specific MFT theory. This exercise will serve as a platform to further explore the experiential teaching style. The presenters will discuss key factors that educators need to consider when developing experiential tasks. They will also discuss multiple ways of incorporating experiential exercises in course curriculum as well as suggestions for evaluating a student's experiential work.

# Enriching Your Relationship with Your Self and Others, a Skill Training Program

USA

Sharon Loeschen, Dasa Jendrusakova, Lakeya Johnson

**Short Description:** Enriching Your Relationship with Yourself and Others (EYR) is an experiential and psycho-educational program based on the work of Virginia Satir. It has been successfully applied throughout the world to varying target populations and offers a certification process for professionals wishing to become trainers.

**Abstract:** Enriching Your Relationship with Yourself and Others (EYR), is an experiential and psycho-educational program which has been successfully given to many different target populations such as parents of special needs children, persons dealing with disabilities and their family members and at risk youth. The core skills taught in the program are based on the work Virginia Satir: making contact, validating, becoming aware, opening to greater understanding and acceptance, making conscious choices and seeking and giving support. Integral to the program is a certification process for professionals wishing to become trainers.

# Caribbean Couples: Factors Affecting Therapy

USA

Mallica D. Reynolds

**Short Description:** Caribbean couples have unique cultural backgrounds influencing their expectation of therapy. Traditionally these couples do not portray therapeutic services as an “ideal” method of successfully dealing with a presenting problem. This session will examine and educate clinicians on the factors affecting the delivery of therapeutic services to Caribbean Couples.

**Abstract:** Caribbean couples have unique cultural backgrounds influencing their expectation of therapy. Traditionally these couples do not portray therapeutic services as an “ideal” method of successfully dealing with a presenting problem. This session will examine and educate clinicians on the factors affecting the delivery of therapeutic services to couples with a Caribbean background. Presenters in this session through a systemic framework and the utilization of therapeutic interventions will examine the needs of Caribbean couples living in ethnically diverse South Florida. Compulsive infidelity, multiple layered household (children born outside of the marital relationship), and gender inequality are re-occurring themes Caribbean couples have highlighted when seeking services. Caribbean couples may have sought "spiritual" guidance, denied for many years the existence of a challenge, or lived in fear of emotional rejection from their partner should they seek to acquire therapeutic services. Marriage and Family Therapist have the role of facilitating productive therapy sessions which successfully navigate these factors.

## Panel: Integrative Problem Centered Metaframeworks (IPCM): Four Core Components

USA

Douglas Breunlin, William Pinsof, Jay Lebow

**Short Description:** This workshop will present four core components of Integrative Problem Centered Metaframeworks (IPCM). IPCM is a systemic and systematic synthesis of family, couple and individual therapies that provides guidelines to enable therapists to traverse the complex clinical landscape of most cases.

**Abstract:** This workshop will present four core components of Integrative Problem Centered Metaframeworks (IPCM). IPCM is a systemic and systematic synthesis of family, couple and individual therapies that provides guidelines to enable therapists to traverse the complex clinical landscape of most cases. The presenters will articulate the building blocks of the perspective that include: theoretical pillars, core concepts, guidelines for practice, and the blueprint for therapy. The blueprint covers the process of therapy, itself, and includes four components: hypothesizing, planning, conversing and reading feedback. The hypothesizing component draws upon a clear definition of the presenting problem, the sequences in which the problem is embedded and the constraints that block a solution. Constraints are identified using 8 planning metaframeworks (Organization, Sequences, Development, Mind, Culture, Gender, Biology and Spirituality). Planning involves a systemic effort to replace the problem sequence with an adaptive sequence that will resolve the problem. Rarely is this a straightforward process, hence the planning component of the blueprint contains a matrix of practice that enables the therapist to select relevant interventions depending on the remaining nature of the constraints. These interventions are systematically selected from available models of therapy. The interventions are organized into 6 planning metaframeworks that employ from a focus on current constraints to remote constraints. The moment-to-moment execution of the therapy is regulated through the therapeutic conversation (Conversing), and how clients respond to therapy (Reading feedback). IPCM is an empirically informed model that uses a progress research instrument to track improvements in the therapy. This instrument will be described briefly. The four core components to be covered are: 1. The Essence of IPCM, 2. Hypothesizing, 3. Planning, and 4. Integrating Common Factors.

# "Virginia Comes Alive"

USA

Patricia Jameson

**Short Description:** Virginia Satir's philosophy, methods and approach interwoven with John Bradshaw's teaching on healthy and toxic shame framed in a context of Relational Cultural Theory set the stage for an informative and enlightening workshop where participants can learn an integrative approach to teaching, understanding and practicing family therapy.

**Abstract:** As a phenomenologist, a clinical hypnotherapist, a practitioner of NLP and Relational Cultural Theory (RCT), an educator, a community builder, a social justice advocate, a woman, mother, wife, daughter who strives to create a merciful and just world.... I have long been a lover and compatriot of the work of Virginia Satir. I first 'met' Virginia through a graduate level family therapy course in the mid 1980's and since have grounded my personal and professional work in her principles and approach. In my private practice I have been 'the keeper of the hope', as Virginia would say, for many clients. Virginia's work has inspired my teaching efforts, as well. I have, long now, taught psychology and counseling courses at Carlow University, Pittsburgh, PA and given numerous workshops and seminars using Satir's work. It is with this history and spirit that I want to share my work with you. In this workshop I will be presenting my ongoing work teaching/training students to become counselors and therapists by utilizing the work of Virginia Satir interwoven with the work of John Bradshaw and Relational Cultural Theory and Praxis. We will first explore how learning Satir's philosophy, approach, understanding of family and communication styles informs students as they build their needed therapeutic skills. Next, we will investigate the work of John Bradshaw who along with Satir explored family dynamics. Bringing Bradshaw's work to light alongside Satir truly serves to emphasize the impact that growing up in a troubled family has on a person. His elucidation on healthy and toxic shame 'hits home' for many making their course experience an 'in vivo' process of change. Relational Cultural Theory (RCT) brings to the educational stage the role that cultural structures of oppression and marginalization have on the way people learn to create and grow in relationships. Knowing how connections/relationships heal and how acute or chronic disconnections impact lives helps form the foundations for understanding mental health/illness. This workshop is designed for anyone interested in exploring, learning, growing...and changing.



# Spicing it Up in the Therapy Room: Cooking and Couples Therapy!

USA

Nicole Gordon & Giselle Bayard

**Short Description:** Spicing it Up in the Therapy Room: Couples Therapy using Cooking as an Experiential Tool

**Abstract:** For thousands of years and all over the world, people have used cooking as a way to express feelings to others both consciously and unconsciously. These customs are passed down from generation to generation, teaching each younger generation a set of norms such as how to behave within families, how to relate to food personally and in society, and how to nourish the your body's health by way of cooking. This workshop will marry these ideas altogether, showing how children cooking with their families can learn not only how to relate to and nourish their bodies with healthy foods, but also how this can apply directly to nourishing the relationships within families. The experience of families coming together to create a healthy dish allows for communication between all levels within a family, highlighting especially the messages conveyed from adults to children. Therapists may observe families during the cooking process and note examples of interaction that elicit information about the relationships between each member, using commonly-used Marriage and Family Therapy models to show aspects of these relationships and how patterns are developed among systems, both with food and in the family. Family Therapists will learn how to apply specific techniques to therapy with clients during this experiential cooking exercise. Special attention will be paid to the interactions in relationships between adolescents and their parents. Also discussed will be the use of language as a means of metaphor between cooking and relationships, as well as the significance of the role of nonverbal communication in family interactions. Examples of video, personal experiences, exercises, and open discussion will all aid in illustrating our concept of joining the experience of cooking with marriage and family therapy.

# Systemic Family Therapy with the Haitian Diaspora

USA

Anne Rambo

**Short Description:** This workshop describes an innovative outreach program through the public schools in South Florida which targets recent immigrants from Haiti.

**Abstract:** After the mudslides, political unrest, and most recently the calamitous earthquake in Haiti, many Haitians have relocated to South Florida. This workshop describes an innovative community outreach program utilizing solution focused therapy techniques to reach recent immigrant children and their families through the public schools. Strategies for intervention and engagement will be discussed. Interactive exercises will allow each participant to leave with specific new skills and renewed hope.

# Resilience, Coexistence, Reconciliation: An Ongoing Conversation Project

UK

Maire Stedman & Judith Landau

**Short Description:** The workshop will continue the ongoing 9-year IFTA discussion, purposed with accessing resilience, exploring differences, and working together across boundaries towards coexistence and/or reconciliation. The format is open “Fishbowl”, with an active centre of key participants from countries that have resolved conflict.

**Abstract:** The workshop will continue the ongoing discussion on Resilience, Coexistence and Reconciliation currently in its ninth year. The purpose of this conversation is to discuss accessing resilience, explore differences, and continue working together across boundaries towards coexistence and/or reconciliation. The focus is on harnessing strengths from our different histories. The format is open “Fishbowl”, with an active centre of key participants from countries that have resolved, or are currently in, situations of conflict, who make a long-term commitment to this ongoing work. Both previous and new participants are encouraged to attend. We will continue our commitment to working on building bridges to healing wherever conflict exists across cultural, ethnic and political boundaries.

## Panel: Considerations when inviting, co-authoring, and co-editing relational stories of intimacy

Canada

Tom Strong, Marnie Rogers, Samantha Merritt, Sarah Anne Knight

**Short Description:** We discuss how relational stories of intimacy can be invited, co-authored, and co-edited through therapists

**Abstract:** We explore how intimacy stories convey a sense of relational identity. Synthesizing Bamberg's "small story" approach, Tomm's interventive questioning, and our action inquiry orientation, we review how conversations can invite, co-author, and co-edit otherwise obscure relational stories of intimacy. After, we discuss three studies of relational stories of intimacy, and conclude with therapeutic considerations for co-authoring and co-editing intimacy stories with clients. Marnie discusses her Master's thesis research on how cohabitating couples co-constructed stories of mutuality and "we-ness" in conversations with her. Using narrative micro-analyses, Marnie examined how she and participants co-narrated and co-edited stories of relational identity, with particular attention to how she invited and shaped these stories. In talking about "we-ness" participants identified and strengthened their sense of relational identity. Implications for therapy, regarding how therapists can invite clients' stories of "we-ness," will be discussed. Samantha presents her Master's thesis research, exploring stories of how young married couples' conversations in making milestone decisions (e.g., to buy a house, or move) are relevant to their relationship together. She was particularly interested in stories of how couples overcame individual differences or outside challenges in order to make those decisions within conversations in ways that strengthened their marriage. Sarah Anne discusses how women self-identifying as having been sexually abused as children, but who are now in healthy intimate relationships, talked about stories of intimacy, after abuse. Inspired by Alan Wade's "response-based therapy," she invited 12 women to join her in co-narrating resourceful stories of intimacy in a response-based discourse that is counter-intuitive to the culturally accustomed discourse of "victimization". Sarah's study highlights how focused questions and responses can invite healthy yet initially implausible stories of intimacy beyond the rhetorical pull of culturally dominant discourses, such as that of victimization. We conclude by reviewing conceptual, practical and ethical issues associated with inviting, co-authoring, and co-editing relational stories of intimacy together with individuals and couples.

# Enhancing therapy services to diverse families through multicultural supervision

USA

Pei-Fen Li, Liang-Ying Chou, I-Shan Yang, Wei-Ning (Winnie) Chang

**Short Description:** In this panel discussion, Asian international trainees will share their clinical challenges and cross-cultural issues while working with diverse families in the US. Suggestions will be provided for supervisors in assessing Asian international supervisees' professional development, and addressing acculturation issues and their impact on working with diverse couples and families.

**Abstract:** As the number of Asian international students in Marriage and Family Therapy field in the United States grows continuously, the issue of diversity in working with families and training international students becomes increasingly important. Asian international trainees share different cultural values and contexts from their clients, supervisors, and colleagues in the U.S. Asian international supervisees encounter cross-cultural clashes in Western therapy and supervision settings, such as the level of acceptance of the U.S. culture, level of English use, and the degree to which international students feel accepted by Americans (Sodowsky & Plake, 1992). To effectively establish rapport and work with families, Asian international family therapy trainees face the need to constantly transform their native way of thinking and talking, as well as to develop cultural understanding of couples and families in the U.S. Therefore, supervision plays an important role in facilitating Asian international trainees' professional and personal growth. Successful cross-cultural discussions between supervisors and international supervisees help increase supervisees' awareness of cultural issues in therapy (Toporek et al, 2004), develop their abilities in multicultural case conceptualization (Gainor & Constantine, 2002), and positive therapy outcome and client satisfaction (Yutrzenka, 1995). However, it remains unclear in the current literature in regards to how to facilitate cross-cultural discussions with Asian international trainees and what constitutes multicultural supervision. In this panel discussion, four Asian family therapists will present challenging clinical cases that Asian international supervisees encounter in working with couples and families in the U.S. Meaningful supervision conversations that successfully address these clinical challenges and cross-cultural struggles in working with families will also be demonstrated. Finally, suggestions will be recommended for both supervisors and Asian international supervisees to develop effective multicultural supervision and enhance Asian international trainees' clinical skills for working with diverse families in the U.S. Reflection and feedback from the audience will be encouraged and invited throughout the whole panel discussion.

# Intentionally Addressing Poverty: A Responsive Evaluation of Therapy in Cambodia

USA

Desiree Seponski & Maegan Megginson

**Short Description:** Poverty, material needs, therapy location, and financial situations greatly impact the daily lives and mental health conditions of Cambodians and hinder clients' therapeutic progress. When therapy does not directly address the socioeconomic inequities, clients do not experience therapy as valuable despite some temporary decreases in Western perceived mental health symptoms.

**Abstract:** Most Western models of therapy do not inherently address socioeconomic inequities and the client's culture of poverty, but instead emphasize decreasing Western perceptions of mental health symptoms. Therefore, it is especially important for family therapists working in low-income areas to be intentional about addressing the unique mental health barriers present in poverty-stricken communities. These barriers include lack of mental health resources, poorly organized primary health care resources that do not emphasize the importance of mental health, too few people trained in providing mental health care, and most notably, inequities in the distribution of already scarce resources (Saraceno et al., 2007; Saxena et al., 2007; McDavid, Knapp, & Raja, 2008). In order to help clients alleviate their mental health symptoms, clinicians must simultaneously address concerns of poverty, mental/familial health, and public policy. The current study utilizes responsive evaluation methodology to explore how poverty-stricken Cambodian clients, therapists, and supervisors experience Western models of therapy as culturally responsive to their unique needs. Quantitative and qualitative data were triangulated across multiple stakeholders including trained student therapists (N =16), the student therapists' department head, program head, professors/lecturers, clinical supervisors, and peer supervisors serving as cultural advocates and an advisory board (N =11), workshop participants (N=54), and crisis response therapists (N = 14) using numerous methods including a focus group, interviews, surveys, case illustrations, and live supervision observation and analyzed using constant comparative analysis (Charmaz, 2006). The overarching category of "Community Context of Poverty" suggests that the local community needs and context of poverty greatly hinder clients' therapeutic progress in therapy treatment. Emerging themes of 1) material needs, 2) poverty, 3) therapy location, and 4) financial situation greatly impact the daily lives and mental health conditions of Cambodians. Participants emphasized that therapeutic treatment without consideration of these factors is of little use and that, when therapy does not directly address the culture of poverty, they did not experience therapy as valuable despite some temporary decreases in mental health symptoms. Westernized models must be culturally responsive to non-Western countries when implemented outside of their intended contexts, especially when those contexts are poverty ridden.

# Systems, relationships, and persons as parts and wholes in couples, families, cultures

USA

Robert Massey

**Short Description:** Parts and wholes interlink in systems therapy. Persons, relationships, families, and systems function as integrated wholes and as parts of more encompassing processes. Understanding part-whole interconnections is foundational to practicing and theorizing about family therapy in contexts, including culture. A case, genogram, discussion illustrate this holistic perspective.

**Abstract:** How individuals, relationships, and systems interlock in comprehensive theory generates controversy and requires explanation. Persons exist as multidimensional unities. They interconnect in relationships, families, and systems in cultural contexts. Some dichotomize individual and group processes. Neither exists without the other. Neither a psychology of individuals nor a sociology of groups fully encompasses multidimensional dynamics. Holistic frameworks for assessment and intervention include both. Psychodynamics and systemic dynamics intertwine inextricably in social-psychological processes (Buber, Laing, Boszormenyi-Nagy). Persons experience psychodynamics in social interchanges and are impacted by group dynamics. A holistic clinician understands and practices this. Foundational models of individual and systems therapy represent mirror images clarifying how parts and wholes cohere as persons interconnect in relationships and systems. From a systemic perspective persons are structured (Minuchin) in and through multigenerational processes (Bowen) as they communicate and relate (Haley, Watzlawick), face the dilemmas of human valuing (Madanes), and receive and construct legacies of (in)justice, (mis)trust, and loyalties (Boszormenyi-Nagy). From a psychodynamic perspective Jung recognized the social processes of containing and contained in relating psychologically. Kohut observed that selfobjects reflect parental and cultural processes. For Winnicott self evolves in ever-widening communities of relating. Bowlby emphasized psychodynamics in developing attachments in response to caretakers while Ainsworth recorded interpersonal and cultural influences. From an integrative perspective Johnson associated attachment experiences and patterns. Willi bridged psychodynamic and systemic processes in relationships. Stierlin connected psychodynamics with relationship styles and family loyalties. Palazzoli recounted the journey from psychodynamics to systems conceptualizations to interactive thinking in linking subjectivity and ecosystems. A comprehensive, holistic clinician realizes that neither psychology nor social analyses suffices to explicate human development and the dynamics needing assessment and interventions in therapy. No model fits all individuals and families in varying cultural contexts. An effective clinician is readily knowledgeable, can access, and work flexibly with clarity of thinking about models and persons/groups in therapy. A helpful clinician reflects comprehensively and attunes to the undulations

of subjectivity and group dynamics of the participants (both in the room and others attached in real life) in cultural contexts. A case study, genogram, and discussion illustrate these dynamics.



# Conversations: The Evolution of Personal and Professional Power & Privilege

USA

Martha Gonzalez Marquez

## Short Description:

**Abstract:** As economic and political influences in today's society change, so does the nature of our power and privilege. This workshop is designed to facilitate an introspective conversation about our power and privilege and its evolution on personal and professional levels. Factors which undoubtedly impact our power and privilege include race, social location, gender, sexual orientation, ethnicity, religion, spirituality, ableism and many more. Their intersectionality add more complexity to how we face and how we interact in our personal and professional lives. As family members, community members, therapists, supervisors, and educators, we are entrusted with the power to influence but rarely offered the opportunity or develop the opportunity to explore the evolution and nature of that privilege. The facilitators of this workshop intend to provide that opportunity as the spring board to further ones.