

2018 IFTA World Therapy Congress



Bangkok, Thailand

March 8 – 10, 2018



Welcome to the IFTA Congress

Dear Colleagues,

Welcome to the beautiful Bangkok and Thailand! This is the International Family Therapy Association's 2018 World Family Therapy Congress.

This is another of those rare and wonderful opportunities in which we can renew ourselves and enrich our practice skills in family therapy. The goal for the congress, in a larger sense, is the same as it has been since IFTA was founded in 1987: Advancing family therapy worldwide by promoting research, education, sound practice, and promoting international cooperation. We hope that this Congress facilitates an exchange of knowledge and ideas that support the health and well-being of families and other human systems. The Congress provides magnificent opportunities for face-to-face sharing of ideas and networking with colleagues from various parts of the globe.

The 2018 Congress Committee decided to go without a theme this year, inviting family therapists to explore both new and familiar ways to assist families.

We live simultaneously in "one world" and many worlds. Thus, family therapy is a mutual, interactive process in which we learn new ways from colleagues from many lands. Communicating and networking among over 250 therapists from over 25 countries during this congress will provide professional contacts and information to support the exchange of knowledge and the growth of family therapy in many countries.

We hope you will share and learn about dealing with old, familiar problems and new, unfamiliar challenges we may not have faced previously.

Warwick Phipps

Warwick Phipps, Ph.D.
President

IFTA: Celebrating 30+ Years

The International Family Therapy Association was an outgrowth of the East-West Bridging Congress conducted in Prague in 1987 with Virginia Satir and Donald Bloch as the Honorary Vice Presidents. After two years of organizational work including creating a Founding Board of Directors, with Virginia Satir on the Founding Board, IFTA launched its first World Family Therapy Congress in Dublin, Ireland, 1989.

What is IFTA?

IFTA is the professional association for those interested in the field of marriage and family therapy throughout the world. As such, it is the only organization that provides unity for therapists from east to west, respecting traditional approaches and embracing the tradition of tomorrow.

Mission Statement

Adopted December 2005

The cornerstone of every society is the family. With the support of its members, the International Family Therapy Association (IFTA) provides international conferences to promote, strengthen and improve the quality of family therapy, the quality of relationships within families and to promote well being and peace within our world.

IFTA, working in a collaborative spirit with other professionals and organizations around the world who share its mission, also promotes continuing education for family therapy professionals in the development of international quality standards for marriage and family therapists in order that they may better assist families in the communities in which they serve.

Conference Code of Conduct

World Family Therapy Congresses are a unique meeting place for the world-wide family of family therapists. The Congress Board desires that the experience of this congress be one of the highlights of your year.

As we look forward to another exciting congress, we want to remind everyone that the World Family Therapy Congress is dedicated to providing a harassment-free experience for everyone, regardless of factors such as sex, gender, gender identity and expression, sexual orientation, ability, physical appearance, body size, race, ethnicity, nationality, culture, or religion.

Harassment may take a variety of forms and in a variety of environments, including in-person or online. Attendees asked to stop any harassing behavior are expected to comply immediately. If a participant engages in harassing behavior, the congress organizers may take any action they deem appropriate, from warning the offender to expulsion from the congress. If you are being harassed or notice that someone else is being harassed, please contact a member of conference staff immediately. Their names and pictures are listed in the Congress Program.

Congress staff will be happy to help participants contact hotel/venue security or local law enforcement, provide escorts, or otherwise assist those experiencing harassment to feel safe for the duration of the conference. We value you, your safety and your attendance.

We expect all conference participants to be professional, considerate, respectful and collaborative, Please silence mobile devices during presentations, do not interrupt others who are speaking, and avoid using shared wifi/bandwidth to download large files. **DO NOT RECORD ANY LIVE DEMONSTRATION THERAPY WORKSHOPS.**

We appreciate your help in making the World Family Therapy Congress among very best it can be.

Plenary Speakers

Zhao Xudong, M.D.



"The Development of Family Therapy in China: Its Impact on Therapy, Research and Education"

Dr Xudong Zhao, M.D., is Professor of Psychiatry and Psychology and Director of the Division of Medical Humanities at Tongji University School of Medicine in Shanghai, China. In addition to his duties at Tongji, he is President of the Mental Health Center of Pudong New Area, affiliated with Tongji University.

Dr. Zhao is also the Director of the Department of Psychosomatic Medicine at Shanghai East Hospital, affiliated with Tongji University.

Involved in many professional associations, Dr. Zhao is Vice-Chairman of the Chinese Association of Mental Health and President of its Section for Psychotherapy and Psychological Counseling. He is also Vice-president of the Psychosomatic Medicine Section of the Chinese Medical Association, Vice-president of the World Council of Psychotherapy, and Executive board member of the Urban Mental Health Section of the World Psychiatry Association.

Joyce Ma



"Family-centred practice for Chinese families of children with attention deficit hyperactivity disorder in a Chinese context"

Dr. Joyce Ma, Ph.D., a professor of marriage and family therapy in the Department of Social Work at the Chinese University of Hong Kong, Hong Kong, China, has a long-held interest in multiple family therapies. She recently published an article on multiple family therapy with Chinese families whose children had attention deficit hyperactive disorder. Her recent work was just published in Family Process.

A member of the IFTA Board of Directors since 2011 and now the President-Elect (2019-2021), she is also co-director of the Academy of Family Therapy (Hong Kong). Dr. Ma is a Clinical Fellow of Asian Academy of Family Therapy and a Clinical Fellow and Approved Supervisor of the American Association for Marriage and Family Therapy.

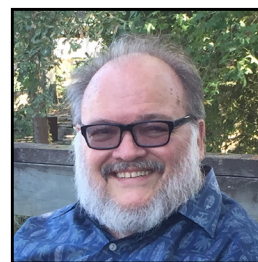
Featured Speakers



Anna Low



John k. Miller



Wendel Ray



Susanna Wong Ip



David Hale

Using Sandtray in Supervision to Enhance Therapist Awareness

Marshall Lyles- United States

Short Description: This workshop will discuss the use of sandtray in supervision. After reviewing the supporting material from research and neuroscience, participants will see illustrations of implementing sandtray into supervisory goal setting, case conceptualization, and person-of-the-therapist exploration in individual and group formats.

Abstract: Sandtray presents supervisors with a tool that can assist in promoting new therapists' development, especially in addressing the often neglected supervision topics of client conceptualization and person-of-the-therapist. As a right brain-focused modality, sandtray may help therapists-in-training to discover and express beliefs about their clients and themselves that were previously out of awareness. Along with application to goal setting and assessment, the ability to have increased reflection offers many benefits to new therapists. Additionally, therapists already using expressive modalities, such as therapists using various play-based interventions, may be at increased risk for countertransference if not monitored closely. Sandtray offers a method for supervisors to allow for exploration of these areas in an efficient manner. The literature review, sandtray overview, and experiential activities will be discussed through a lens of attachment theory, which further emphasizes the importance of reflection and self-awareness. This workshop will build on these ideas by showing examples of the use of sandtray in individual supervision as well as group person-of-the-therapist work.

Virginia Satir & the First Family Therapy Training Program—Honoring Satir's 100th Birthday

Wendel Ray - United States

David Hale - United States

Short Description: When psychiatrist Don Jackson founded The Mental Research Institute (MRI), he invited Virginia Satir to be Director of the Family Therapy Training Program. Drawing from 123 surviving audio recordings of family therapy interviews, teaching seminars, lectures, print documents and photos, Satir's pioneering teaching of Conjoint Family Therapy will be presented.

Abstract: In October 1958, psychiatrist Don D. Jackson founded The Mental Research Institute (MRI) to provide a place where he and colleagues from Gregory Bateson's renowned Palo Alto Group could continue research of human behavior from an interaction focused, communication perspective. Securing funding from NIMH to fund the first Family Therapy training program, Jackson invited Virginia Satir, MSW to be Director of the Family Therapy Training. In March 1959, "Conjoint Family Therapy Training" Project began with Virginia Satir as director. Drawing from 123 surviving audio recordings of family therapy interviews, teaching seminars, lectures and presentations, unpublished and published documents and photographs, this workshop will present Virginia Satir's pioneering teaching of Conjoint Family Therapy.

Assessing and Treating the Family System: Perinatal Mood and Anxiety Disorders

Jamie Banker - United States

Short Description: Current perinatal illness assessment tools tend to focus on symptoms and do not always include the systemic and family context in which symptoms present. This presentation illustrates the use of the perinatal genogram in providing a broader systemic assessment and destigmatizing treatment for the family. A clinical example is provided.

Abstract: The childbearing years are a time of emotional and psychological vulnerability for most women. This time is not only significant for women, it marks a time of change and transition for the whole family system. Prevalence rates for perinatal mood and anxiety disorders (PMAD) are as high as one in four women. Current assessment tools which screen for PMAD tend to be symptom-focused and do not account for the systemic context in which symptoms present. Utilizing the genogram, a traditional systemic assessment and treatment tool, allows clinicians to focus on the family narrative within a psychosocial framework. The process of creating a genogram lends itself to a deeper level of meaning, as families talk about their history, each other, their current situation and more. Research shows that couples therapy or family therapy may be one of the most appropriate modalities for treating perinatal mood disorders. The presenters have created a perinatal genogram with symbols and assessment questions specifically for families where women are experiencing perinatal mood and anxiety disorders. This presentation will address the usefulness of the perinatal genogram as a destigmatizing assessment and treatment tool both during pregnancy and in the postpartum period. Participants will learn how to conceptualize perinatal illness within the framework of a family systems perspective. This presentation includes a discussion of the application of the perinatal genogram utilizing traditional as well as new symbols. The identification of family patterns as critical to any risk assessment will be addressed. A case example will be incorporated into the presentation in order to emphasize the benefits of this systemic perspective. These clinical examples illustrate the importance of understanding the full range of a woman's experience around the child-bearing years utilizing an advanced systemic perspective when assessing perinatal risk and determining treatment.

How can we assess our clients with several therapeutic theories, attitude and knowledge in the practice of family therapy?

Nobuhiko Asai - Japan

Short Description: Some therapists limit their experiences to only utilizing the psychotherapy methods of their liking. But it's important to continue to think of how we should be as professional therapists. In this presentation, I'll introduce some theories and assessment based on several therapies that can be used with family therapy.

Abstract: I've continuously practiced family therapy from my days as a graduate student. Since then, I've decided to make family therapy my orientation of psychotherapeutic practice. Moreover, I've also continued to look for good ways to train myself as a therapist: not only in family therapy but also by researching other approaches to psychotherapy. Some therapists limit their experiences to only utilizing the psychotherapy methods of their liking. But I believe it's important to continue to think of how we should be as professional therapists, with flexible ideas. In fact, there is no "best therapy" but good therapy is composed of using a diversity of therapies and perspectives. There isn't only one best combination of therapies or best assessment, but there's so much possibility to make them mixed or integrated, following the characteristic of each therapist with the development of our styles. As a therapist, I hope to continue developing my style of therapy throughout my lifetime. Until now, I've learned many types of therapy and their theory. Some perspective and ways of assessment are very efficient and I'm using some ways of assessment, such as open dialogue and trauma theory, while I'm practicing as a family therapist. The counseling sessions have all occurred within a private office-space where individuals had the freedom to choose between being counseled alone, with their respective families, and/or with their spouses—allowing clients to receive a variety of therapy approaches. Case A: Clients came to our office to improve their couple relationship and to resolve "a problem" with their own son's refusal of attending school. Through the sessions, his trauma was desensitized and the clients' child started going to school again and many aspects of the family's life have been changing as therapy progresses. In this presentation, I'll introduce some theories based on several therapies that can be used with family therapy and demonstrate my way of theories-combined assessment as an example through these cases. I hope this would give you the occasion to find out something new.

Theoretical Applications to Parent-child Acculturation Gaps in War-Affected Families

Lekie Dwanyen - United States

Short Description: Acculturation gaps are common in immigrant and refugee families, and have the potential to impact conflict and cohesion in parent-child dyads (Birman, 2006). This presentation will discuss applications of family development and symbolic interactionism theories to understand parent-child acculturation gaps, as well as clinical implications of utilizing these theoretical frameworks.

Abstract: Acculturation is the process of experiencing cultural and psychological adaptations from being situated between two or more cultural groups (Berry, 2005). This occurs at the personal level as individuals negotiate changes in their identity, beliefs, and behaviors, and also occurs at the group level as families encounter structural and institutional changes, as well as shifts in cultural practices as a result of resettled to a new, or “host culture” (Berry). Parent-child acculturation gaps are a common result of this process, as children typically adapt to their host culture at faster rates than their parents (Birman, 2006; Costigan & Dokis, 2006; Telzer, 2010). This phenomenon has the potential to impact parent-child relationships with regard to cohesion, conflict, and relationship quality (Birman; Dennis, Basanez, & Farahmand, 2010). Combining the concepts and assumptions of symbolic interactionism theory and family development theory provides a foundation to explore parent-child acculturation gaps in war-affected migrant families. The essence of symbolic interactionism theory is the notion that norms (i.e., shared meanings) are developed through interactions (LaRossa & Reitzes, 1993). Symbolic interactionism is salient in this context and promotes exploration of how separate acculturative processes are managed by parents and children, and how the management of these processes informs shared meanings around cultural beliefs, identities, and behaviors within the home. Family development theory recognizes how transitions and periods of disequilibrium impact families’ developmental processes (Rodgers & White, 1993). This theory provides a lens to examine how parent-child relationships change over time, but also allows for consideration of the influence of important contextual information (e.g., social norms, life cycle stages, family structure, social milieu) on acculturative processes and parent-child relationships in resettled families. Together, family development and symbolic interactionism theories offer a basis for understanding acculturation and parent-child relationships in war-affected resettled families. This presentation will not only demonstrate the application of these theories to the context aforementioned, but will also discuss the implications for utilizing these prominent frameworks in both research and clinical practice with resettled families.

Positive Family Features for Fostering Youth Development in Cambodia

Sovandara Kao - Cambodia

Sorita Ann - Cambodia

Short Description: The Department of Psychology at Royal University of Phnom Penh conducted a survey with 1591 high school students from rural and urban areas investigating the influence of the family on development of youth considering the Positive Youth Development Framework, particularly family external assets as features of family coexistence.

Abstract: Young people's success in navigating through the challenges and difficulties of adolescence eases their transition into mature adults who experience well-being and optimal functioning. The positive youth development (PYD) framework attributes adolescents' successful maturation to the support and resources adolescents receive from their social environment, notably from their families. Still, it is the youth themselves, with a growing sense of competence and responsibility, who work towards the goals they have set for themselves. The Department of Psychology at Royal University of Phnom Penh conducted a survey with 1591 high school students from rural and urban areas investigating the influence of the family on development of youth considering the Positive Youth Development Framework, particularly family external assets as features of family coexistence. The employed scales that measure the external assets, internal assets, and outcomes were taken from the Multicontext Assessment Battery of Youth Development (Reyes, Garo-Santiago, Sta. Maria, & the De La Salle University Department of Psychology, 2011). The introduced research examines youth's positive perception of their Roles and Tasks in the Family to the extent that these indicate commitment towards family goals. The family's shared life and day-to-day activities develop young person's character and these Family external assets are features of family coexistence. According to the family coexistence model the family provides the offspring with both nurturance and direction which are associated with different developmental outcomes (e.g., responsibility and life satisfaction, respectively). Our study shows how Family Social Climate provides nurturance and Enabling Family Relations provide direction with the outcome of Satisfaction with Life and Self of the youth (well-being). Furthermore, youth's internal assets of Relatedness and Initiative and its interplay with the Family Social Climate were investigated. We could see that the Family Social Climate contributes to Life Satisfaction by developing youth's relatedness. Additionally, Enabling Family relations contribute to Satisfaction with Self by developing youths Initiative. Concluding the implications of the results we can state that providing nurturance and direction is indispensable to youth development. The family cannot love without teaching and cannot teach without loving.

The Household Production of Health: A Case Study of Mental Health Utilization in Cambodia

Monysakada Phal - United States

Denise Lewis - United States

Short Description: When examining health-seeking behaviors of families in developing countries, we must view social and cultural factors as health determinants. This brief presentation uses the Household Production of Health (HHPH) framework to investigate how Cambodian families understand mental health problems and make decisions to seek treatments in the context of poverty.

Abstract: Cambodian people have endured chronic trauma due to political turmoil, war, and one of the worst genocides in history. While there have been significant improvements in the past few decades, poverty, poor infrastructure, inadequate health care access, and high illiteracy levels are still prevalent among the majority of the country's population. Although epidemiological statistics demonstrate a high percentage of mental disorders, there is a significant lack of understanding of mental health and psychological illnesses among the people. Most individuals who experience mental health problems avoid seeking interventions due to cultural stigmas, financial hardship, and the belief that mental health symptoms are caused by spiritual factors, physical diseases, or thinking too much. On top of this, there is almost nonexistent support on the governmental level to establish or improve mental health sectors across the country. The contrast of a high percentage of mental disorder and low understanding of causes or treatments are strong indicators that Cambodia needs to better educate people about psychological disorders and increase the availability of formal mental health services to produce a psychologically healthier population. However, local health care providers and health policymakers should also view social and cultural factors as strong health determinants because accessibility alone does not guarantee high utilization. Studies have shown that factors such as socioeconomic status, cultural and religious backgrounds, family dynamics, and political disposition play major roles in influencing how families make health-related decisions and seek treatments for their health problems. This brief presentation will discuss a qualitative study on the health-seeking behaviors of Cambodian families. Our research was informed by the Household Production of Health (HHPH) model, which views the household as the central factor in the health improvement process of Cambodian families in a larger culture contextualized by poverty, low health literacy level, stigmas, and many other social issues. Nine Cambodian families were interviewed to understand how Cambodian families influence the knowledge about, the access to, and the utilization of mental health services of their members. We will discuss the findings, limitations, and clinical implications of this study.

Towards an Indigenized External Supervision Approach in China

Mo Yuen Han - Hong Kong

Short Description: A study conducted in China to explore the characteristics of dual supervision approach. Themes were identified include: roles, education, reflection and integration, developmental orientation, context and barriers. Four areas namely educational, developmental, reflective and contextual that are essential for supervising Chinese social workers.

Abstract: External supervision is used in social work organizations to separate educational supervision from line supervision. It is educational and developmental, as the emphasis is on long-term professional growth of social worker. Social work organizations of Shenzhen, a city in South China adopt dual-supervision model at their establishment phase. Social workers are provided with supervision from external supervisors and internal line managers. Experienced supervisors are employed from adjacent city, Hong Kong (a special administrative region, located immediately south of Shenzhen) on a part-time basis to provide staff training and clinical supervision. A study conducted in Shenzhen is to explore the characteristics of this dual supervision approach. Five broad themes were identified across the interview data. They were: (1) roles; (2) education; (3) reflection and integration; (4) developmental orientation and (5) context and barriers. Four areas of concern namely educational, developmental, reflective and contextual that are particularly essential and relevant for the purpose of training the social workers. Social work supervision approach in Shenzhen is working towards a culturally and contextually adapted practice model. The findings reconfirm the significance of educative and supportive functions in social work supervision. Particularly the beginning social work practitioners have to build their professional confidence and resilience through supervision process.

Different Voices: The Evolution of the Milan Model

Umberta Telfener - Italy

Short Description: The presenter intends to show the main evolution of the Milan model after the death of Luigi Boscolo and Gianfranco Cecchin. The teachers of the Milan school have continued proposing a second order process with some specific features that will be considered in detail with case examples.

Abstract: 1. The creation of the observing system through the analysis of the quest; 2. awareness and reflection in order to enhance communal work as a second order process; 3. research of the coherence of the symptom in the tri generational narrative as a way of underlining how each system has its recuperative capacities and its resources; 4. attention to undesired outcomes as a way of reflecting on the positioning of the professional, these are all aspects to which the Milan model is giving now great attention. In the presentation I wish to actively explain the new ideas of the Milan school of family therapy, after the death of Luigi Boscolo e Gianfranco Cecchin. I will concentrate on the therapeutic process, in order to enhance the respectful attitude, the reverent stance towards complexity and explain how we try and perturb without being instructive.

Social Policy Aimed at Strengthening the Presence of Counseling and Family Therapy - (Analytical Study)

Makia Himat - United Arab Emirates

Abstract: The study aims highlighting obstacles of education, training of UAE family therapists. It based on the methodology of social survey. collecting data by interviewing therapists. The results indicate there are problems facing family therapists due to the lack of academic and training programs, and the lack of qualified staff.

An Evaluation of the Development of MFT Competencies and the Influence of the Supervisory Relationship

Jay Burke - United States

Short Description: Practicum is an essential part of MFT training in developing core clinical competencies. This study examined core competency evaluation data from practicum supervisors of 224 MFT students. Additionally, student evaluations of supervisors were reviewed to determine the impact of the supervisory relationship on the development of MFT clinical competencies.

Abstract: Practicum training is an essential part of master's degree marriage and family therapy (MFT) programs, and the cornerstone for preparing students for clinical practice. To characterize the development across MFT clinical competency areas, the current study examined midpoint and final evaluation data from practicum supervisors of 224 MFT graduate students. Additionally, final student evaluations of supervisors were reviewed to determine the impact of the supervisory relationship on the development of MFT clinical competencies. Principal component analysis (PCA) were conducted on both the items from the supervisor and student evaluation; one factor emerged. Cronbach's alpha coefficients reflected high internal reliability of all utilized scales. A paired samples t-test utilized to evaluate the difference between midpoint and final supervisor evaluation ratings highlighted improvements in competency across measured domains. A logistic regression analysis confirmed MFT graduate students demonstrated significant improvement between the midpoint and final evaluations. A one-way analysis of variance (ANOVA) examining the relationship between the student and supervisor evaluations demonstrated a trend towards significance. Findings are particularly relevant to MFT graduate program faculty and staff, as they serve as a metric of the effectiveness of the practicum training in the preparing MFT students for professional, clinical practice. Overall, data from the study facilitate a more nuanced understanding of the role of practicum training experiences in ensuring clinical competency, and the impact of the supervisory relationship on the development of MFT competencies.

“His, hers, ours:” Constructing a Joint Social Network in the Transition to Matrimony among Young Modern Orthodox Jewish Couples in Israel

Ofra Shalev - Israel

Short Description: The couple interaction with family and friends makes a large contribution to the development of the relationship. The study focused on the process of network overlap among newlyweds Jewish couples in Israel. The research question was: How are the separate social networks overlap in a unique cultural and religious context?

Abstract: It is a well-known fact that relationships do not develop in a vacuum. The couple interaction with family and close friends makes a large contribution to the shaping, development, and institutionalization of the relationship. The interaction between the social network and the couple is bidirectional. Whereas in the first stages of the relationship, the social network has an impact on its development, once the relationship has stabilized, the couple relationship has an impact on both partners' individual friendships. The aim of the study was to shed light on the process of network overlap among newlyweds who belong to the Modern Orthodox sector in Israel. The research question was as follows: How are the separate social networks of each individual partner joined in the process of network overlap in a unique cultural and religious context? The study was based on in-depth semi-structured interviews with 36 participants who were married for the first time and had no children. The findings reveal that the process of integrating two separate social networks poses difficulties for both men and women in the traditional religious population. The participants belong to a traditional society, of which one prominent characteristic is the separation between boys and girls from a relatively young age. Thus, through the years, men and women build social networks based solely on their own gender, up until marriage. Once they are married, both the men and the women have to change the makeup of their social network not only from single friends to married friends but also from a single-gender social network to a mixed social network of married couples. As apparent from the study findings, the women no longer meet with their single women friends and in general, tend to spend time mainly or exclusively with other married women. The men also described a significant decrease in joint activities with their single male friends and choosing to spend their time with other married couples. The findings reveal not only the unique difficulties of a traditional religious society but also shed light on the strategies used by the study participants to cope with this difficulty.

The personal professional: Reflections on the Use of Self in Family Therapy

Jake Johnson - United States

Short Description: In this presentation, information will be provided regarding how various schools of family therapy conceptualize the use of self in therapy. Strategies for effective use of self in therapeutic settings and important precursors to use of self in family therapy will also be discussed.

Abstract: Research on the common factors of therapeutic change suggests that a strong alliance between a therapist and his/her clients plays an important role in facilitating change in clients' lives and that the person of the therapist, in particular, is key in the creation of such therapeutic alliance. In this presentation, participants will be provided with information regarding how different schools of family therapy conceptualize the use of self in therapy as well as considerations for use of oneself in therapeutic settings. In addition, participants will learn of potential pitfalls associated with the use of self in family therapy, including strategies for avoiding such dangers and ways to repair the therapeutic alliance when one's use of self leads to a rift with one's clients. Finally, participants will learn about various precursors to the effective use of self in family therapy, with special attention paid to knowing oneself and one's family of origin experiences, one's own personal therapy, and other self-care activities.

Working with an Integrative Systemic Approach of Health: The WHOLE is Greater than the Sum of its Parts

Deisy Amorin-Woods - Australia

Lyndon Amorin-Woods - Australia

Short Description: This presentation explores the application of collaborative care between two complementary health professions, family therapy and chiropractic which acknowledges the complex inter-relationship of mind and body within a systemic scaffold.

Abstract: This presentation explores the application of collaborative care between two complementary health professions, family therapy and chiropractic which acknowledges the complex inter-relationship of mind and body within a systemic scaffold. One of the key aspects of optimum health and well-being is that it is integrative, both in the manner in which it is viewed and in the manner in which it is managed. This includes health practitioners working collaboratively with individuals and families, while acknowledging the interplay of mind and body. Health care systems are grounded in ideals of availability and responsiveness to the diverse needs of individuals, families and communities. However sometimes dissonance arises, particularly in the Western world, with a tendency to view health and well-being in a mechanistic rather than in a holistic way, leading to a wide range of problems manifesting in inappropriate service provision and resultant poor outcomes for individuals and families. In exploring this dynamic, we examine two complementary health professions; family therapy and chiropractic. Family therapy focuses on the individual/system relationship viewing problems through a systemic lens given issues in the individual being impacted by their 'system', thus engaging the whole system as a functioning unit. Similarly, chiropractic focuses on the inter-relationship between structure (body) and function (mind) and how that relationship affects the preservation and restoration of health and well-being. Using the example of these two complementary health professions, the aim of this presentation is to reflect how the two components of mind and body together constitute 'wholeness' in addressing health issues and applying systemic practice in a relevant, appropriate and whole-listic manner. Clinical systemic concepts will be explored, including the application of relevant working models.

How to Work with the Professional Genogram with Students and in Therapy

Umberta Telfener - Italy
Nevena Calovska - Serbia

Short Description: Time and space constitute cornerstones of psychological well-being, representing two important coordinates of human condition. How to utilize in the professional genogram will be offered in engaging participants in reflecting upon its implementation in their lives and in working systemically with students and in therapy.

Abstract: How to work with the professional genogram with students and in therapy Nevena Calovska Hertzog¹ and Umberta Telfener² Time and space constitute cornerstones of psychological well-being, representing two important coordinates of human condition. They are also starting points of the training journey of students in training for systemic practice. Both therapists and clients move among these coordinates in an attempt to reach a recursive equilibrium between present, future and past. "What do you like, how do you feel now?" question the presence, "What do you wish to accomplish, what are you aiming for, which new, future professional goals do you pose for yourself?" allow to project oneself from the present to future. "Where do you come from?" is another curious aspect we share, in training and in therapy. Techniques of professional genogram (more than singular process, all connecting context and life time) will be offered to participants to engage in reflecting upon its implementation in training and in therapy, but also to reflect upon "where" they stand and what other possibilities can be opened. 1. Nevena Calovska Hertzog, Ass. of Systemic Therapists, Belgrade 2. Umberta Telfener, Milan School of Boscolo & Cecchin, Milano, Italy.

ICT - Intensive Contextual Treatment

Jenny Apoy Söderdahl - Sweden

Timo Seifert Hougaard - Sweden

Eva Höglund - Sweden

Short Description: The more problems a family shows, the more interventions they get from society for instance school, social service, health care and others. The ICT-team on the Island of Gotland/Sweden is a living example of a contextual family therapy which helps the adolescent, the family and the families context.

Abstract: ICT- Intensive Contextual treatment A cooperative project between Child-and Adolescent Psychiatry and Social Services in Gotland, Sweden. We help adolescent who have high conflicts in their families. Our treating methods are including principles from Functional Family Therapy – FFT, Dialectical Behavior Therapy – DBT, and Cognitive Behavior Therapy –CBT. The adolescents are between 12 and 18 years old and have contact with either the Social services or the Psychiatry. ICT is a short (4-month long) manual-based outpatient treatment, tailored to suit families with high symptom loads and adolescents with self-harm and suicidal thoughts and behaviors. Most sessions take place at the family's resident. To optimize treatment and achieve synergy, both a family therapist and a youth therapist are engaged in each case providing frequent consultation with both school and Social Services. Our goals: Strengthen the family relations and their network. Increase the presence in school or planned employment. Prevent foster care. How we do it: We meet the families at home, at the office or elsewhere, it is important that we are flexible about where we meet, when we meet, how often we meet, who we meet. To bring support to what we do the family members fill in forms about their psychiatric mood, their family relations and the child's behavior – pre- and post treatment and 6 months after. After treatment we help the family members to get in contact with other care providers, for example: - family therapy service, - adult psychiatry, - school health service In our team we are five therapists: 1 coordinator, 2 family therapists, 2 individual therapists We have years of experiences from social services, psychiatry and school work.

Navigating Societal Marginalisation in Therapy: An Exploration of the Journey of Unaccompanied Refugee Young People and their Therapist.

Máire Stedman - United Kingdom

Short Description: •Is it possible to construct narratives across cultures? •Significance of trusting therapeutic relationship •Cultural & spiritual influences facilitating or hinder coping •What are models of engagement that most facilitate therapeutic change & where do concepts such as PTSD spirituality and cultural-bereavement fit in the context of collaborative-self-empowering practice?

Abstract: Navigating societal marginalization in the context of therapy. What place do personal, political and spiritual values have in the consulting room with refugee young people and does this extend beyond the therapy room? The author has extensive therapeutic experience of working collaboratively with unaccompanied refugee young people around their experiences of torture, organized violence and imprisonment, and, in some cases, of being a child soldier. Therapy has taken place at the Medical Foundation for the Care of Victims of Torture; the Refugee Council and more recently at the Helen Bamber Foundation, with young people from refugee and asylum-seeking communities. The following areas will be addressed: • Is it possible to construct a narrative across cultures, spiritual belief systems, and life experiences in the context of a culture which excludes and dehumanizes? • The significance of a trusting relationship as a means of facilitating therapeutic change. • Cultural and spiritual influences that may facilitate or hinder coping efforts in a given context – developing a secure and positive identity, based on culture of origin and spiritual beliefs, as well as learning the ‘language’ and meanings of the new culture in order to facilitate a sense of integration. • The use we make of particular models for understanding young people’s experiences will determine the kind of therapy that we provide. What are the models of helping and therapy that most facilitate the therapeutic change and where do concepts such as post-traumatic stress disorder, spirituality and culture bereavement fit in the context of collaborative and self-empowering practices? Despite the gravity of the circumstances, humor, culturally appropriate metaphors, and a willingness to engage in the re-authoring of stories and therefore of lives, has taken place in a context of great sensitivity to culture, spiritual beliefs, life experiences, and losses.

Single Parents Household Families, 20 years later

Ruth Casabianca - Argentina

Short Description: Actual social position of Single Parents Household Families will be discussed, in relation to some variables that have been already evaluated 20 years ago. Current research shows that the social support to these families, and the social meaning given to them, are relevant to their functioning.

Abstract: Objectives: The objective of the present Workshop is to present and exchange information with the different attending intercultural participants on which are the differences expressed in relation to “Single Parents’ Household Families”, comparing the culture of 20 years ago with that of the actual times regarding the mentioned subject. Methodology : 1 Statistical significant results obtained in 1998 will be presented. The results were collected in an empirical study on a sample composed by patients and volunteers (non-patients), considering different variables: demography, kind of problems, family and social network support. 2 Data obtained in a sample with similar characteristics and same studied variables taken in 2017 will be presented. 3 A comparative analysis of similarities and differences between both samples will be presented. 4 A dialogue and debate on the obtained results will be encouraged among the present members. Nowadays, general results permit to observe that in actual times certain trends already perceived in 1998 regarding the kind of problems presented by this type of families (consultants and non-consultants) are emphasized. More important appears the social support relevance to confront difficulties, as well as the influence of meaning given to the “Single Parent Household Families”.

Navigating the Emic or “Insider” Self: Lessons from Exploring War Trauma and Resettlement

Leckie Dwanyen - United States

Short Description: Navigating emic perspectives is salient when engaging in research or clinical practice with families in culturally specific contexts, particularly as a community “insider.” This presentation will highlight strategies to attend to “the emic”, while drawing on the presenter’s experience conducting research as an insider to Liberian-specific war and resettlement experiences.

Abstract: The emic perspective refers to an “insider” position that encompasses internal views relevant to culture, language, and the meanings ascribed to real-world events (Olive, 2014). In other words, the “emic viewpoint results from studying behavior as from inside the system” (Pike, 1967, p.37). This perspective plays a prominent role in conducting research while having deeply personal connections to lived experiences or cultural affiliations pertinent to the study. The emic perspective is also relevant to clinical work when engaging with families with whom we share cultural affiliations or nuanced lived experiences. Navigating such a position in conjunction with an “outsider” or etic perspective as a researcher, therapist, or both is salient when working with families in culturally specific contexts. In this presentation, various strategies to acknowledge and attend to the emic self when conducting research or clinical practice from an “insider” perspective will be discussed. Having both personal experiences with the topic of study and occupation as a cultural insider, the presenter will highlight key themes learned from conducting a needs assessment exploring war trauma and migration patterns in a resettled Liberian community in the United States. Considerations of navigating the emic self arose throughout the study and necessitated reflexive practices such as scribing and consulting about potential biases, motivations, and difficulties pertinent to the topic. Not only will strategies such as reflexive practices be explored, but also discussing the implications of addressing our insider positions in both research and clinical practice are central aims of this presentation.

MFT Education Online: Effective Strategies to Enhance Student Learning

Yulia Watters - United States
William Northey - United States

Short Description: The session will focus on innovative adaptive technologies, advancements in delivery methods, and the use of interactive video to enhance student learning in online or hybrid family therapy training programs. Participants will join groups lead by thought leaders to consider these contemporary educational opportunities.

Abstract: Online education for marriage and family therapy (MFT) has emerged to fill a gap in the extant educational system allowing access to MFT training to people who would often forgo such training, including people who live in remote areas, military personnel and their families, and working professionals across the world. The evolution of the distance-based education prompted MFT scholars and faculty to innovate to develop more engaging, comprehensive, and interactive online training for students and faculty. Traditionally, online training emulated brick-and-mortar approaches teaching relying heavily on textbooks and articles; quizzes, essays, and exams; and discussion board and posts. However, online faculty quickly learned that emergent technologies could be used to supplement and enhance student experiences, including videos, avatars, and adaptive technologies. In this session participants will learn cutting-edge technologies available to MFT educators and how to integrate them into their training programs that not only deliver information effectively, but also allows for real-time assessment of learning.

Parenting Stress in Families of Children with and without ADHD in China, Xi'an

Si Yang - Hong Kong

Short Description: Parenting stress may impede the function of parenting. In families of children with ADHD, parents were in a high level of parenting stress. Factors impacting parenting stress were analyzed from four domains: child, parent, interpersonal, and environmental. Findings were also compared with families of typically-developed children in China, Xi'an.

Abstract: Parenting stress was negatively affecting the parenting process and impede the function of parenting. This research was conducted in China, Xi'an. It was a cross-sectional survey with quantitative data analysis method. Around 500 families of children with and without ADHD were included in the research. The families of children with ADHD were recruited in a children's hospital and the families of typically-developed children were recruited in two primary schools. Their parents were invited to join this research. Factors that may affect parenting stress were analyzed from four domains: child domain (e.g., child ADHD symptoms), parent domain (e.g., parental ADHD symptoms, parental psychological health status, self-esteem, perceived social support), interpersonal domain (e.g., parent-child relationship, parenting alliance), and environmental domain (e.g., work pressure). These factors were examined in both families of children with ADHD and without ADHD. In the comparison, differences between the two kinds of families on parenting stress would be explored. Mothers were discovered suffering a higher level of parenting stress than fathers. The differences of parenting stress related factors between mothers and fathers were also explored. Based on these findings, a framework on parenting stress in families of children with ADHD and without ADHD would be established. Implications for clinical practice would be drawn, which may help families of children with ADHD and without ADHD to ease the parenting stress and to improve the family functioning.

Working with Cambodian-Americans and Transgenerational Trauma: A Narrative Approach

Korlany Roche - United States

Short Description: Utilizing a narrative therapy approach, this presentation will focus on specific interventions, techniques, and clinical considerations when working with second- and third-generation Cambodian-Americans and transgenerational trauma. Due to the lack of research within this population, further exploration is required to provide clinicians with foundational knowledge for treatment.

Abstract: Recent studies on the effect of transgenerational trauma amongst second- and third-generation individuals indicate many issues of lack of communication, lack of support, communication barriers, etc. (Munyas, 2008). Amongst the Cambodian population, traumatized parents have been found to “silence” their experiences of the genocide and tend to avoid direct communication of their trauma and experiences (Lin & Suyemoto, 2016). In effect, offspring of traumatized parents have been found to show higher levels of behavior problems, anxiety, depression, PTSD-related symptoms, lower self-esteem, higher levels of disruptive behaviors, difficulties in academic performance and peer relations, and emotional and psychiatric disturbances (Pearrow & Cosgrove, 2009). This presentation will review the effects of transgenerational trauma amongst second- and third-generation Cambodian-Americans, and offer a therapeutic framework to provide clinicians with the tools to work within this population. Utilizing narrative therapy, this presentation will focus on specific techniques, assessments, and interventions to provide clinicians with foundational knowledge and tools to treat this population. In addition, this presentation will discuss self-of-the-therapist issues related to working with this specific population.

Snap Parenting: Teenagers in the Age of Social Media

Dr. Adrienne D. White - United States

Dr. Karen Rowland - United States

Short Description: In a world of snapchat and Instagram: parents today have to be more mindful than before of what their teens are being exposed to from the comforts of their own home. This presentation delves into the influences of social media on the modern family's systemic development and innovative parenting techniques.

Abstract: Technology is changing our world, however what does it mean for parenting teenagers? This presentation explores 6 of the most popular social media platforms that teenagers use in the United States. Additionally this presentation explores the benefits and dangers on these applications that parents and family therapist should be aware of. In a world of snap chat, twitter, Instagram, and whisper, parents in 2018 have to be more mindful than before of what their teens are being exposed to from the comforts of their own home. For example some applications allow communication with strangers who share their usernames to find people. The aforementioned application allegedly has been used in high-profile crimes, including the murder of a 13-year-old girl and a child-pornography case. Therefore, this presentation delves into some of the influences that social media has on the modern family's systemic development and how clinicians can arm parents with innovative parenting techniques.

Divorce Contract in the Safe – Upside Down Therapy

Cheli Bolless - Israel

Short Description: Sometimes, a signed divorce agreement opens an opportunity to marriage reconstruction. Couples that had signed a divorce contract were forwarded to family therapy that was successful and the marriage was saved. I referred also cases of couple therapy that went nowhere to divorce lawyer and back to treatment.

Abstract: In the last 24 months, I was approached by three different lawyers who referred to me three couples that had signed already a divorce contract. In each case the specific lawyer had the feeling that in spite of the divorce contract, maybe the separation process might be reversed. In the intake process I realized that the contract enabled the offended party to relax and get to the treatment open minded exploring alternative separation and possible marriage reconstruction. During the treatment, I figured out that the divorce agreement achieved a new equilibrium between the parties. The party that was hurt achieved revenge, which reduced the tension, helped his/her self-esteem and created a new balance of power. In addition, the signed divorce agreement created a clear road map with an exit in case the relationship will deteriorate. In all the three cases, the therapy treatment was successful and the marriage was saved for the time being. I decided to give the process a double meaning name “Divorce in a Safe”. The encouraging results caused me to establish a systematic network with several divorce lawyers. They are referring to therapy, couples who get divorced but seem to be not hopeless. The upside-down effect encouraged me to try also the opposite direction. In the last two months, I had two cases of couple therapy that went nowhere. I referred them to divorce lawyer to get a signed divorce agreement, leave it in the lawyer’s safe, and get back to treatment. It is too early to measure the impact but so far, they started to communicate again and explore their joint future, which they refused to do before they got the “Divorce in a Safe”. My lesson: Sometimes it takes a “Divorce in a Safe” to get a couple back to explore their joint future. It helps them to dig themselves out of the dead-end situation in which they found themselves and give us, the family therapist and divorce lawyers an upside-down tool to help them reconstruct their marriage.

Use of Systems Theory in Business and Organizations

Ariane Ladd - United States

Short Description: Systems theory that has wisely guided work with families is also a powerful in enhancing organizational functioning. Relevant businesses are utilized to show how systemic concepts operate and influence productivity. Marriage and family therapists can broaden their influence by applying principles to assist organizations in achieving their goals and objectives.

Abstract: Systems theory that has wisely guided our work with families is also a powerful view from which to enhance organizational functioning. As the interconnectedness of group functioning contributes to or impedes productivity, increasing the range of alternatives for patterns of communication will affect adaptability and guide organizational productivity to achieve goals, ultimately influencing the bottom line. Utilizing examples of relevant industries, my team and I will highlight communication in organizations that supports growth and development and measure whether it is congruent with mission and vision statements. We will compare open and closed systems and indicate how feedback loops shape employee and customer satisfaction. Observing organizational cultures, we will show how clarifying boundaries and the hierarchy leads to increased efficiency and improved productivity. In addition we will demonstrate deliberate strategic interventions to empower these organizations in an intentional way to achieve goals and objectives. Institutions and groups throughout our communities can benefit from the concepts of systems theory. As marriage and family therapists we can broaden our scope of influence to positively inspire systemic change.

Perception of Connection: Building Attachments Through the Lens of Technology

Ashley Roth - Hong Kong

Short Description: As children grow and seek autonomy, away from their secure base, are attachments in the technological age created the same way? Or have new technology-based interactions created a false sense of connectedness? Attachment theory is utilized to examine the growing concern of text type interactions in youth and their families.

Abstract: The evolution of technology has changed the way we communicate and interact with one another. Computers have become a part of our everyday existence and the idea of losing them would be an alarming cultural shift. As a nation and as a world we have become efficient in everything we do from shopping to ordering a pizza to the way we stay in touch with friends. With this efficiency comes a sacrifice from the way things were once done. One area in particular that has been impacted by the advances in technology has been our relationships. Conversations about work, school, family, etc, have moved to an online venue, enabling us to take care of all that we have on our to-do list without ever having to leave the comfort of our homes. It is difficult not to see all the positives that have come with the advances. Yet, recently we have taken a step back from our computers, phones, and touchpads to realize that another change seems to be taking place. Our social networks have become larger but how connected are we actually to these people? Have we taken out parts of humans physically being with each other and inserted a lot of ways to feel like we are with each other? As counselors what does this mean for upcoming generations that don't think friendships are real until they have been accepted on Facebook. Or have found the most efficient way to begin and end a romantic relationship with a quick text. A huge part of our work is in creating relationships and being connected with our clients, but it is also to look at what is at the root of their problems. This poster will look at the perceptions of connectedness in textual based relationship provided through technology.

Clinical Outcomes and Medical Compliance of Children with Attention Deficit/Hyperactive Disorder and Parents' Life Congruence after Attending A Psychoeducational Program based on the Satir Model

Soontaree Srikosai - Thailand

Short Description: Parents who have a child with ADHD have no peace of mind which is related to clinical problems of children. The psychoeducation approach needs to improve knowledge and understanding of child care, including helping parents to positive internal change.

Abstract: Objective: To compare clinical symptoms and medical compliance of children with attention deficit/hyperactive disorder (ADHD), and life congruence of parents between parents who attended the psychoeducational program based on the Satir Model and those who attended the standard education program Materials and Method: A randomized controlled trial design was applied in this study. Samples were parents of child with ADHD. The experimental group consisted of 34 parents who attended the Psychoeducational Program Based on the Satir Model. The control group consisted of 34 parents who attended the standard education programs. The research instruments were Swanson, Nolan, and Pelham IV Scale (SNAP-IV), Drug Compliance Questionnaire, Life Congruence Scale, and Parenting Stress Index-4-SF. Outcomes were investigated at the end of the program (week 4), then week 8, week 16, and week 28 follow-up. Results: The clinical symptoms and drug compliances of children in the experimental group were better than the control group at week 16 and week 28 follow up, and at week 4 follow up respectively. Parents in the experimental group showed better results on the Life Congruence Scale than the control group at week 16, and week 28 follow-up, and also reported lower stress score than control group at each time point of follow up. Conclusion: Providing the psychoeducational program based on the Satir Model to parents of children with ADHD helped them to be more congruent and less stressful, which consequently improved clinical symptoms and medical compliance of children. This psychoeducational program should be considered to provide routinely to clients in child and adolescent mental hospitals.

Solution Focused Sex Therapy: Working with Couples who Experience Non-Chronic Sexual Difficulties

Jung Wonbin - United States

Short Description: This presentation will discuss a solution-focused approach to sex therapy when working with couples who experience non-chronic sexual difficulties.

Abstract: In the presentation, the presenter will discuss the major tenets of Solution-Focused Therapy as related to its applicability to sex therapy, and what cultural, biological, psychological and social aspects may influence sexual struggles in couples. Finally, the presenter will discuss why Solution Focused Therapy is suitable for sex therapy and how to utilize the techniques of Solution Focused Therapy when working with couples who experience non-chronic sexual difficulties.

Expanding Access to Rural Team-Based Health Care: A Colorado Model

Mike Olson - United States

Short Description: Opportunities for MFTs in medicine continue to expand as healthcare reform moves toward prevention and team-based, multidisciplinary care of patients. This presentation will review both statewide and local projects (funded at the state and national level) that have focused on bringing mental/behavioral health together in the medical/primary care of patients.

Abstract: Opportunities for MFTs in medicine continue to expand as healthcare reform moves toward prevention and team-based, multi-disciplinary care of patients. Colorado is the recipient of a \$65 million dollar grant called the State innovation Model or SIM, funded by the Center for Medicare and Medicaid Innovation with the focus of ensuring access of 80% of residents of the state to integrated primary care by 2020. The COEARTH (Colorado is expanding access to rural team-based health care) project (of which the lead presenter is the PI) is aligned with the larger state (SIM) initiative and is focused on rural primary care offices in western Colorado. The COEARTH project described in this presentation involves the partnership between private payor (insurance), university (university of Colorado department of family medicine), and faculty at our family medicine residency program (physicians and marriage and family therapists/behavioral scientists) in western Colorado. Through these partnerships, our team has worked closely with small, rural primary care clinics to build integration and collaboration between mental/behavioral health and medical care of patients. The program/curriculum described will overview the three levels of participation - coordinated, co-located, and integrated care and discuss implications/applications for MFTs trained in systems and collaborative care models.

Sit-in the Session: The Evolving Journey of Learning Family Therapy as a Co-Therapist

Lili Xia - Hong Kong

Lai-chong Ma - Hong Kong

Short Description: Co-therapy has been a common practice in family therapy as a treatment modality and a training strategy. It's evidenced as a relatively safe and gradual process of the therapist' becoming a competent solo therapist. This study reveals the co-therapist's evolving role as his/her involvement and experiences increase throughout the process.

Abstract: Co-therapy has been a common practice in family therapy as an alternative treatment modality and also a training strategy. Many prominent family therapists advocated the use of co-therapy for its multiple benefits for both the clients and the therapists, including the mutually complementary resources and competence offered to the client, the potential of role-modeling for both client and the therapist, the shared responsibility and reduced workload between the therapists and so on. From the trainee's perspective, working as a co-therapist has been evidenced as a relatively safe and gradual entry into the competence of being a solo therapist. Since the first day of sitting-in the session and then after, the role of the co-therapist evolves as his/her involvement and experiences increase along with the process of the therapy. This study presented findings from interviews with four social workers about their learning experiences of sitting in the family therapy session led by an experienced therapist for an extended period. The family's perspective about the usefulness of co-therapy treatment modality and the perceived change about the two therapists' involvement overtime was included to enrich the findings. Revelation of such an evolving journey of learning generates meaningful inspirations for both the trainee and the trainer of family therapy for further enhancing their learning, training and therapeutic skills.

Effectiveness of an Alcohol Relapse Prevention Program Based on the Satir Model in Alcohol-dependent Women

Soontaree Srikosai - Thailand

Short Description: Currently existing alcohol relapse prevention programs do not specifically address factors of alcohol relapse in women that may lead to rapid relapse and more frequent re-admission. This study examines the effectiveness of an alcohol relapse prevention program based on the Satir Model.

Abstract: This study aimed to determine the effectiveness of an alcohol relapse prevention program based on the Satir Model on self-esteem, self-efficacy, life congruence, and drinking behaviors by measuring heavy drinking days, abstinence days, and levels of serum gamma-glutamyl transferase (GGT) in alcohol-dependent women using a randomized controlled trial design. Thirty-nine alcohol-dependent women hospitalized at either Suan Prung Psychiatric Hospital or Thanyarak Chiang Mai Hospital, in Thailand, were randomly assigned into an experimental group of 18 women or a control group of 21 women. Results revealed that immediately following, and at 12 and 16 weeks after completing the alcohol relapse prevention program, participants in the experimental group demonstrated statistically significant increased self-esteem, self-efficacy, and life congruence, statistically significant increased abstinence days, and statistically significant decreased heavy drinking days compared to the control group. At 16 weeks after completing the program, the experimental group had statistically significant lower levels of serum GGT than the control group. The alcohol relapse prevention program based on the Satir Model improved psychological health and prevented alcohol relapse among alcohol-dependent women.

Human Trafficking: An International Hidden Epidemic

Kris Hull-Houghton - United States

Jacqueline Tome - United States

Short Description: In this short presentation, you will learn signs and symptoms to identify human trafficking internationally and clinical interventions to use with survivors. You will also receive referral information on resources in helping individuals who have been trafficked.

Abstract: During this brief presentation clinicians will learn how to better identify victims of human trafficking on an international basis, and be provided with clinical intervention tools that can be used in working with survivors. A short overview of a case study will also be presented in working with an individual that has been trafficked, and her journey in healing.

What's in the Dance? The Art of Integrative Interactional Couple Therapy

Warwick Phipps - South Africa

Short Description: Couple Therapy is challenging, involving intense conflict, emotions, and power struggles. Drawing on the integrative interactional approach, the therapist identifies ineffective, hurtful, and destructive patterns of interaction: the couple's interactional "dance." The art of Integrative Interactional Couple Therapy is to help facilitate a more effective, constructive, and helpful interactional dance.

Abstract: Couple Therapy is an especially challenging form of therapy as couples are quickly disposed to intense conflict, strong emotional expression, escalating power struggles, judgement and blame, and attempts at alliance building with the therapist against the other partner. Ultimately the couple are entrapped in unhelpful, ineffective, hurtful, and sometimes destructive patterns of interaction. The challenge then for the therapist is to identify what these patterns of interaction are and how they relate to the couple's presenting problem. From an integrative interactional perspective, this involves observing a host of interactional markers ranging from definition of the relationship, clarity of communication, emotional distance, congruence, empathy, unconditional positive regard, confirmation/acknowledgement through to expression of needs, meta-communication, problem-solving, and degree of flexibility exhibited by the couple in terms of their behaviour, communication, and interaction together. By analogy, these recurring patterns of interaction constitute the "dance" of the couple. And by extension of the analogy, the therapist drawing on an integrative—that is, a person-centred, communications, and systems family therapy—interactional approach, helps the couple explore new steps, new dances, and in different contexts. To the extent that the couple exhibits effective communication and effective interaction concomitant with the resolution of the presenting problem, this represents something of the art of Integrative Interactional Couple Therapy.

The Rise and Fall of Psychiatry (And What it Means for Psychotherapy)

Jonathan Sedarati - United Kingdom

Short Description: It has been decades since the ideological battle to define 'abnormality' was won by psychiatry. Today, being diagnosed 'mentally ill' is now 'the norm, not the exception' (Schaefer, et al., 2017, p. 220). How did this happen? And why did a recent UN report advocate abandoning the prevailing biomedical paradigm?

Abstract: It has been decades since the ideological battle to define 'abnormality' was won by psychiatry (Kirk, Gomory, & Cohen, 2013). In the past, psychiatrists utilized psychotherapeutic interventions more frequently and were much less reliant on pharmacological solutions to their clients' complex problems. However, as a result of psychiatry's medicalization of everyday life (Frances, 2014), only ten percent of psychiatrists now offer therapy to all of their clients, and this decline has coincided with an increase in the prescription of medications (Mojtabai & Olfson, 2008). Moore (2016) reported that one in six Americans now consume at least one psychiatric drug, with one in eight consuming an antidepressant. The dangers and lack of efficacy of these drugs have been expounded, repeatedly (Breggin, 2013; Moncrieff, 2008; Gøtzsche, 2015). In addition, the attempt by the DSM-IV's Task Force Chair to 'save normal' (Frances, 2014) appears to have failed. According to Schaefer et al. (2017), receiving a psychiatric diagnosis is now 'the norm, not the exception' (p. 220). Despite the proliferation of psychiatry's mantra that 'mental illness is an illness like any other' (Read & Dillon, 2013), fewer and fewer students are entering the profession (Balon, Coverdale, & Roberts, 2011; Katschnig, 2010). A survey asking UK medical students why they decided to leave the field of psychiatry cited reasons that included a lack of evidence supporting psychiatric diagnoses and treatments (Lambert, Turner, Fazel, & Goldacre, 2006). These concerns are consistent with a recent UN report (2017) which stated: 'A growing research base has produced evidence indicating that the status quo, preoccupied with biomedical interventions, including psychotropic medications and non-consensual measures, is no longer defensible in the context of improving mental health (p. 4).' The UN's call for a paradigm-shift may represent a watershed moment, regarding psychiatry's future. The lack of empirical support for psychiatry's foundations (Davies, 2013), its poor treatment outcomes (Whitaker, 2010), and the decline in professional interest in the field (Katschnig, 2010), represent an opportunity for psychotherapeutic community to reassert its usefulness to the public and emphasize the importance of context (Watzlawick, Bavelas, & Jackson, 2011) in addressing psychological distress within families.

A Step Towards Better: Using Floor Marker Constellations in Family Therapy Supervision

Roger Lowe - Australia

Short Description: Floor marker constellations are a creative experiential method for resolving supervision dilemmas. Rectangles of paper are positioned on the floor to represent important elements in a dilemma, and a combination of movements and sentences are used to illuminate dynamics and achieve resolution. Audience members will participate in a live demonstration.

Abstract: This workshop features a specific application of Systemic Constellation Work to professional supervision. Best known in family, organisational and coaching contexts, constellation work involves the physical and spatial representation of key elements in a client's dilemma. When working with groups, actual group members are used to represent these elements. In individual work, however, the "representatives" are either small objects and figures placed on a table top ("figure constellations") or flat markers placed on the floor ("floor marker constellations"). Using a variety of methods, the constellation of elements is restructured in ways that provide more harmony, insight and possibilities. Systemic Constellation Work can also be adapted to the needs of professional supervision, where it provides a brief, experiential and creative alternative to more verbally-based methods. It is a unique way of working that can be used alongside existing supervision models and across cultures and contexts. This workshop will focus specifically on individual supervision using floor marker constellations. This format requires the minimum of resources (several rectangles of paper, a pen, and floor space) yet can be surprisingly effective in illuminating and resolving supervision dilemmas. The process will be briefly described and then a volunteer from the audience will be invited to present a live supervision issue and participate in a demonstration. The process involves the volunteer moving between the different floor markers, noticing differences from each position, making systemic statements, and repositioning the markers to enhance relationships. The unfolding movements are a series of experiments with taking a step towards better.

Meta-Analysis of Risk Markers for Elder Abuse

Zephon Lister - United States

Short Description: This is the first meta-analysis to examine mental health risk markers for elder abuse. Results revealed that Depression, Alcohol use, Anxiety, Loneliness, Stress, and Mental/Psychological health were moderately associated (r 's = .19-.33) with elder victimization. These results will inform clinicians/agencies who serve and protect potential victims of elder abuse.

Abstract: As early as the 1950s, the U.S. Congress made formal efforts to help one of the more vulnerable members of society—our elders. However, it was not until several decades later that elder abuse truly garnered international attention with the publication about “granny battering” in the British Medical Journal in 1975. Since that publication, there have been numerous individual studies that have closely looked at risk markers for elder abuse, IAN estimated 1 of 10 elders (worldwide) experience some form of abuse each month (this number might be higher, as it is rarely reported)—and the population of 900 million elders in 2015 will double (~2 billion) by 2050 (Cooper et al., 2008; WHO, 2015). Global elder abuse prevalence rates (yearly) range from 2% to 61%, depending on the country and specific population. While existing research has reported risk factors associated with elder victimization, in spite of the growing interest in understanding elder abuse and neglect, there is currently no meta-analysis testing the relationships between mental health factors and elder abuse. Method: We conducted a comprehensive literature search of 22,000+ potential studies (published from 1969 until 2015) as a large meta-analysis of risk markers associated with elder abuse and neglect. Studies were selected for coding if they included quantitative data necessary for the calculation of at least one effect size and were coded by two different researchers. Comprehensive Meta-Analysis (Version 2; Borenstein et al., 2008) was used for data analyses. Results: This research discussion presents several mental health risk markers that are significantly related to elders being victims of abuse and neglect. Results revealed that Depression, Alcohol use, Anxiety, Loneliness, Stress, and Global Mental/Psychological health were moderately associated (r 's = .19-.33) with elder victimization. Anger and Personality had small effect sizes. Implications: Culturally-sensitive interventions aimed to prevent and treat elders who experience abuse and neglect will be discussed. Findings from this study can also help inform the therapeutic practice of clinicians working with families dealing with mental health difficulties and elder victimization. Author: Krystin Macias, Annie Johansson and Bryan Caffery Presenter: Zephon Lister.

Investigating the influence of Family Factors on Infant Parenting Approaches during One Year Postpartum Period among United States Parents

Koh Yee Woen - Singapore

Short Description: 204 US parents were recruited to an online survey during one year postpartum. Family factors were important predictors of parenting approach at 1 year postpartum. In particular, low family communication and high work family conflict were found to be associated with discipline and anxiety parenting approach.

Abstract: The current study aimed to examine the influence of family factors including family cohesion, family communication and work family conflict on the infancy parenting approach of US parents during one year postpartum period. 204 new parents were recruited to an online survey during one year postpartum period. Valid psychological instruments were used to measure family cohesion, family communication and work-family conflict. Infant parenting approach (anxiety, parent-led routine, involvement, nurturance and discipline) was measured by Infant Parenting Style Questionnaires. Demographic factors such as age, gender, education level, race, family income and relationship status were also measured. The sample consisted of 41.7% of fathers and 58.3% of mothers aged from 22-58 years old (mean=31.89, SD=5.83). Correlations showed that Parent-led routine and nurturance approaches were not correlated with any of the family factors. Involvement approach was correlated with higher family cohesion, higher family communication and lower work family conflict while anxiety approach was correlated with lower family cohesion, lower family communication and higher work family conflict. Discipline approach was correlated with lower family communication. Further analysis using regression showed that being a father, and lower family communication could significantly predict discipline parenting approach for their infants. Anxiety parenting approach was predicted by being a father and high work family conflict. Results showed that family factors were important predictors of parenting approach as early as one year postpartum period. In particular, low family communication and high work family conflict were found to be associated with discipline and anxiety parenting approach. Further study was suggested to investigate the effect of family factors in a longitudinal manner. Further studies on the relationships between parenting approach and children well-being would also enhance the theoretical understanding on this topic.

The Influence of Family Cohesion and Communication During Pregnancy on Postpartum Work Family Conflict among American New Parents

Gwyneth-Ann Kim Choo - Singapore

Short Description: This study aimed to investigate factors such as family cohesion, communication and social support during pregnancy on postpartum work family conflict among a U.S sample of new parents. Regression analyses indicated female gender and less children in the family were the more robust predictors of work family conflict at postpartum.

Abstract: Background: This study aimed to investigate factors such as family cohesion, communication and social support during pregnancy on postpartum work family conflict among a U.S sample of new parents. Method: A total of 204 parents (119 female, 85 male) from the United States participated in this study by completing a 15-minute self-report online questionnaire. Their ages ranged from 22 to 58 years old with an average of 31.5 years old. Ages of the indexed infants ranged from 1 to 12 months, with an average of 6.70 months. Standardized measurement scales were used to assess family cohesion and communication, social support during pregnancy and work family conflict at postpartum. Results: Bivariate correlation analysis results showed that low levels of family cohesion, family communication, and social support during pregnancy were related to high levels of work family conflict at postpartum. Regression analyses indicated that compared to family cohesion and communication, female gender and less children in the family were the more robust predictors of work family conflict at postpartum. Conclusion: Antenatal classes should also include ways to enhance family cohesion and communication as well as coping and balancing work-family demands. These programs are of particular relevance to new mothers and first time parents.

Accreditation Process for Marriage and Family Therapy Training Programs

William Hiebert - United States

John Lawless - United States

Short Description: Members of the International Accreditation Commission for Systemic Therapy Education (IACSTE) will provide information for programs desiring accreditation as well as answer questions from programs already accredited.

Abstract: The International Accreditation Commission for Systemic Therapy Education and Training (IACSTE) provides two levels of accreditation for marriage and family therapy training and education programs. The new classification system has two tiers: Tier 1 Accreditation for Primary Training Programs and Tier 2 Accreditation for Advanced Training Programs. Tier 1 Accreditation is based on the demonstration that a program meets the minimum or basic standards set forth by the International Accreditation Commission for Systemic Therapy Education (IACSTE). Programs desiring to apply for recognition at this level should go to Tier 1 Application. Tier 2 Accreditation is based on the demonstration that a program meets more advanced standards as set forth by the International Commission for Systemic Therapy Education (IACSTE). Programs currently accredited by the Commission on Accreditation for Marriage and Family Therapy Education meet these standards.

Family Therapy Training Around the World

John Lawless - United States

Abstract: Moderator, John Lawless, will discuss 'Family Therapy Around the World' with panelists from the various family therapy associations.

Family Therapy in the “Majority world” Creating and Adapting Models to Fit Non-Western Contexts

John K. Miller, Ph. D. - United States

Abstract: Most models of family therapy were developed in the West, where only 15% of the world’s population resides. This presentation will explore, with case examples, the utility of adapting Western family therapy for “majority world” contexts where over 85% of the Earth’s population reside. John Miller is a Professor at Fudan University in Shanghai, as well as an adjunct Professor at the Royal University of Phnom Penh in Cambodia. He is a past Fulbright Senior Research Scholar to China (2009-2010) and the founder of the Sino-American Family Therapy Institute (SAFTI). He has recently published several articles and a book chapter on subjects related to the presentation.

Influence of Grandparenting to Family System in China

Yaorui Hu - China

Short Description: In modern Chinese family, the phenomenon of grandparenting become more and more common. Grandparenting can release parents pressure, but also makes the family more prone to the interpersonal conflicts and grandparents generations' over-involved to the nuclear family. My presentation will discuss this special phenomenon in differentiation and intergenerational transmission perspectives.

Abstract: From traditional Chinese point of view, one of the significant characters of happy family is family members being close to each other in a tight unit. Thus, in many Chinese family, married adult children still choose to live together with their parents or live in the neighborhood of their parents, so that their parents could help them to do household chaos and take care of their kids, which occurred a lot in China. Although many parents think they helps their adult children to release many pressures and burdens since many of those young parents are already very stressful in their workplace. However, it has a big influence on the whole family system. From the differentiation point of view, it makes obstacles in young adults launching process and have negative influences on their self-differentiation, so that it disturbs the normal process of the family development. It may cause more conflicts between parents and their adult children and result in an enmeshed relationship between them. On the other hand, the aging people in China try to prove and fulfil their value from their children's family, which also let them have the possibility to transfer their uneasy and anxious to their children's nuclear family. This kind of vertical anxiety even could transmit to the third generation, which make the young kid more vulnerable to pressure and prone to variety of children mental health problems.

Contemporary Single Young Women in the Chinese Context: Family Life Cycle Implications

Jing Gai - China

Short Description: This presentation will explore the lives of single young adult women living alone in the contemporary mainland Chinese context, through the lenses of the family life cycle and Bowen Systems Theory.

Abstract: PRESENTER: GAI JING, SINO-AMERICAN FAMILY THERAPY INSTITUTE (SAFTI), SHANGHAI ABSTRACT: This presentation will explore the lives of single young adult women living alone in the contemporary mainland Chinese context, through the lenses of the family life cycle and Bowen Systems Theory. China's rapidly developing economy, urbanization, and changes in the structure of the family have brought a host of new developments to Chinese singles. Historically young women went from their father's homes to their husband's homes, skipping over the lifecycle stage of the single young adult. Many young Chinese women today are enjoying a newly discovered period of life after they leave their family of origin, but before beginning their own family. This period of time has afforded modern Chinese women a new opportunity for self-differentiation, sexual freedom, and financial independence. The presenter will discuss the implications of these changes for family therapy, and the future of family life in mainland China.

Common Issues for Family Therapy in China

Xiaohong Dai - China

Short Description: I am a full-time counselor practices in a private practice and a psychiatric. I draw a conclusion of the common issues in Chinese family therapy basing on my experience from my clinical work.

Abstract: 1. A anxious mother plus an absent father, easily to lead to a problematic kids; 2. Violent parents' negative psychological influences on children; 3. Culture conflicts between post-70s generation parents with post-90s generation kids; 4. Conflicts between test-oriented education and kids' psychological development. What are the purposes of study? What's the meaning of life? 5. How to help the kids with school refusal problems, Internet addictions, and campus bullies? 6. How to deal with the postpartum depression, conflicts between mother-in-law and daughter-in-law, and mama's boy phenomenon? 7. Single children parents' relationships with their own kids. 8. Feudalistic superstition's influences on psychological illnesses. All aboves are basing on my ideas, couldn't represent for all the Chinese families.

Evolution of Family Therapy in Thailand: Yesterday, Today and Tomorrow

Dr. John Lawless - United States

Dr. Parichawan Chandarasiri (Ann) - Thailand

Dr. Palisara Thommachot - Thailand

Dr. Yongyud Wongpiramsarn - Thailand

Dr. Umaporn Trangkasombat - Thailand

Abstract: Co-Moderators Dr. John Lawless and Dr. Parichawan Chandarasiri will lead a panel family therapists from Thailand discussing the Evolution of family therapy in their country.

Treating Couples Through the Lens of Attachment

Elizabeth Bennett - United States

Tin Weng Mak - United States

James Ellis - United States

Cynthia Messier - United States

Katie Rosenberger - United States

Mollie Pierce - United States

Short Description: Humans are hardwired for attachment to another. Childhood attachment patterns often develop into the healthy or unhealthy attachment patterns of adult couple relationships. Attendees will learn to recognize, assess, and apply techniques that developing secure attachment patterns in couples to increase effectiveness in treating a wide variety of couples' issues.

Abstract: From birth forward, humans are hardwired to develop attachment patterns with their primary caregiver(s). Infants who are responded to accurately, consistently, and in a timely way with fondness and delight are most likely to develop patterns most conducive to health and emotional well-being. Those who do not receive consistent, accurate and warm care develop alternative patterns that may help to tolerate the insufficient care-taking but that become problematic for the child for the rest of the child's life across any relationship. Indeed, these patterns of attachment tend to follow the child into later friendships, student-teacher relationships, dating connections, and eventually adult partnerships. The healthy, or secure, patterns provide protective factors that grow and sustain positive couple patterns; conversely, anxious or insecure patterns of childhood become problematic in adult relationships impacting communication, conflict resolution, and even sexual functioning. Such patterns tend to be persistent; still, it is possible to change said patterns. An adult with a secure attachment style can experience abuse, neglect, or trauma and become less secure and more anxious or avoidant. Alternatively, those who initially have an insecure or avoidant pattern can experience ongoing events that alter the way the individual sees the world and increase risk-taking for security and healthier interactions. Intentional work to that end can help to build secure attachment within the couple's relationship that alters nearly every facet of that relationship. Therapists who are knowledgeable regarding attachment styles and the ingredients contributing to the development of secure attachment, who can assess attachment, and who can implement strategies using secure attachment building techniques can assist the struggling couple to develop healthy communication patterns, build effective conflict resolution skills, and improve sexual functioning. This presentation will provide an overview of attachment development. Attendees will learn to assess attachment styles in couples. Strategies for increasing secure attachment will be provided along with specific techniques the therapist can apply that are designed to develop security within the couple and enhance communication, conflict resolution, reciprocal vulnerability and care, and increased intimacy and satisfying sexual functioning.

The Family Therapy through the Lens of Different Therapeutic Modalities

Dr. John Lawless - United States

Dr. Parichawan Chandarasiri (Ann) - Thailand

Dr. Sirirat Ularntinon - Thailand

Dr. Assawin Narkpongphun - Thailand

Dr. Nawanant Piyavhatkul - Thailand

Abstract: Co-Moderators Dr. John Lawless and Dr. Parichawan Chandarasiri will lead family therapists from Thailand discussing family therapy through the lenses of different therapeutic modalities.

Couples, Pre-Marital Counseling, and Exercise?

Ben-Gassendi St. Juste - United States

Short Description: For a long time now research has shown a positive correlation between exercise and mental health. Since, exercise/fitness has been incorporated, in many ways, into various aspects of life in creative ways. This interactive workshop will give an overview about how exercise is being used in pre-marital counseling.

Abstract: This presentation will focus on the creative and innovative ways that exercise is being incorporated into the practice of family therapy for the purposes of building and/or strengthening communication patterns and conventions in couples seeking premarital counseling. The presentation will explain the thoughtful planning and logistics involved with doing this kind of therapeutic work. The presentation will also explore such things as, determining group size, collecting data, interpreting that data and relaying information in a manner that is sensitive and relevant to all participants, particularly in a large group setting. The presentation will include case examples as well as interactive activities and demonstrations and will explore how this framework could be implemented using different modalities. Finally, the presentation will explore the benefits and the challenges of doing this type of work with couples and couple groups.

Therapist Expectations: Burnout and Supervision

Antionette Edmonds - United States

Short Description: This presentation will also discuss the importance of receiving supervision and feedback weekly to prevent burnout. According to Kanz (2001), mental health professionals who are not adequately supervised tend to have lower personal job satisfaction (p. 198.)

Abstract: There are many roles and expectations the world perceives therapists to perform in the work we do. The world perceives therapists as the “fix it person/repair person.” This presentation will explore and highlight how the “fix it person/repair person” language can be used as a way for therapists to become burnout by not providing effective therapy to solve our client’s problems. First order cybernetics can make detached objective assessments about what is wrong and a therapist can fix problems in a way analogous to the way mechanics fix a malfunctioning engine (Hill, 1997). The JMFT article, “Saving the Planet,” reports how the world perceives a therapist as humanity’s messiah: the salvation of a sick society (Johnson, 2001). If we are categorized as the fix it person/repair person, we are put in a high standard to carry this title. It would be our jobs to fix the problems of our clients.

Training and Supervision of Beginner Couple Therapists: Guidelines from NIMHANS, Bengaluru, India

Anisha Shah - India

Short Description: Beginner couple therapists' conceptual skills can develop very rapidly in any clinical training program but their behavioral skills for conducting conjoint sessions often stray away from conceptual anchor in theories. Guidelines discovered over 25 years of training and supervision of beginner couple therapists will be shared in this program.

Abstract: All beginner therapists who are sent to the family therapy unit for their mandatory training in couple and family therapy have some basic orientation to counseling and psychotherapy principles/supportive psychotherapy/cognitive-behavior therapy/child psychotherapy and parent training. This is a part of their professional training in clinical psychology/psychiatry/child psychiatry/psychiatric social work courses at NIMHANS, Bengaluru, India. While their basic skills are developed through a variety of teaching and training programs, they simultaneously start providing services to families and couples. Since many couples present with marital issues in the forefront and see individual psychopathology/diagnostic issues/medication issues as less relevant, conjoint sessions become extremely challenging as the theoretical anchor fluctuates rapidly in response to both partners' expectations and goals of therapy. These therapists are introduced to many theoretical models for couples therapy like systems, cognitive-behavior, emotion-focused, psychodynamic and integrated approach. Simultaneously, through a variety of interactive sessions, they are helped to differentiate couple therapy population, and establish links with presenting problems and couple history. Through encouragement and support, their awareness of themselves as a therapist, preferred orientations, and skills mastered, and fears and apprehensions are also brought out in discussions. Theoretical stances are pointed out in the way they summarize the sessions, hidden stances are discovered, paradoxes in conceptual approach are presented for them to revise their view of the couple and to plan forthcoming sessions. Then they are guided to improve the choice of model as well as to view the formulations as tentative while being informed by session processes. This training has resulted in many competent couple therapists and psychotherapy supervisors over the decades. Principles and guidelines have been discovered for brief couple therapy, long-term couple therapy, therapeutic issues for mediation-related/separation-related couples, couples with violence and trauma, couple issues in the context of child/adolescent population, couples with psychopathology in both partners/no psychopathology in any partner, as well as combining individual and couple therapy/couple therapy and family therapy through years of practice, training and research. The workshop will showcase this knowledge through the IFTA conference platform.

Editors and Publishers Meeting, International Journals of Relationships, Family Therapy and Family

Christian Jordal - United States

Abstract: In this meetings, editors of relationship, family therapy and family psychology journals will discuss individual and global issues related to journal publication, including but not limited to market, management and current publication trends. Former editors and journal publishers are also welcome.

Evolving Structural-Strategic Family Therapy

Keith Sutton - United States

Short Description: ESSFT is a four stage approach, which creates a clear way of working with families and integrating a number of approaches, such as Structural, Strategic, Behavioral, and Attachment Based family therapy models. Stage 1 is Assessment, Stage 2 is Preparation, Stage 3 – Structure, and Stage 4 - Attachment.

Abstract: In Stage 1 of ESSFT, the therapist uses Structural methods, and takes a one down position to build rapport, assess the system, and provide a reframe and treatment plan. In Stage 2, the therapist is meeting with the parental subsystem, and continuing to build rapport and collaborate on a treatment plan. The therapist provides psychoeducation about the problem that is being addressed, and uses techniques influenced by Brief Family Therapy to help the family become more flexible, doing more of what is working, less of what is not working, and being flexible to try new things. In this stage, the therapist meets with the IP (child or adolescent), and creates a relational reframe, builds rapport, and strongly aligns to create a collaborative plan. The goal of Stage 2 is to create strong rapport, and if there are externalizing problems, to help the parents get out of power struggles, otherwise, behavioral interventions become another opportunity for a power struggle. In Stage 3, we create a behavioral plan (e.g., rewards and consequences), which is based in the family's values. Many children feel their parents are parenting by mood (e.g., mom is a good mood today so I get to watch tv), rather than parenting by values (e.g., I get to watch tv because I followed directions). Now that the parents have a plan of how to respond to problem behavior, they can use consequences as a consequence, rather than using their relationship as a consequence. This then sets us up for Stage 4, where the parent can now listen to the child or adolescent pain, whether it be from the parent (e.g., yelling, past abuse), or from outside of the system (e.g., trauma, problems at school, ADHD). This attachment becomes a resource, and allows the child or adolescent to communicate their feelings, rather than acting them out. ESSFT is a short term approach, moving through the four stages in 10-12 sessions., then spending the remaining 8-10 sessions to continue working on the hard side of the hierarchy (structure), soft side of the hierarchy (attachment), child subsystem, and parent subsystem.

Theoretically Grounded Creativity in Family Therapy

Elizabeth Bennett - United States

Tin Weng Mak - United States

James Ellis - United States

Alexander Day - United States

Cynthia Messier - United States

Katie Moret - United States

Conne Guerrero - United States

Alexis Roberts - United States

Short Description: Family therapists are educated and trained across essential theoretical approaches from the historical Structural to the currently booming Emotionally-Focused model. This presentation is designed to increase creativity in the application of theory to meet the family's strengths, limitations, and preferences thus increasing the family's potential for success.

Abstract: Whether the family therapist is rooted in Structural, Strategic, Milan, Solution-Focused, Narrative, Cognitive-Behavioral, Contextual, Bowen, Psychodynamic, Experiential, Emotionally-Focused, Gottman Method, or some combination of any or all of the above, the therapist who has developed creativity in the application of theory to meet the family's strengths, limitations, and preferences stand the best chance of success. While well-educated and trained family therapists have a wealth of knowledge grounded in the theories noted above, they are not limited by the small number of techniques each espouses. Rather, they recognize the importance of these theories, they are mindful of the elements of the growth and change process, and they strive to find new ways to implement theories in a manner most conducive to the family engaging in that process of growth and change. The creative therapist realizes that "one size does not fit all." Given this, the creative therapist strives to incorporate ideas and activities from many walks of life be it the poetry, pottery, dance, crafts, sports, or the remodeling of the tried and true techniques of classical theory like a new rendition of the empty chair. Such creativity enhances communication, instills hope, promotes integration and wholeness, encourages engagement of all family members, and simply is enjoyable and rewarding. Creativity allows for venues that bring all voices to the table--especially those voices that are often quiet or quieted by others. What is more, creativity can be taught! A therapist who struggles to creative can learn to open doors to thinking and acting differently--outside the box in a safe and rejuvenating manner for the family AND the therapist. Creativity is one healthy preventative tool for burnout. This presentation will provide theory based, motivation, and hands on activities designed to bring out the best-practices creative therapist in all of us.

Filial Piety, a Legacy of Confucianism has Become Problem to Family Therapy in Modern China

Chung Ping Wong Ip - Hong Kong

Short Description: Cultural differences between East and West may be confusing goals in family therapy. Filial Piety, a legacy of the Confucian tradition, highly regarded as a virtue in the traditional Chinese family, is suspected of reasons to depression, anxiety, and aggression.

Abstract: Throughout the history of China, Confucianism has dominated people's emotional world in a subtle way. Rulers and leaders of different social systems utilized a combination of Confucian and legalist schools of thoughts to control and govern people. The authoritarian version of Confucian spirit named li dominated and created cultural power binding systems together instead of individualism. In family therapy we are dealing with conflicts of two worlds of self--a spontaneous, relational being, and a collective, codified being under the li . The struggles and the emotional upheavals and struggles that both the therapist and the client have to go through is huge.

Theme Song for Change: Using Music to Enhance Resources

Michael Reiter - United States

Short Description: This presentation demonstrates how family therapists can utilize clients' choices of a theme song as a way to enhance their personal resources. The presenter will explain the ideas of this technique as well as provide several case examples taken from work with individuals, couples, and families.

Abstract: Strength-based therapists have adopted Milton Erickson's concept of utilization where the therapist utilizes whatever clients bring with them into session to help them move toward change. One aspect of clients that may be underutilized in session is their connection to music. People connect to music on at least two levels; the actual music and the meaning of the lyrics. However, family therapists have been hesitant to use musical interventions in their work, although they are curious about their use (Nemesh, 2017). This hesitancy to use music in therapy may be because therapists might not be musically inclined or trained in music therapy. Yet, the inclusion of various aspects of music in therapy does not need to be complicated. This presentation will explain a technique that uses a client's chosen theme song as a way to access underutilized resources that can be extremely useful to help clients live more fulfilling lives. These resources are metaphors of aspects of living the client may not have been engaging in to the level where they find it useful. This technique has been used with individuals, couples, and families where clients contemplate important messages from the music. These messages are related to values and practices they may not have been honoring in their lives. These values, practices, and meanings are personal resources that can be accessed and utilized to enhance the client's life. The rationale, application, and implications of this technique will be discussed.

Solution-Focused Sculpting

Michael Reiter - United States

Short Description: This brief presentation provides a description of a technique that integrates aspects of Solution-Focused therapy with Satir's family sculpting. Solution-focused sculpting will be presented with examples of its use with individuals, couples, and families.

Abstract: Solution-focused brief therapy (SFBT) is a postmodern approach to psychotherapy that is based on how therapist and client co-construct language in order to shift the conversation from a focus on problems to a focus on solutions. Interventions in the room tend to center around use of certain questions (i.e., miracle, exception or scaling questions). However, one aspect of SFBT that may be missing or underexplored is an experiential aspect. People tend to develop images of self, others, as well as the relationships between them. Sometimes these images take up the majority of the foreground in their perception of these relationships. The larger and more encompassing this image, the less room for movement and freedom in perceiving—and thus then doing—differently. Solution-focused sculpting (SFS) was developed to help shift problematic and limiting images into the background and bring into the foreground those background images that provide more possibilities for enhanced and meaningful relationships. The SFS highlights and helps concretize exception images. This enables family members to begin to shift the problem-dominated images of their familial relationships with solution-based images; their exception sculpts. This presentation will describe a therapeutic technique the presenter developed called Solution-Focused Sculpting (SFS). The tenets of SFBT will be presented as well as the purpose and process of family sculpting, as utilized in Experiential Family Therapy—particularly the work of Virginia Satir. The presenter will discuss, through the use of actual usage with individuals, couples, and families, how therapists can utilize solution-focused sculpting.

MFT Supervision in Asia

Young Ju Chun - Korea

Takeshi Tamura - Japan

Joyce Lai-Chong Ma - Hong Kong

Short Description: The profession of Marital and Family Therapy (MFT) in some Asian regions has been rapidly growing during the last decade, and thus, the demand for the MFT supervision also has increased accordingly. This presentation focuses on specific issues of MFT supervision in Hong Kong, Korea, and Japan respectively.

Abstract: The profession of Marital and Family Therapy (MFT) in some Asian regions has been rapidly growing during the last decade, and thus, the demand for the MFT supervision also has increased accordingly. This presentation focuses on specific issues of MFT supervision in Hong Kong, Korea, and Japan respectively. Firstly, in Hong Kong psychiatric nursing is heavily influenced by the biomedical model. It is a great challenge for the trainer to assist them to apply systemic and developmental perspectives in family assessment and treatment for families of a member suffering from a mental illness. This presentation will report the results of a qualitative inquiry, which aimed to unfold the process of learning of the psychiatric nurses from 42-hours of family therapy training in Hong Kong. Implications of the study for future family therapy training and supervision will be discussed. Secondly, the research and training experiences of video supervision using mobile phones in Korea is presented. Mobile record is useful for visual supervision as well as for the clinical use with participation from the clients. When using the video supervision, supervisees tend to learn easily about the dynamics of family system, therapeutic techniques, multiple realities, self-reflection, and the influence of therapist's role on the therapeutic process. In the case of the client's participation in video supervision, client's self-confrontation and reflection are easily drawn, which helps their problem solving as well. Lastly, the effectiveness of international supervision is presented by two experimental groups of Asian therapists. 1) Therapists from Japan, Korea and Taiwan meet annually over the last ten years for international peer consultation groups. Families in East Asian region share the same cultural heritage, but different in the contemporary social changes. MFT cases are presented from each region to highlight cultural perspective of the family and the work of therapists. 2) Therapists from different culture get together and create a safe enough small group to share their person of the therapist issue. Being away and not sharing cultural/social context create high level of trust and self-disclosure.

Cultural Encounters in Clinical Supervision: The Supervisory Dyad

Karen Quek - United States

Short Description: Culturally competent supervisory practices recognize the dominant discourses within a given society and their positive and negative effects. This workshop addresses three cultural components: supervision as a process for interacting with multiple cultural contexts; supervision manages multicultural conversations; supervision encourages examining of supervisors' and supervisees' own cultural background and biases.

Abstract: Cultural competency in clinical supervision is a reaction to transforming mental health services based on social justice and equality. As an isomorphic process of the clinical unit, the supervisory unit comprising the supervisor and clinician needs to engage in knowledge and understanding about how unattended cultural issues will influence them personally and professionally in their supervisory practices. Therefore, culturally competent supervisory practices recognize the dominant discourses within a given society and their effects positively and negatively on relationships, therapy, and supervision experiences. Dominant discourses tend to be invisible and are taken for granted as part of the fabric of reality. These discourses subtly affect clinical supervision by supporting preferred ideals and values of supervisors, supervisees, and clients, or hinder supervision by reproducing oppressive practices, maintaining silence, and/or serving to continue subordination or privileging of a member of one group over another. Therefore, the goal of this workshop is to present from both personal supervision work with clinicians from diverse backgrounds and an analysis of a qualitative meta-analysis that attends to multicultural constructs in clinical supervision. I propose three cultural components: (1) Supervision as a process for interacting with multiple cultural contexts; (2) Supervision manages multicultural conversations; (3) Supervision encourages examining of supervisors' and supervisees' cultural background and biases. Through the workshop, I call attention to the critical elements of culturally competent supervisory practices as well as explore proposed strategies for incorporating these constructs in all aspects of the supervisory process. The ideas are supported by supervision anecdotes from my experiences with individuals as well as group supervisions. One in-depth supervision case is discussed throughout the presentation. I will conclude with key questions for all working in other diverse contexts to consider identifying cultural discourses that are influencing the supervision experience, and ways of addressing them in supervision. As systemic change agents, mental health professionals need to gain competency in diversity which in turns advance their service with clients from diverse ethnic, racial, spiritual and social background and gender orientation. This workshop is fitting for those who are preparing themselves to serve diverse communities.

Family Therapy with Young Adults with Serious Mental Illness: The Ackerman Relational Approach

Mary Brewster - United States

Lois Braverman - United States

Short Description: The onset of a serious mental illness in a family member is a crisis for the entire family. This presentation uses videotapes to demonstrate how therapists using the Ackerman Relational Approach help family members develop skills to reduce symptom relapse by decreasing emotional reactivity and by promoting healthier behavioral functioning.

Abstract: In our clinical research with families with a young adult child in the early stages of a psychiatric illness, we have observed the excruciating vulnerability and uncertainty that the symptoms of mental illness bring into family life. Family members feel alone, angry, confused and often blame themselves and others for their family member's psychiatric difficulties. Additionally, cultural messages around stigma and family blame for mental illness can make engaging and retaining families in treatment difficult. Our systemic-relational approach understands that the impact of a serious mental illness on the family is bi-directional. While a serious mental illness is not caused by family dysfunction, relationship stress and problematic patterns of interaction in the family can trigger a vulnerable individual and lead to an exacerbation of symptoms. The consistent and robust findings of Expressed Emotion (EE) research link high rates of family criticism, hostility or emotional over-involvement toward the patient to an increased risk of relapse (Leff and Vaughn, Wearden). Conversely, the stress of dealing with the chronic and acute symptoms of a mental illness can make family members feel anxious, critical or depressed, leading to problematic relational interactions such as over-involvement and under-involvement with the ill member. Our understanding of how the psychiatric illness itself organizes the family informs our approach to treatment. We involve families in treatment as early in the onset of a psychiatric illness as possible and use a variety of family therapy techniques, including psychoeducation and coaching, to help families come to a compassionate understanding of the emotional and psychological impact of the illness on each member of the family. When each member of the family feels heard and understood, they are in a better position to work together to address the acute and chronic symptoms of the illness and take the pragmatic steps required for fuller functioning. Clinicians will learn how to calm the family system down by: reducing in-session and out-of-session escalation, enhancing emotional regulation skills and helping each family member feel heard and deeply understood by the people who matter to them most.

When Systemic Theory Meets Institutions: Strategic Interventions in the Prison System

Theresa Dronet - United States

Short Description: Findings on a systemic approach to mental health delivery in a maximum security prison. Due to poor access to mental health care, a prison was under litigation to restructure the delivery of services. A systemic therapist designed a strategic intervention that reduced violence by 80% in the unit.

Abstract: A summary report of research into the intervention of a systemic approach to mental health delivery in a maximum security prison. Due to poor access to mental health care, a prison system was under litigation to restructure the delivery of services. A systemic therapist designed a strategic intervention that reduced violence by over 80% in the maximum security unit. The environment of the system and the effects of isolation on the mentally ill prior to the intervention are discussed. This lecture will present the administrative changes that occurred, the systemic theory behind the implemented program, the structure of the intervention, as well as the ground-breaking, positive results of the strategic intervention on the larger system. Ideas are given on how to conduct systemic therapy in large correctional systems, on training curriculum for correctional employees and officers, and on how to work with administrative leaders in large systems as a systemic therapist.

Emotionally Focused Couples Therapy with a Borderline Personality Disorder Partner: A case study

Aida Jimenez - Puerto Rico

Short Description: This presentation will discuss a couple treatment using Emotion Focused Couples Therapy when one of the partners has Borderline Personality Disorder. We will discuss the overall principles of EFCT applied to the case, and the techniques used to unfold key emotions and to prime new responses from the couple.

Abstract: This presentation will discuss a couple treatment using Emotional Focused Couples Therapy (EFCT) when one of the partners has a diagnosis of Borderline Personality Disorder (BPD). We will review the overall principles of EFCT and how it was applied to a specific case of a couple where one of the partners has a diagnosis of BPD with a history of trauma and chronic illness. We will discuss the case of a couple who came to seek marital treatment due to their emotional reactivity towards each other. The goals of this presentation is to demonstrate the application of EFCT with a partner that has a diagnosis of BPD. We will discuss the identification of the cycle, and attachment injuries. We will also demonstrate the use of techniques of the model to unfold key emotions and to prime new responses from the couple, in order to heal and reprocess the emotional responses underlying each partner's rigid interactional positions.

Engaging Parents in Group Sessions

Michelle Koay - Singapore

Short Description: This presentation explores the benefits of engaging parents of adolescents in group sessions within a school setting. This is a prevention and education strategy to engage parents, where sessions provide a safe environment for parents to share their thoughts and feelings about their role as parents and their parenting skills.

Abstract: The role of a school counsellor is to provide counselling to students who present with a variety of issues. In order to work systemically with them, it is important to engage parents in family therapy sessions. However, this approach will only be able to address interventions when problems arise. A more effective approach is to explore prevention and education strategies to engage parents of students within a school setting. Although it is easier to conduct large-scale lectures which are mainly didactic in nature and many parents will be able to attend, it does not provide parents sufficient opportunity to interact with one another and be actively involved in conversation to enhance their learning. This presentation explores the work which has been developed over the past five years, in a collaborative manner with the parents of the students in the school. The group sessions differ from support groups and are conducted based on the principles of group therapy (Yalom, 1995). The goal of the sessions is for parents to increase their self-awareness, reflect on their feelings and actions through their interactions and responses with other parents within the group, develop skills and increase their knowledge in order to change and improve. The role of the school counsellor is to guide and facilitate sharing and discussion in a safe therapeutic environment. Parents sign-up for the ongoing sessions which are conducted throughout the academic year and many continue for subsequent years till their children complete their education in the school. Many parents shared that they feel a sense of universality, that they are not alone and other parents experience similar challenges when they are parenting teenagers. Over time, the parents develop a sense of community as the group becomes more cohesive and accepting towards one another. The group sessions serve as a platform for early intervention to prevent potential issues from surfacing or address problems which may arise.

Clients' Perspectives on Therapy That Builds Family and Personal Harmony

Patricia Tan - Singapore

Short Description: Our theory of family harmony explains how therapists helped disharmonious families find relational harmony without sacrificing personal harmony. Clients perceived that therapists who built family and personal harmony (1) were helpful professionals, (2) had expertise, (3) encouraged collaborative conversations, (4) were more involved than usual, and (5) were collaborative-experts.

Abstract: Our qualitative research aimed to develop a theory of family harmony that could explain how therapists could help disharmonious couples and families to find harmony with each other without needing to sacrifice their personal harmony. In collectivist Singapore, the family is the basic unit of society, and racial and religious harmony is highly valued, so disharmony can cause great distress in the family. Some conflict-ridden families and couples seek counselling or therapy to help them find peace in these troubled relationships. A potential worry for some systemic psychotherapists is that harmony at the family level may be valued so much that family members end up sacrificing their personal harmony for the sake of the family. This could result in apparent harmony that does not go beyond the superficial. Therefore, this inquiry sought to answer the question: "How do clients think that therapists can help disharmonious families and couples to build the harmony they want in their relationships, without sacrificing the harmony each individual feels at a personal level?" The answer to this research question will be presented based on a grounded theory analysis of 30 in-depth interviews that were conducted with individual family members who had gone for therapy because of disharmonious relationships. Clients perceived that therapists who were successful in building family and personal harmony (1) were helpful professionals, (2) had expertise, (3) encouraged collaborative conversations, (4) were more involved than usual, and (5) had expertise and were also collaborative. Therapy that was perceived to be less effective tended to suffer due to (A) insufficient or unhelpful involvement, (B) insufficient or unhelpful expertise, and (C) being perceived as an unhelpful professional. Other results that will also be presented include: • Antecedents to disharmony • Clients' definition of relational and personal disharmony • How clients choose to see therapists and other helping professionals • Strategies used by other helping professionals that are perceived as more and less harmonious, which were a subset of therapists' strategies • More and less harmonious consequences of strategies used, including having a positive effect on a person or situation and being detrimental to harmony respectively.

Military Couples' Marital Experiences When One Member Has A Diagnosis of Bipolar Disorder

Brenda McGregor - United States

Linna Wang - United States

Short Description: This presentation is to report 5 major themes found in a transcendental phenomenology study explored the lived experiences of 5 military couples in which one spouse had a diagnosis of bipolar disorder and one spouse had military experience with at least one combat deployment, and their clinical implication.

Abstract: Literature on couples coping with bipolar disorder is sparse in general, and almost non-existent for military couples. This transcendental phenomenology study explored the lived experiences of 5 military couples recruited from Southern CA. The inclusion criteria were: one spouse had a diagnosis of bipolar disorder, and the other spouse had military experience with at least one combat deployment and without any mental health diagnoses. The themes found were: (a) military couples share a strong sense of commitment to their marriage and military career, and they attribute the commitment to military training and lessons learned from family of origin; (b) bipolar disorder is well-accepted in the marriage; (c) "can-do spirit" is crucial to manage bipolar in the marriage and to manage deployment; (d) couples utilize family and professional support to maintain a healthy marriage; and (e) low reactivity is a crucial coping skill during active episodes to keep the marriage stable. The major finding of this study was that the military couples' reported experience was very different from that reported in previous studies on non-military populations. The military couples were very much committed to their marriage and their military career, that they reported bipolar symptoms were manageable; that they did not hesitate to reach out to external help. The military members generalized skills learned in the military to the symptom management. They internalized military code of honor and applied it to the commitment to their marriages. Different from previous studies on general populations, the bipolar disorder was well accepted in the marriage of these military couples. The diagnosed spouses were not associated with stigma. Instead they were regarded by the non-diagnosed spouses as competent in managing their symptoms, their marriages, and life stressors specific to military lifestyle, such as deployment and field operations. The military skills they used in managing bipolar symptoms were similar to low emotional expression (EE) that had been found to be effective in managing bipolar symptoms. These findings may be unique to the military context, and call for cautionary explanations.

Indian Perspectives on Facilitators and Barriers in Treating Substance Use Disorders

Sebastian Perumbilly - United States

Short Description: Despite great advances in addiction-treatment-research, only about eleven-percent of the patient population seeks treatment. Using a mixed-method research design, this Indian study focused on identifying key facilitators and major barriers in patients' treatment-seeking. Various strategies are discussed to promote treatment-seeking, and to remove barriers.

Abstract: Substance use disorders (SUDs) continue to be a major healthcare challenge in the global community. According to the latest Global Status Report on Alcohol and Health (2014) by the World Health Organization, harmful use of alcohol alone has been identified as a causal factor in the death of over 3.3 million people worldwide every year; creates causal relationship to over 200 detrimental health conditions including infectious diseases such as tuberculosis and HIV/AIDS; and inflicts enormous losses in productivity and well-being to individuals, families, communities and society at large. Despite great advances in clinical research for treating substance use disorders (SUDs), and burgeoning of innovative treatment programs in the 21st century, studies from the United States report that only about eleven percent of the patient/client population seeks treatment for SUDs. While numerous studies focus on treatment-outcome and identifying strengths of specific treatment programs, few studies have explored why only a small percentage of patient population seek treatment. Using a mixed-method research design with concurrent strategies, this study focused on India's substance addiction treatment-clinicians' (n=112) perspectives on three major areas related to treating SUDs: (1) key facilitators of treatment-seeking behaviors; (2) major barriers in treatment-seeking; and, (3) critical strategies for enhancing treatment-seeking by involving families and communities. The research participants were from all regions of India, both urban and rural, and their viewpoints are deeply rooted in the experiences of treating people struggling with SUDs. The research findings link the informed and caring family members, friends, and community as key facilitators of patients' treatment-seeking, and staying engaged in the treatment process. The most common barriers to treatment-seeking are reported to be patients' denial of the problem of SUDs; shame admitting the problem; and their belief that they can quit using when they choose to. Various strategies will be discussed both to promote treatment-seeking behaviors, and to remove barriers. This presentation may have significant implications for clinicians, patients, public health personnel, community leaders and policymakers regionally, nationally, and globally.

The Couple Relationship and the Romantic Ideal in the 21st century: East Meets West?

Angela Abela - Malta

Short Description: The focus of the workshop will be on the current meanings of love, intimacy and sexuality between couples in East and West. Reference will be made to the different layers of meaning that couple therapists have to grapple with as they listen to couples about their most intimate relationships.

Abstract: This workshop is about the romantic ideal for couples in the 21st century and how it is unfolding in different parts of the world. Based on investigations by our research centre in Malta with other scholars from Asia, Europe and the United States, the focus will be on the current meanings of love, intimacy and sexuality in East and West. What do couples look for in a long term relationship and what place do love and intimacy occupy in the minds of couples in different parts of the world? Can we actually talk about running threads across East and West? Throughout the presentation, reference will be made to the different layers of meaning that couple therapists have to grapple with as they listen to couples who confide in them about their most intimate relationships. The audience will be invited to participate during this interactive presentation through the use of exercises in pairs, sharing and question time. Additional collaborators: Suzanne Piscopo and Sue Vella.

Analysis of Answers in Semi-Structured Projective Questionnaire and Relationship Between Social Functioning by Text Mining

Shuichi Watanabe - Japan

Short Description: We analyzed the answers concerning the family and its relationship in semi-structured projective questionnaire in patients visited our psychiatry department to clarify the relationship between the usage of words and social functioning by Text Mining. The family relationship was the key of social functioning for patients with mental problems.

Abstract: Aim Social functioning and family relationship are thought to be strongly involved. A sentence completion technique (SCT) is a semi-structured projective questionnaire which is used to grasp mental differentiation such as intellectual ability, objectivity, insight, analytical ability, judgment etc. However, the evaluation of SCT is difficult to be quantitative and objective because the subjectivity of the evaluator intervenes. Here, we utilized the method of Text Mining to handle with the unstructured data to clarify the relationship between SCT and social functioning. Method Sixty seven patients who were conducted SCT to evaluate mental status and personality in our psychiatry department were studied. The answers in SCT were analyzed by Text Mining program. Patients were divided into two groups according to the score of Social and Occupational Functioning Assessment Scale (SOFAS; ≤ 60 ; poor-adapted, $61 \leq$; adapted). And the answers of questions were categorized as positive, negative or others according to the content. The characteristics were analyzed by Corresponding analysis and Cluster analysis. Result The words "gentle" and "person" were the most used in positive answers in the adapted and poor-adapted groups, respectively. However, the word "person or myself" was used most frequently in negative answers in both groups. Cluster analysis of adapted group showed that the words "marriage, life" and "husband, housekeeping" were clustered in positive answers, and the words "housekeeping, wife and distress" were clustered in negative answers. On the other hand, cluster analysis of poor-adapted group showed that the words "family, many" and "myself, appreciation" were clustered in positive answers, and the words "mother, annoying" and "living, together" were clustered in negative answers. Discussion This study showed that the people with higher social functioning tend to regard marriage as the goal of life under the condition of husband's participation of housekeeping. On the other hand, the people with lower social functioning were worried about the relationship among family members and struggling for self-affirmation. The family relationship was thought to be the key of social functioning for patients with psychiatric and psychological problems.

Experiences of Graduate Students Enrolled in a Social Justice Program and the 2016 United States Presidential Election

Seon Kim - United States

Short Description: This qualitative study explored marriage and family therapy students in a social justice school experience with the 2016 presidential election. Study results revealed a sense of injustice regardless of participant's political stance, confirming literature underscoring issues of social dominance, subjugation, and associated fear and anxiety mechanisms.

Abstract: A variety of studies have focused on social justice and political experience, yet there is limited literature on issues specific to the population of students matriculated in social justice oriented programs. This phenomenological study focused on graduate MFT students enrolled in a social justice oriented program and explored students' experience of and engagement with the controversial political events of the 2016 presidential election. A sample of 4 diverse students was selected from Antioch University, New England- a university that explicitly proclaims a social justice orientation. Two investigators with different political views conducted individual semi-structured interviews lasting approximately 60 minutes each. The collected Data were coded using Interpretative Phenomenological Analysis (IPA). Results from the study as well as the experience of conducting the study reflected literature review elements, specifically that social dominance, subjugation and associated fear and anxiety mechanisms that may influence one's political stance and social discourse are indeed crucial factors in shaping a person's subjective experience of social justice. This presentation will have more in depth coverage of the study and the findings, limitations and future studies including expanding the study to a more systemic inquiry with a focus on social justice. Other ideas for expanded exploration include how continued political phenomena effect relationships, possibly with those with opposing political views, ongoing political events and social discourse, individual's relationship with the government, and belief in the voting process.

The narrative in the service of reconstruction of the self: Marital relationships

Zeev Appel - Israel

Arie Cohen - Israel

Short Description: Workshops on couple of relations are conducted in several prisons in Israel. This study examines the meaning for the participants of the narratives that develop in these workshops, and discusses the influence of the conditions of the setting, and the messages delivered in the workshops.

Abstract: Workshops on couple of relations are conducted in several prisons in Israel. This study examines the meaning for the participants of the narratives that develop in these workshops, and discusses the influence of the conditions of the setting, the *communitas* that develops, and the messages delivered in the workshops, on the contents of the narratives. The study also examines both the reflexive and intersubjective meanings of the exposure of personal narratives in situations of group interaction. Alongside the aspects of confession and self-correction that are contained in the narrative process, the possibility of its manipulative use is also examined.

Maternal Acceptance and Child Outcomes among Mothers Reporting Intimate Partner Violence

Laura Cully - United States

Short Description: Substance-using mothers reporting intimate partner violence (IPV) and their children are an understudied population. In this cross-sectional study, women who experienced IPV reported lower maternal acceptance and higher child problem behaviors than mothers with no IPV history. This relationship was further influenced by frequency of maternal substance use.

Abstract: Intimate partner violence (IPV) is prevalent in the U.S., and many women who experience IPV have children in their care. Substance use is common among this population and impacts parenting behaviors such as maternal acceptance. Further, a mother's experience of IPV impacts her ability to parent and interact with her child. Little is known about the combined influence of both maternal substance use and history of IPV on parenting behaviors and child problem behaviors. As such, the current study identified 183 substance-using mothers seeking outpatient treatment through a local substance use treatment facility as part of a larger randomized clinical trial. Participants who reported experiencing IPV were compared to participants who reported never experiencing IPV on rates of maternal acceptance and child internalizing and externalizing behaviors. Results showed that mothers with a history of IPV reported lower rates of maternal acceptance and higher rates of child problem behaviors compared to mothers with no history of IPV. Additionally, frequency of substance use moderated this relationship. Specifically, mothers who experienced IPV and reported a low to moderate frequency of substance use reported higher levels of acceptance and child problem behaviors compared to mothers who reported a low to moderate frequency of substance use but did not report IPV. However, all mothers who reported a high frequency of substance use reported low levels of maternal acceptance and high levels of child problem behaviors regardless of IPV experience. Although the results of the current study cannot determine causality, it may be that a high frequency of drug use overrides the impact of IPV on maternal and child outcomes. This is the first study to date to examine the relationship between maternal acceptance and child problem behaviors among substance using mothers with a history of IPV and is a first step to understanding the parenting practices of this population. It is recommended that therapists working with mothers who report IPV and their children address the challenges with parenting and child problem behaviors that these high-risk, vulnerable families may be facing.

Family Functioning, Health Representations and Quality of Life in Type 1 Diabetes Adolescents

M.Graça Pereira - Portugal

Short Description: This study addresses how dissimilarity in health representations regarding type 1 diabetes between parents and adolescents and school support impact the relationship between family functioning and quality of life,. The moderated moderations showed the dissimilarity regarding consequences and identity of diabetes were significant. Implication for family therapy are addressed.

Abstract: This study addresses the moderator roles of dissimilarity in health representations regarding type 1 diabetes between parents and adolescents and school support in the relationship between family functioning and quality of life, in type 1 adolescents. The sample includes 100 adolescents with type 1 diabetes. Adolescents answered the following questionnaires: School Support towards Diabetes (Pereira & Almeida, 2009); B-Brief Illness Perceptions Questionnaire (Broadbent, Petrie, Main, & Weinman, 2006), Diabetes Quality of Life (Ingersoll & Marrero, 1991), and Family Assessment Device (Ryan, Epstein, Keitner, Miller & Bishop, 2005). The moderated moderations showed that the three way interaction, controlling for diabetes duration, was negative and that the dissimilarity in the perception of consequences of the disease, and disease identity were significant i.e. the negative relationship between family functioning and quality of life happens when the dissimilarity was higher and the school support was lower. Intervention in diabetes families to improve quality of life needs to take into consideration family functioning and be offered in the family context i.e family therapy should focus on the discrepancies between parents as adolescents, regarding the disease, particularly when school support towards diabetes is low.

Migration, Technology and Care: Changing Family Dynamics

Maria Marchetti-Mercer - South Africa

Short Description: This presentation will focus on the experiences of a South African Deaf migrant and her family in order to explore ways in which technology may enable and promote care, but may also obscure embodied realities which are core to the human experience and to aspects of care within a family.

Abstract: Migration is a major social phenomenon impacting upon family life and traditional conceptualizations of care. Simultaneously technological advances are allowing families to stay connected in ways not envisaged before. The rise of technology and social media have also raised questions about personhood which go beyond migration issues. Identities are increasingly being constructed and lived online, with the internet being seen as a space not only for communication but also for the exploration of new ways of defining personhood and sociality. This raises questions not only about personhood but also about the very nature of care relationships and how is it possible for families and other care networks to sustain themselves through virtual contact. Two issues which may profoundly affect a “family life course” are disability and ageing. It is well established that care issues in the context of disability may affect family relationships and how families develop and change and it is also clear that issues of aging commonly present care issues and challenges to families and care network. What is less understood is how the combination of these issues in families in the context of migration may affect family development, and how relationships between embodied and Information Communication Technologies (ICT’S)-mediated presences may develop and change over time in families with complex and changing care needs and obligations. In order to explore these issues we will use the case of a South African family with two emigrant daughters one of whom is Deaf. Based on this family’s experiences we will argue that when communication is foregrounded and other, embodied, aspects of family care are relegated to the background, we lose the opportunity to understand family care patterns in their entirety. Therefore whilst acknowledging the central role of ICTS in care in migrant families, we believe that this should not be done at the expense of privileging certain bodies over others.

Evaluation of a “Parent as Consultant” Model in the Design of Family Resilience Workshops

Kenneth Miller - United States

Short Description: Presenters will report results of a study in which parents of children diagnosed with low-incidence disabilities were invited to a university-based “Parent Roundtable” to evaluate and inform the design of a planned workshop to promote resilience in families with a child diagnosed with a low-incidence disability.

Abstract: Research on parent and family resilience has examined their roles in the prevention and treatment of mental disorders, high-stress/high-conflict families, and families with a member diagnosed with a low-incidence disability. Results have revealed that a child’s diagnosis of a low-incidence disability is significantly correlated with development of secondary mental health diagnoses among other family members and that the use of parental and family resilience-building techniques may effectively mitigate symptoms associated both initial and secondary diagnoses. Based on these findings, researchers developed a workshop designed to promote family resilience for parents of children diagnosed with a low-incidence disability and presented workshop content to a project advisory council comprised of professionals with expertise in low-incidence disabilities. The advisory council recommended postponement of the workshop until researchers had solicited feedback on workshop content and effectiveness from “experts,” defined as parents of children diagnosed with a low-incidence disability. With grantor approval, researchers complied with the advisory committee recommendation. Presenters will report on the use and evaluation of a “Parent as Consultant” model to solicit feedback from parents with a child diagnosed with a low-incidence disability in providing input on the design of future family resilience workshops. Twenty-one parents participated in a “Parent Roundtable” hosted by researchers on the campus of Youngstown State University and received incentives to participate. Parents were exposed to elements of a planned, future workshop that was designed to “promote parent and family resilience.” Throughout the presentation, parents were asked structured questions regarding the “appropriateness, utility, and effectiveness” of planned workshop content specifically for parents of children diagnosed with a low-incidence disability. All presenters’ comments and parents’ responses were audio recorded for later analysis. At the close of the roundtable, parents completed two evaluation forms designed to solicit their perceptions of roundtable quality and effectiveness. Presenters will discuss: (a) results of qualitative analyses of audio recordings; (b) results of analyses of workshop evaluation data; and (c) implications for use of a “Parent as Consultant” model in future research on families.

Using Parents as Consultants to Identify Strategies for Promoting Family Resilience

Kenneth Miller - United States

Short Description: Presenters will report results of a study in which parents of children diagnosed with low-incidence disabilities participated in focus groups to discuss critical needs following the diagnosis and to identify strategies for promoting parent and family resilience.

Abstract: Research on parent and family resilience has examined their roles in the prevention and treatment of mental disorders, high-stress/high-conflict families, and families with a member diagnosed with a low-incidence disability. Results have revealed that a child's diagnosis of a low-incidence disability is significantly correlated with development of secondary mental health diagnoses among other family members and that the use of parental and family resilience-building techniques may effectively mitigate symptoms associated both initial and secondary diagnoses. Based on these findings, researchers developed a workshop designed to promote family resilience for parents of children diagnosed with a low-incidence disability and presented workshop content to a project advisory council comprised of professionals with expertise in low-incidence disabilities. The advisory council recommended postponement of the workshop until researchers had solicited feedback on workshop content and effectiveness from "experts," defined as parents of children diagnosed with a low-incidence disability. Researchers implemented this recommendation. Presenters will report on results of a mixed-methods study designed to determine "experts (i.e., parents)" recommendations for promoting parent and family resilience. Twenty-one parents participated in a "Parent Roundtable" hosted by researchers on the campus of Youngstown State University and received incentives to participate. Parents participated in one of three, 90-minute, focus groups designed to solicit feedback regarding their experiences when their child was diagnosed with a low-incidence disability. Group leaders employed structured questions to determine parents': (a) needs for assistance following the initial diagnosis; (b) experiences in accessing needed resources; (c) recommendations for insuring that parents and families have access to critical resources; and (d) recommendations for promoting parent and family resilience. All comments and responses were audio recorded for later analysis. At the close of the roundtable, parents completed two evaluation forms designed to solicit their perceptions of roundtable quality and effectiveness. Presenters will discuss: (a) results of qualitative analyses of focus group audio recordings; (b) results of quantitative analyses of workshop evaluation data; and (c) implications for use of a "Parent as Consultant" model in future research on families.

An Indigenous and Systemic Intervention with Domestic Violence in Hong Kong – A Practitioner's View

Chung-ming Chan - Hong Kong

Short Description: This lecture presents the journey of combating intimate partner violence in Hong Kong – the society's awakening to the problem in the 1990s and subsequent pooling of multidisciplinary efforts in addressing the problem at different levels and development of mandates and strategies for intervention.

Abstract: Hong Kong has since mid-1990s been increasingly awakened to the impact of intimate partner violence (IPV). Since the setup of a central register system, the number of newly reported battered spouse cases has risen from 1,009 in 1998 to 4,424 in 2006, and to 3321 in 2016, with the majority of victims being female (96%, 85% and 84% respectively). In parallel to the society's increasing concern, tremendous efforts have been made by government and non-government organizations in developing the mandates and multifarious services to address the IPV problem at different levels. In the early years, we had drawn a lot of reference in terms of conceptualization and intervention strategies from countries like the U.S.A. Over the past two decades, the society's extensive efforts have shaped an indigenous intervention system which could be characterized by the following components: large scale publicity and community education which aims at promoting public awareness of the problem and the importance of seeking early assistance; establishing hotline services, setting up additional women refuges and crisis centres, launching specialized service units to deal with partner violence cases, and promoting the sensitivity and handling skills of front-line professionals (such as teachers, police, etc.) in their everyday management of IPV cases; research and conceptualization of intimate partner violence in local contexts; and a multi-disciplinary and casework approach to handling an IPV case in which the social worker provides direct intervention to the whole family including the perpetrator, victim and their family members while at the same time serves as a case manager to coordinate the multi-disciplinary inputs of other professionals like the police, shelter work, clinical psychologist, medical and health professional, etc; a pioneering group intervention for the perpetrators with good attendance rates and effects in controlling their violence behavior and improving their couple relationship; and intensive individual and relationship counseling by clinical psychologists for those with complex and deep-rooted problems. There is still much room for improvement, but we have launched an important step in the journey.

A Conceptualization of Intimate Partner Violence in the Hong Kong Chinese Families

Chung-ming Chan - Hong Kong

Short Description: Based on a practice research on the manifestation and interplay of cultural, interpersonal and intrapsychic factors, a conceptualization of the men's violence in intimate relationship in the Chinese families is developed. The conceptualization provides a useful framework for designing intervention and treatment for the men and their partners.

Abstract: Intimate partner violence (IPV) is a heterogeneous phenomenon and is not reducible to a single explanation. In the Hong Kong society, majority of the men in the battered spouse cases managed by the social service professionals conform to the type of "family-only" batterers (Holtzworth-Munroe & Stuart, 1994), and they are mostly still keeping their marriage and living with their partner and children. To account for these men's IPV which takes multiple discourses, it is theoretically necessary and clinically significant to apply multiple perspectives (Goldner, 1999; Dutton, 1995). Based on a qualitative study of eight battered spouse cases conducted by this writer, three clusters of factors were found to account for the men's temper and violent outbursts in intimate relationships. The first cluster refers to the broad cultural values and belief systems such as traditional patriarchal value and rigid gender socialization. The second cluster refers to the interpersonal context of the couple and points to the couple's marriage pattern (such as the "blitz" marriage between a Hong Kong man and a woman from a village in Mainland China) and their power and control struggle in managing conflicts related to money, sex, in-laws, extramarital sex, social life, employment, etc. The third and final cluster refers to the men's intrapsychic experiences and includes factors such as their developmental traumas, reparative expectations towards the relationship, and therefore strong reactions at times when their frustrations are frustrated. These factors vary in individual significance in their interplay from one case to another. How to use these factors to conceptualize IPV cases and design intervention strategies will be presented in the workshop.

If Turkey was a Family: Assessment and Treatment Plan for a Country Dealing with a Crisis

Yudum Soylemez - Turkey

Tuba Aydin Erol - Turkey

Short Description: Countries, like families, are systems that have intergenerational themes, communicational patterns, structural factors, coping strategies which determine the way they function. In this seminar, Turkey would be conceptualized as a family, going through tough times. Genogram would be used to explore Turkey's critical life events, concurrent stressors, resilience.

Abstract: Countries, just like families, are systems that have intergenerational themes and myths, structure, interactional communication patterns that affect the way they function in their socio-political context. They also contain constitutive characteristics and building blocks like family cohesion and commitment, meaning-making process, clear and effective communication, structural and relational factors, coping strategies which determine how they will be able to cope with extreme stress and traumas. All these characteristics have a huge impact on how they deal with traumatic experiences that they encounter. This seminar was planned to examine "The Turkey Family" within the frame of these building blocks. Components such as multiculturalism, the function of being a bridge between east and west (both geographically and culturally), spontaneity and creativity, usage of humor and hospitality were considered as unique and significant aspects of this family. In this seminar, Turkey would be conceptualized as a family, going through tough times. Genogram would be used to explore Turkey's developmental tasks, critical life events, concurrent life-stressors, and resilience. Points that particularly was planned to be considered on Genogram for "The Turkey Family" were; • Socio-political context • Hierarchical structure, boundaries, roles and rules • Interactional patterns: Intrafamilial and intersystem communication characteristics • Life-cycle stages • Family chronology: Critical life events, migrations, major traumas, 'Good' events • Concurrent life stressors; economic depressions, wars, terrorist attacks • Intergenerational themes, myths, and values • Resilience and resources; successes, friend/work connections, social life • Religious and spiritual factors: Meaning making process, coping strategie.

Creativity through Collaboration

Anita Mehta - Canada

Sarah Burley - Canada

Short Description: Co-therapy is a creative way to approach family therapy. This workshop will define and describe co-therapy, providing examples of its use with families. Video footage will demonstrate its effectiveness and the use of small groups and role-play will allow for active use of the strategies presented.

Abstract: Co-therapy refers to any type of therapy that is provided by two licensed professional therapists at the same time. It can be a creative way to approach family therapy as it allows for the merging of expertise and therapeutic approaches. In fact, co-therapy has been described as “pivotal in the development of family therapy” and an important factor to consider in increasing the effectiveness of therapy (Napier & Whitaker, 2011). It has been stated that working with another therapist with whom a collaborative and complementary approach can be taken provides a dynamic that allows for an increased possibility for creativity in therapeutic techniques. At times, having two therapists present can facilitate discussion during a session and allow for the focus of attention to be shared or divided as needed. It also permits the sharing of different strengths during family therapy and can provide an effective therapeutic context. It further provides the therapists the opportunity to address challenges collaboratively and permits for active discussion related to assessment and intervention. Furthermore, some authors have noted that the co-therapy relationship can be the basic instrument of therapy when working with families. This workshop intends to address this statement. It will define and describe co-therapy and provide examples of its use when working with families. Areas of focus will include: modeling healthy relational dynamics; integrating multiple resources and backgrounds; providing a more holistic client-centered approach; working with various different life-cycle stages (dividing the group vs. uniting them); and getting unstuck. Video footage of a session will be used to demonstrate its effectiveness and the use of small groups and role-play in this workshop will allow for active use of the strategies presented.

Moving Toward Defining an Islamic Psychology

Heather Laird - United States

Short Description: The results of the working conference on moving toward defining an Islamic Psychology that took place in February 2018 and the University of Southern California are discussed to help clinicians understand both the definition of Islamic Psychology and how this can be utilized to treat Muslim clients.

Abstract: There are over two billion Muslims worldwide. Population studies show this population is increasing by almost 2% per year. As clinicians treat Muslim clients, there seems to be a spectrum of interest in the utilization of spirituality in these services from not at all to primary methods of treatment. At the inaugural conference on Moving Toward Defining an Islamic Psychology at the Center for Muslim Mental Health and Islamic Psychology at the University of Southern California, Islamic scholars and mental health professionals with a caseload of 50% or more discussed aspects of psychology leading to a definition of Islamic Psychology. The culminating session discussed how this can be helpful in treating Muslim clients. This presentation discusses the results of the working sessions, which included how Islam views theory of mind, subconscious, the heart and mind connection, energy, developmental models, psychopathology, community, family and the individual, couples, the boundaries of the masculine and the feminine, the soul, the definition of Islamic Psychology and how this can be helpful in treating Muslim clients. This session gives clinicians who want to work with Muslim clients a good overview of utilizing their spirituality in their treatment.

The Case for Engaging Children in Family Therapy with their Substance Using Mother

Natasha Slesnick - United States

Short Description: Approximately 11% of U.S. children live with one or more substance abusing parents, but children are not often included in their parents' treatment plans. In this presentation, research findings underscoring the power of family systems therapy to improve outcomes for both mother and child will be offered.

Abstract: Rates of substance use among women are increasing with 7.3% of U.S. women reporting a drug use problem. Among these women, 70% have primary responsibility for minor children, and these youth are at risk for poorer developmental outcomes than their peers; substance abuse is a family disorder. However, targeted prevention for these children is missing, and they are often not included in mothers' treatment plans. Engagement of children in family systems treatment with their mother is an opportunity to prevent substance use, social and emotional problems from developing in the children, as well as improving mother's recovery. This presentation will provide evidence and rationale for offering family therapy to single mothers with children in their care who seek treatment for substance use. In a 5-year randomized clinical trial testing family systems therapy compared to an individual therapy condition with substance using mothers and their 8-16 year old children, declines in alcohol and drug use were observed in both groups, but findings showed that women receiving family systems therapy reported a faster decline of alcohol, marijuana and cocaine use compared to women receiving individual therapy (Slesnick & Zhang, 2016). Data revealed some evidence that not including children in their mothers in treatment can harm substance use outcomes. That is, as mother's communication with her child improved with therapy, higher opioid use occurred, but only for those in the non-family therapy condition. Additional analyses of data showed that family therapy offers preventive benefits to the children, in particular, reduced and delayed alcohol and drug use (Haring, Slesnick, & Murnan, under review), and improved children's problem behaviors (Zhang & Slesnick, in press). Children with mothers who showed decreased substance use and psychological control exhibited lower problem behaviors compared to children with mothers showing increased substance use and psychological control (Zhang, Slesnick, & Feng, in press). Taken together, the findings support the effectiveness of the family systems therapy for these families, and also suggest the importance of family interaction in explaining children's problem behaviors. Treatment programs should engage children of substance using mothers in family systems treatment.

Relation Between Parent Sociality and Employment in Patients with Intellectual Disability

Nobuyuki Takeuchi - Japan

Short Description: We investigate relation between employment and parents' sociality (SOFAS). We adopted 17 patients who could be confirmed working state and parents' SOFAS and under 70 full scale IQ. Our results showed that parents' sociality is a one of fact to employment of patients with Intellectual Disability.

Abstract: Employment rate of patients with Intellectual Disability is low, in spite of there are some social support system in Japan. Some studies investigated predictors of employment for patients with mental illness, and sociality was one of an employment factor. But there are no study to investigate relation between family sociality and patient's employment. For that reason, we investigate relation between employment and parents' sociality (SOFAS). The data of 154 cases which were with the name of mental retardation between 2013 and 2016 were retrospectively evaluated. We adopted 17 patients who could be confirmed working state and parents' SOFAS and under 70 full scale IQ. The result show patients GAF ($p = 0.009$) and mother's SOFAS ($p = 0.025$) has significant differences between working and non-working group. There was correlation between GAF and FIQ ($r^2 = 0.51$, $p = 6.1 \times 10^{-4}$). On the other hand, number of family member, amount of drug, and death of parent had no relation to employment. Our result which parents' sociality has relate to employment of patients with Intellectual Disability, suggests that domestic and social supports are important to employment as well as patient's ability.

Community-Based Lay Counseling Interventions for Couples in Beijing

Christine Lau - China

Short Description: A couple relationship needs assessment was conducted in China, and the highest rated topics were reported. A study was also conducted of the efficacy of the participants in a couple counseling training program. Results showed that their hope in helping couples increased after the training.

Abstract: With the rise of divorce in China, there is a need for low-cost community-based interventions to support healthy marriages. The main purpose of this study was to determine the needs and efficacy of a training program for local community leaders to help with marriage problems in China. There were two parts in this study. First, A needs assessment was conducted with a group of Chinese adults who attended religious groups (N = 548) regarding their perceived needs for the marital relationship. Data were collected using a survey methodology. Results showed that the most common needs reported were Help with Communication, Resolving Conflicts, Gender Roles and Responsibilities and Parenting Issues. Second, participants (N = 109) in a training program were asked to fill in questionnaires to determine whether there was change before and after the training in terms of self-efficacy and Hope measures. Statistical tests were conducted and results indicated a significant change due to time for the Hope measures only, showing that participants increased in their hope that the training would produce more effective results in helping couples in their community. No significant change was found for the general self-efficacy measures. The implications of these findings on clinical practice and training programs are discussed. The limitations of the study and recommendations for future research are provided.

Developing Cultural Competencies in Clinical Training

Ayse Ciftci - United States

Short Description: In this presentation, I will focus on: 1) brief summary of cultural competency movement in education and training in the US , 2) diverse conceptualization of multiculturalism outside of the US, 3) critical need to have a culturally-relevant model to train culturally competent therapists.

Abstract: In this brief presentation, I will discuss the importance of cultural competence in education and training of therapists around the world with an emphasis of socio-political climate. In its simplistic definition, cultural competencies refer to the ability to understand and work effectively with people from cultures different from one's own. How do someone become culturally competent in the current socio-political climate? The answer is not simple but a critical one for education and training of any therapist. Developing cultural competencies requires a) an understanding of one's own worldview, beliefs, attitudes, biases, b) knowledge of different cultures, and c) skills to interact and work effectively with individuals, groups, families and organization. However, only focusing these processes is not enough. It is critically important to consider the socio-political context, historical definition of multiculturalism and its implication for any country. In summary, I will focus on: 1) brief summary of multiculturalism and cultural competency movement in education and training in the US and the impact of socio-political environment, 2) diverse conceptualization of multiculturalism outside of the US, 3) critical need to have a culturally-relevant model to train culturally competent therapists.

Practical, Legal, and Ethical Issues for Working Effectively with High Conflict Divorced Families

William Northey - United States

Short Description: In the interactive workshop, participants will explore the challenges presented in intervening systemically with parents engaged in harmful and cantankerous post-divorce interactions. In addition to reviewing the various methods for assisting high conflict couples, participants will consider the role that systemic therapists can play in delivering these interventions.

Abstract: The vast majority of separating and divorcing couples are able to do it amicably and can parent effectively together. However, there is a very small--albeit challenging--minority of parents who cannot parent effectively together and in fact their interactions are hostile, caustic, and potentially damaging to their children. It is for this group of parents that a bevy of interventions have emerged recently that attempt to ameliorate the impact of these highly conflictual families. In the interactive workshop, participants will explore the challenges presented in intervening systemically with parents engaged in harmful and cantankerous post-divorce interactions. In addition to reviewing the various methods for assisting high conflict couples, participants will consider the role that systemic therapists can play in delivering these interventions. An exploration of the practical, ethical, and legal issues that present themselves will be considered as well as different intervention models that afford maximum leverage for conflictual parents. Participants will examine a fictional family experiencing a conflictual and vindictive separation and delve into effective strategies to engage and assist high conflict couples after separation and divorce.

Attachment Based - Cognitive Behavioral Systemic Therapy (AB-CBST)

Keith Sutton - United States

Short Description: Attachment Based - Cognitive Behavioral Systemic Therapy is an integrative model, integrating Family Systems, Cognitive Behavioral Therapy, Emotionally Focused Couples Therapy, and Eye Movement Desensitization Reprocessing. Through the attachment relationship of the therapeutic relationship, using a collaborative, postmodern approach, the therapist treats systems, to create lasting change.

Abstract: Attachment Based - Cognitive Behavioral Systemic Therapy is an integrative model, integrating Family Systems, Cognitive Behavioral Therapy, Emotionally Focused Couples Therapy, and Eye Movement Desensitization Reprocessing. AB-CBST is based on four major principles: 1) Adding systems work into treatment leads to better outcomes at follow up and less relapse, 2) The goal of therapy is a cognitive shift, although that may be achieved through a variety of interventions (e.g., thought records, enactments, creating meaning), 3) Attachment is the lens through which we relate to others, ourselves, and the world, and 4) Attachment is the way that we relate to our clients and is fundamental to our therapeutic alliance. In this workshop, we will be discussing how to use a postmodern, collaborative approach, influenced by Motivational Interviewing principals to build a strong alliance with individuals, couples, and families. We will discuss how to work with clients from a top down processing approach, using Cognitive Behavioral Therapy, and a bottom up processing approach, using Eye Movement Desensitization Reprocessing to create lasting change in cognitive schemas. We will discuss how to work on a Systemic level, with couples and families, using experiential means to change cognitive schemas, and develop a more connected family system, that will create lasting, second order change. Using attachment theory, we will discuss how to help clients to find connection, safety, and be able to problem solve with others in their systems. The techniques of Emotionally Focused Couples and Family Therapy will inform a process oriented approach to working with members of a system, and use Cognitive Behavioral Therapy to conceptualizing the connection between beliefs, emotions, and behaviors. Ultimately, this workshop will then build to discuss a transtheoretical model for working with families, using a four stage approach, integrating Brief Therapy, Structural Family Therapy, Strategic Family Therapy, Narrative Therapy, Solution Focused Therapy, Behavior Family Therapy, and Attachment Based Family Therapy. This integrative model will connect how attachment influences our therapeutic relationship, and will be discussed through the lens of the Common Factors research, using the Outcome Rating Scale, and Session Rating Scale.

Use of Family Camp in Multi-Family Group for Chinese Families of Adolescents with ADHD in Hong Kong

Wing Ka Lo - Hong Kong

Short Description: This presentation aims to share the preliminary results and introduce the use of family camp in Multi-Family Group with Chinese families of adolescents with ADHD in Hong Kong. Discussion will be made on the use of natural environment in healing family relationship for Chinese families of adolescents with ADHD.

Abstract: Increasing attention has been given to Attention Deficit Hyperactivity Disorder (ADHD) in adolescence. In a Chinese society such as Hong Kong, rapid expansion in self-reported ADHD cases was found among secondary school students with an increment from 740 in 2010 to 3,010 in 2014, revealing a growing population is in need of help. Difficult family relationship is commonly found in families of adolescents with ADHD. Studies in West reported that these families suffer from increased parent-child conflicts, more anger during conflict discussions, and more aggressive conflict tactics than their non-ADHD counterparts. However, conventional ADHD treatment and Chinese socio-cultural expectations accentuate the discourse of symptom control, which shape family lives to organize around the “deviated” behaviors, reinforce rigid family transactional patterns, and leave them limited psychological autonomy to negotiate an individuated family relationship. The individual-and-pathological-focused measures create a “deviated” image of families of adolescents with ADHD and segregate them from the dominant social world. These problem-saturated families usually become socially-isolated, and are likely to have their family development stagnated. There is a lack of family-centered intervention in Hong Kong which cultivates mental and physical spaces for Chinese families of adolescents with ADHD to deal with the developmental challenges together. In light of this, a research study was launched in June 2017 with an aim to develop an indigenous Multi-Family Group (MFG) intervention model for Chinese families of adolescents with ADHD. In addition to the use of the mutually supportive social environment in the group to mobilize changes, this MFG model incorporates a family camp which makes use of the natural environment in healing the family relationship. This presentation aims to share the preliminary results and introduce the use of family camp in Multi-Family Group (MFG) with Chinese families of adolescents with ADHD in Hong Kong.

Therapeutic Changes of Multi-Family Group perceived by Chinese Families of Child with ADHD

Wing Ka Lo - Hong Kong

Short Description: This qualitative study revealed the perceived changes in Chinese families of children with ADHD after attending MFG in Hong Kong. Findings suggested that MFG is helpful in improving parent-child relationships, and the therapeutic group context co-created by MFG leaders and families played an important role in initiating changes.

Abstract: Multi-Family Group (MFG) is a family-centered intervention approach which has been widely applied to different clienteles in western countries with proven effectiveness in outcome studies. There are only a few studies regarding the perceived beneficial factors as seen by families, while none of which are related to families of children with Attention Deficit Hyperactivity Deficit (ADHD). Moreover, existing research studies on subjective experience have only studied the perspectives of adult family members; the experiences of children are not well addressed. This paper reports the perceived changes in the lives of Chinese families of children with ADHD after attending an MFG in Hong Kong. In total 25 families (15 fathers, 24 mothers, 15 children with ADHD and 2 siblings) were recruited in this study. In-depth interviews, family interviews and focus groups, conducted by multiple investigators, were used for data collection. Family narratives were analyzed and three themes of perceived changes emerged: (1) Improvement in temper control of parents and children with ADHD; (2) changes in perceptions of children's behavioral difficulties and parenting; and (3) feeling of emotionally connected between parents and children with ADHD. Findings suggested that this MFG model can be a helpful intervention approach in improving parent-child relationships for Chinese families of children with ADHD, and the therapeutic group context co-created by MFG leaders and families played an important role in initiating the changes. Creation of group context of this MFG model will be delineated. Limitations and recommendations will be discussed.

Process of Therapeutic Change among the Unmarried Mothers in Korea

-A Grounded Theory Approach-

Gyeong-Ran HWANG - Korea
Song Jeong-Suk - Korea

Deok-Kyung BAE - Korea
Young-Ju Chun - Korea

Short Description: The purpose of this study is to explore the process of therapeutic changes in family relationship of unmarried mothers who experienced family therapy and provide the basic counseling data to improve their family relationship, utilizing the grounded theory.

Abstract: Participants in the study were 4 unmarried mothers who are rearing their children aged 2-10, and experienced 11~30 sessions of therapy. The data were collected thru in-depth interview, and analyzed by the grounded theory, using Nvivo 11 program. The results of the analysis showed that unmarried mothers was reinforced the positive sense. Also they understood a negative relationship with the family of origin and their psychological relaxation and motivation for independence were reinforced in the process changes and participated vocational training or sought a job. Implications for policy and practice for the unmarried mothers in Korea were discussed.

Is it possible to work with the whole family when Family Violence has been identified?

Margaret Hodge - Australia

Short Description: The "Keeping Safe Together" demonstration project being implemented in Melbourne, Australia is an intensive whole of family approach addressing the needs of victims, survivors and men who are using violence. This whole of family intensive case management model is framed around a trauma informed lens using a strength based approach.

Abstract: The "Keeping Safe Together" demonstration project being delivered in Melbourne, Australia, is to our knowledge, the only holistic model within Australia which simultaneously addresses the needs of victims, survivors and men (who are the predominant users of violence) with families. The Keeping Safe Together model addresses this service gap and is heavily informed by David Mandel's Safe and Together Model of cross system collaboration adapted to the Victorian context. The model relies on a cross system collaborative approach and what is most highlighted with this approach is the ability to improve outcomes for children and families by increasing capacity to intervene with all family members including perpetrators of family violence, as it relates to the safety, well being and best interests of children. The "Keeping Safe Together" model is not only informed by literature on proven relational and attachment based approaches to working with parents and children impacted by violence, but also on therapeutic approaches to treat trauma such as CBT and Developmental Trauma model which involves establishing safety, affect regulation and coping skills as well as integration of traumatic experiences. Families who may be referred to this program would generally have a perpetrator who has been assessed as displaying the less severe "situational" violence called so because there is often a clear precipitating event. These men are likely to be remorseful and will readily take responsibility. While the behaviour should always be considered as potentially dangerous, the man will not be expressing the need to control. It is under these circumstances that could be considered to be the optimum time for the introduction of either couples or family therapy. "The work of treatment is to convene a conversation that takes up the terrible questions, emotions and memories that violence creates and then keeps the process moving until safety, equity, remorse and reparation are achieved or until it becomes clear that they cannot be" (Goldner, 1999).

Harmonizing work and family: Working with career mothers- An Asian American Study

Kandice Hsu - United States
Liang-Ying Chou - United States

Short Description: This workshop explores the connection career mothers have with their internal strengths, and introduces an Internal Growth Perspective that highlights the process of how meaning is created to support their role as career mothers. Guidelines on using a connection-building approach in working with career mothers will also be discussed.

Abstract: In recent years, many countries have experienced a significant rise in the percentage of dual-income families, as well as the number of married women with young children entering the workforce. Given the growing female presence in the workforce and shifts in societal attitudes about work and family, it is important to understand the experience of career mothers when engaging in clinical work with families. This workshop will facilitate discussions on working with career mothers by introducing results from a study focused on Asian American career mothers. A dialogue on elements in working with career mothers extended from this Asian American study will also be included. The stories of these Asian American career mothers disclose how they are shaped and reshaped through life influences, perceptions of career and relationships within their social locations. The study goes beyond traditionally looking at external resources (e.g., familial support, community, spirituality, etc.) by also exploring internal strengths, which include having self-compassion, patience when adjusting to a new role, and being flexible with expectations. The workshop will also present a groundbreaking Internal Growth Perspective whereby meaning-making experiences of career mothers are created through a circular interaction between external resources and internal strengths. With this Internal Growth Perspective, we see a more in-depth connection between the development of internal strengths and the utilization of external resources. Lastly, guidelines on using a connection-building approach in treatment with career mothers will be provided. We hope that clinicians will help career mothers create empowering meaning that is inclusive of their work, family, and self.

Resolving PTSD, Sexual Trauma and Child Abuse

Katheryn Whittaker - United States

Short Description: Freedom from the pain of sexual trauma continues to be sought-after worldwide. This presentation provides a brief overview historically of child abuse, sexual trauma, and PTSD, and will introduce a therapeutic technique that incorporates cognitive hypnosis and the therapeutic skill of joining; more widely known as Rapid Resolution Therapy.

Abstract: Freedom from the pain of sexual trauma continues to be sought-after worldwide. Child abuse and other traumas that lead to a Post-Traumatic Stress Disorder Diagnosis are also factors that contribute to the overwhelming global need for therapeutic treatment models. This presentation will provide a brief overview historically of child abuse, sexual trauma, and PTSD. The presenter will then introduce a therapeutic technique that incorporates cognitive hypnosis and the therapeutic skill of joining; more widely known as Rapid Resolution Therapy.

The Perception of the Current State of Licensed Counselors Concerning Their Profession: a Heuristic Study

Virginia Jones - United States

Short Description: This dissertation was developed from the experiences of the presenter who has faced numerous career blocks from the Army who appears to favor licenses other than MFT. By '17, many MFTs have finally been able to attain GS-12 status, but many remain stuck, without opportunities to rise higher.

Abstract: The Primary Researcher of this Heuristic dissertation for an EdD in Organizational Leadership, has a long history of being unable to move up and forward in her career as she did not go to a COAMFTE or CACREP school 20 years ago and was unaware of the preference for recognition of social workers over MFTs and/or MHCs/LPCs in the federal health care systems such as the DoD, VA, etc. Eight (8) participants were involved in this study, the majority expressed similar situations and career blocks. The presenter remains curious about other MFT's working in other systems and other locales who may have or have not had similar experiences. This workshop will present the presenter's findings as well as invite and encourage peer attendees to share their career experiences, including challenges and successes in other states and countries with real or perceptive professional and clinical barriers.

Experiential Teaching Strategies to Enhance CFT Education

Cadmona Hall - United States

Short Description: The purpose of this presentation is to highlight a specific teaching strategy that actively facilitates CFT students self-exploration as a critical component of grief education. Specific exercises will be discussed where CFT students understanding is filtered through the trainees life experiences and in relationship to the clients they serve.

Abstract: One of the characteristics of American culture is the idea that we live in a death denying society. The death of a close family member or friend is rated as one of life's top stressors (Spurgeon, Jackson & Beach, 2001), yet most family therapists receive little to no training in issues related to grief and loss. As loss issues are often covert reasons for entering therapy this deficit in training directly impacts therapist competency. The purpose of this presentation is to highlight a specific teaching strategy that actively facilitates CFT therapy trainee's self-exploration as a critical component of grief & loss education. Specific exercises will be discussed where CFT trainee understanding is filtered through the trainees own self and in relationship to the clients they serve. Therapy educators have highlighted the importance of utilizing experiential tasks to train competent clinicians (Wehbi, 2011). The value of incorporating dynamic self-exploration in relationship to death education encourages trainees to connect abstract learning and personal experience. The presentation will discuss ways of incorporating experiential exercises in course curriculum as well as suggestions for evaluating a student's experiential work. The goal of utilizing experiential teaching methods is to teach thanatology in a way that facilitates the creation of a dynamic relationship between the student and material. Exemplar clinicians recognize the impact of self-exploration and respond authentically within the boundaries of the helping relationship (Baldwin, 2013).

Challenging Racism in Family Therapy: Training Students to work Effectively with African American Families

Cadmona Hall - United States

Short Description: Training culturally informed healers is key to providing the ethical and responsible family therapy African American clients deserve. This presentation provides tools for addressing racism in the lives of African American clients. Socially just therapeutic strategies that liberate rather than constrain and oppress clients will be presented.

Abstract: The therapy field has come to recognize the diverse racial and ethnic makeup of families. Previous literature has identified the fact that African Americans are underrepresented in therapy, utilize it inconsistently, and prematurely dropout (Breland-Noble et al., 2006; Priest, 1991; Thompson et al., 2004). Diala et al. (2000) found that African Americans reported positive attitudes towards seeking mental health services, felt comfortable discussing personal issues with professionals, and were less embarrassed about friends and family knowing they had attended therapy, than their White participants. However, after obtaining mental health services, African Americans were more likely to report negative attitudes and are less likely to utilize mental health services. African American families that overcome these barriers are also faced with the obstacle of dealing with racism in therapy. This presentation provides tools for training family therapists to address racism in the lives of African American clients. A social justice perspective is utilized to understand the impact of power, privilege and oppression. Training culturally informed healers is key to providing the ethical and responsible family therapy African American clients deserve. This presentation provides an overview of barriers to therapy as well as direct and concrete strategies for addressing racism in the lives of Black clients. Therapeutic strategies that liberate rather than constrain and oppress clients will be presented. This workshop will provide an authentic and interactive learning experience for effective engagement and intervention with African American families. Engaging in difficult dialogue, clinical missteps, and self-of-the-therapist issues will be explored.

Addressing moral injury in military service members through family therapy

Sebastian Perumbilly - United States

Short Description: Military service members are often irreversibly changed by combat zone experiences. As clinicians, how do we best understand and treat all of war's invisible wounds to a soldier's heart, family relationships, and community? This workshop will present a holistic and comprehensive view for healing the wounds of war.

Abstract: Every day at least 22 United States (U.S.) veterans commit suicide, according to reports from the Department of Veterans Affairs (CNN, 2013). Recent studies continue to report that high suicide rate among active duty military members and veterans has increased surpassing those of the general population in the U.S. (Pease, Billera & Gerard, 2016). What causes this "suicide epidemic" among military service members and veterans? There is a growing amount of literature about the effects of soldiers returning from war zones, particularly in terms of post-traumatic stress disorder (PTSD). However, there also is an emerging pattern of new problems being discussed that does not fit into any of the presently accepted medical or psychological diagnoses including PTSD. At its core, this new pattern focuses on the violation/disruption of the soldier's own values, which may be related to a moral code, a sociological concept, spiritual values, or religious beliefs and practices. The disruption contributes to different manifestations in emotions, thoughts and behaviors that often lead to self-destructive behaviors, including high suicidality (Marvasti & Dripchak, 2010; Nash, Carper, Mills, Au, Goldsmith, & Litz, 2013; Nazarov, et al, 2015). Research studies from around the world indicate that veterans' combat experience of trauma and moral injury may generally exacerbate their readjustment back to civilian life (Ahern, et al. 2015); adversely affect their interpersonal relationships in the relational systems of family and community; and lower their overall physical and mental health conditions (Thompson, et al, 2013). This research based presentation will help family therapists and psychosocial clinicians to deepen their understanding related to (i) the world of military veterans; (ii) the impact of war, especially moral injury on veterans and their interpersonal relationships in family and society; and, (iii) will provide them with a conceptual framework to treat service members and their families, and to facilitate veterans' transition from military life to civilian life in family and community. This presentation will draw from the concepts and methodologies proposed by the Soldier's Heart Transformational Model (Tick, 2014).

High-conflict Parents in Mediation: An Analysis of Dialogues, Sources to Conflict and Implications for Practice

Odd Arne Tjersland - Norway

Short Description: The presenter will describe international patterns and conflict-driving sources found in an observational study of 38 high-conflict parents in mediation. Furthermore, he will describe some of the mediation approaches that seemed most constructive in assisting these couples in the direction of an agreement. Video illustration will be used.

Abstract: The presenter has headed a naturalistic observation study of 154 parent-couples in mandatory mediation in Norway. Based on information from when the mediation started, 38 couples were rated as high conflict parents. The findings from following these couples in the mediation process are presented. Qualitative analyses of audio taped dialogues displayed an interaction with frequent interruptions, subjects shifting rapidly, escalating emotions and no mutual recognition and trust. Behind fights about visitation and custody, there were identified eight sources to the conflicts, mostly of a relational character: Two attached to the breakup, four about divergent 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. One third of the high conflict parents came to an agreement. The approaches that contributed to prolong the mediation process and helped the parties in coming to terms with each other were (key words): Encourage hope, recognize both parents, validate and accept differences, differentiate and choose topics, identify and talk about relational topics while holding on to agreement as a goal, putting the pieces together, holding on to the process while testing solutions. Some approaches are briefly described and illustrated by a video-presentation.

A New Projective Questionnaire Assessing Family Differentiation through Drawn Circles

Ora Peleg - Israel

Short Description: This study validates a new inventory of satisfaction with family differentiation through drawn circles (SFI-R). Examination of the psychometric properties of the instrument indicated that it was reliable and valid. In addition, SFI-R was positively associated with other family inventories, and negatively associated with trait anxiety.

Abstract: This study revalidates an inventory of satisfaction with differentiation of self through drawn circles (SFI-R). The SFI-R (Revised version) improves upon the previous version (Peleg & Idan-Biton, 2015) in that it displays pairs of circles with differing levels of overlap and asks participants to select the diagram that best expresses closeness/distance between themselves and others, using a 6-point Likert-like scale. The sample consisted of 630 college students. We examined the psychometric properties of the SFI-R, assessing its associations with differentiation of self (DSI-R), differentiation from partner (DIFS), and inclusion of other in the self (IOS). We also assessed its contribution to trait anxiety and quality of life. The revealed associations between the SFI-R, on the one hand, and the IOS, DIFS and almost all DSI-R subscales, on the other, strengthen its validity. Results also indicated that this instrument is reliable. Our findings support Bowen's (Kerr & Bowen, 1988) contention that differentiation of self is an important aspect of psychological well-being. Further, theoretically, this research offers new insights into the association of quality of life and trait anxiety with familial characteristics.

Japanese Programs for Autistic Adults and Their Families: Learning to be an Independent and Unique Adult

Chiemi Chiba - Japan

Short Description: Autism spectrum adults often have difficulty transitioning from school or university settings to the workplace, I will discuss activities in two Japanese program for ADHD adults and their families that focus on training in social activities and self-awareness.

Abstract: In Japan ,progress has been made in early education to diagnose and serve the needs of children with Autism Spectrum disorders such as Asperger's Syndrome and ADHD,In schools,the educational response to children with developmental disabilities is to tailor and adapt classroom practices.However, once children become adults and leave the school setting, adjustment to the larger society is often difficult and cases of depression, attempted suicide and cutting are on the rise, especially as these adults transition to the workplace. This care study portrays an adult with an undiagnosed from school to the workplace, had a depressive episode,and was treated at a mental hospital. The family was also informed at that time their son had a mild developmental disorder. Utilizing Bronfenbrenner's ecological systems theory to understand how changes in the environment affect ADHD adults,this study examines the multi layered (micro-and meso-)systems affecting transition from school to a workplace. Through interviews over a three month period, this study privileges the voices of the autistic adult and his family as they reflect on the programming experienced.Two programs will be discussed. The first, a three month hospitalization focusing on socializing, and the second,his employment placement through a non-profit specializing in autistic adults. I will discuss the activities and cultural values inherent in Japaneses programs(Bronfenbrenner's "macrosystem")for ADHD adults and their families, especially program activities that focus on training in social activities and self-awareness of the behavioral and cognitive challengers of having ADHD.

Developments and Dilemmas in Family Treatment of Sibling Sexual Abuse

Chaya Possick - Israel

Short Description: This presentation will introduce on a new typology for assessing sibling sexual abuse/inappropriate sexual behavior as well as a number of guiding principles that address current therapeutic dilemmas in family therapy for sibling sexual abuse in light of the changing social context and discourse surrounding child sexuality.

Abstract: In recent years there has been a marked increase in the reporting of sibling sexual abuse. In the 1980s a number of systemic models for the treatment of intrafamilial sexual abuse were published. Since then, family therapists have receded from the forefront, and sibling sexual abuse has been subsumed under the child sexual abuse field led by child trauma therapists and child protection workers. Effective models for the individual treatment of child victims have been developed, and there is increasing emphasis on collaboration between different systems—social services, child protection, health services, and police and court systems. However, family intervention is sometimes limited to parent counselling and work with the abuser-abused dyad, rather than joint therapeutic family dialogues with all family members that explore underlying family dynamics, help avoid splitting, allow for the simultaneous holding of various family narratives, and prevent further secrecy and cut-offs in the family. In addition, in the past several decades the social context and discourse surrounding child sexuality has also changed dramatically. Previous models are based on knowledge about adult and adolescent (male) sexual abusers. There is a need to adapt them to cases in which it is a young child who is engaging in abusive behavior. In addition, questions arise, such as: What constitutes sibling sexual abuse? How do we define (and who defines) “inappropriate sexual behavior” between siblings? Should family therapists actively intervene if they identify “inappropriate sexual behavior that is not abusive”? Participants will be encouraged to engage with their own beliefs and values about sexuality and family therapy and discuss their impact on their clinical work with sibling sexual abuse. To conclude, using a case illustration, I will present a typology for assessing sibling sexual abuse/inappropriate sexual behavior as well as a number of guiding principles that address current therapeutic dilemmas in treating sibling sexual abuse.

SBIRT Why Culture, Context, and Attitudes Matter: Lessons Learned from Rural Appalachia

Jessica Stephen Premo - United States

Short Description: Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used for addressing problematic substance use. In this session, attendees will learn why culture, context, and attitudes are important when working with substance misuse based on findings from a SBIRT initiative in rural Appalachia.

Abstract: Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs (SAMHSA, 2011). Risky drinking and drug use are common and cause significant individual, family, and societal problems. Given the recent rise in substance misuse, marriage and family therapists need to increase their cultural competence in substance use assessment and treatment. This presentation will review the findings of a current SAMHSA-funded, interprofessional initiative at Virginia Tech. This initiative trains counselors, nurses, and medical residents to use the SBIRT approach to identify and support their patients and clients who may be misusing drugs, medications, or alcohol. This presentation will discuss how culture, context, attitudes, and empathy influences student learning outcomes, as well as potential patient and client outcomes. Challenges related to working with clients in rural communities will be explored, as well as unique solutions. Furthermore, this session will explore how one's biases can get in the way of assessment and treatment. Additionally, findings regarding rural culture generally and specifically related to substance use will be discussed. Findings regarding culture, context, attitudes, and empathy will be presented, as well as the implications of such findings in training future marriage and family therapists.

Preparing and Transitioning to In-home Therapy for Marriage and Family Therapists

Leyna Vo - United States

Liang-Ying Chou - United States

Short Description: The MFT literature documents the need to provide in-home service to address therapy barriers for minority populations. However, MFTs experience transitioning to in-home therapy is overlooked. Understanding this adjustment will prepare MFTs providing in-home therapy. Suggestions for supporting MFTs' transition to in-home therapy will be provided.

Abstract: To engage the unserved and underserved population, there has been an increase focus on developing community mental health programs such as in-home therapy. This movement toward community mental health signifies the expansion of the MFT field to include practitioners providing therapy in diverse settings (e.g. in office, community locations and in-home). The growth of in-home therapy programs is an effort to reduce mental health stigma and increase accessibility of service for individuals and families who have difficulty engaging in therapy provided in the community agencies. With the expansion of in-home therapy programs, MFTs are presented with different employment opportunities and clinical experiences. In the current literature, attention to in-home therapy has been limited to MFTs' experience in providing mental health services in the home. The majority of these literature focuses on the MFTs' challenges with difficult caseload, safety, lack of training and supported supervision, as well as legal and ethical dilemmas facing MFTs' work in the home setting. However, the MFTs' experience transitioning from office based clinical settings to in-home therapy programs for the first time is unknown and unidentified. This lecture presentation will review the approach to community mental health, and provide knowledge from a qualitative study using a transcendental phenomenological lens to identify the essence of MFTs' lived experience transitioning to in-home therapy programs. Findings from this study demonstrated a consensus that MFTs experience the transition to in-home service as a rewarding learning process where they learned to be one with the client system, overcame environmental stressors, and discovered the therapist's self system. Quotations and stories from the study participants will be utilized to demonstrate their adjustment experience. Family therapists, educators, and supervisors throughout the global family therapy community will be provided with insights and recommendations on how to support the community mental health approach, and MFTs' transition to in-home therapy. Moreover, with the rise of community mental health programs, results from this study will provide implications for developing strategies and training components for academic programs and educators to launch this type of service by MFTs.

Conjoint Family Therapy – The Don D. Jackson and Virginia Satir Collaboration

Wendel Ray - United States

David Hale - United States

Short Description: In 1961 Don Jackson & Virginia Satir asserted there is a relationship between the patient's symptom & family interaction, stating the extent a therapist "believes" in family therapy determines how this orientation is conveyed to the patient. This workshop will explore the profound meaning of Satir & Jackson's statement.

Abstract: In the 1950s with publication of "The Question of Family Homeostasis," and in collaboration with Gregory Bateson, Jay Haley & John Weakland, "Toward a Theory of Schizophrenia," and numerous other groundbreaking publications, psychiatrist Don D. Jackson gained international renown for his pivotal role in creating a radically contextual and relationship based theory of human behavior and an equally radical treatment approach: Conjoint Family Therapy. When Jackson founded The Mental Research Institute (MRI), he asked Virginia Satir to be the first Director of Family Therapy training. Satir and Jackson's phenomenal skill as family therapists, combined with trailblazing research on family interaction and the establishment of the first family therapy training program placed MRI at the heart of this new Family Therapy discipline. According to Don Jackson and Virginia Satir, systemic family therapy is "predicated on the necessity for viewing the symptoms of the identified patient or patients within the total family interaction, with the explicit theoretical belief that there is a relationship between the symptom of the identified patient and the total family interaction. The extent to which the therapist "believes" in family therapy will determine his emphasis on techniques that convey this orientation to the patient," (1961, p. 30). Jay Haley (1974), and others such as Keeney and Ross (1985) echo this essential point saying "systemic family therapy is a perspective that emphasizes treating the patterns that connect the problem behavior of one person with the behavior of other people" (p. 3). This workshop will use rare audio recordings to discuss the Jackson and Satir collaboration that created Conjoint Family Therapy and helped launch the field of Family Therapy.

Dissociative Identity Disorder (DID) from a systemic perspective. A Clinical Case

Larissa Ernst - Belgium
Sian Green - South Africa

Short Description: This presentation provides a synopsis of the conceptualisation of DID from a systemic perspective, the Integrative Interactional Approach specifically. This case shows the profound work that emerged through applying family therapy principles to individual psychotherapy.

Abstract: Dissociative Identity Disorder (DID) is a controversial psychiatric diagnosis. This presentation looks at a clinical case of DID through a systemic lens, from misdiagnosis to understanding the clinical manifestation. Following their active involvement in this clinical case, the presenters provide a synopsis of the conceptualisation of DID from an Integrative Interactional Approach and discuss the therapeutic interventions used in working towards “integration” of the different interactional styles (“alter or split-off parts”). Specifically, the case was conceptualised utilising the Interactional Pattern Analysis (IPA), a psychodiagnostic tool. Through the Interactional Pattern Analysis the relationship between different interactional styles (“alters”) are identified and described, highlighting interpersonal variables at play in the so called dissociative functioning. The presenters then explore the relevant clinical history, including parenting, family dynamics and complex trauma, and how these experiences have formed the basis of the four rigid interactional styles (“dissociative splits or alters”), moving beyond the realm of PTSD. Exploration of the clinical work involved in treatment is provided, specifically applying a systematic meta-perspective, with consideration of family dynamics, social environment, interactional functioning, and trauma in working towards increased flexibility as well as permeable boundaries between interactional styles (“integration”). Clinically, different therapeutic modalities have been indicated with each interactional style (“alter”), including play therapy, a family-type mediation between the different styles, increasing empathy between styles and developing a more open feedback loop, enabling change. The presenters talk of the need for precise clinical observation and flexibility in order to identify the styles and shift therapy relevant to which style presents in the room. This case shows the profound work that emerged through applying family therapy principles to individual psychotherapy.

Filial Piety, a Legacy of the Confucian Tradition is a Problem in Family Therapy in Asian Families

Wong Ip Chung Ping - Hong Kong

Short Description: Cultural differences between East and West may be confusing goals in family therapy. Filial Piety, a legacy of the Confucian tradition, highly regarded as a virtue in the traditional Chinese family, is suspected of reasons to depression, anxiety, and aggression.

Abstract: Throughout the history of China, Confucianism has dominated people's emotional world in a subtle way. Rules and leaders of different social systems utilized a combination of Confucian and legalistic schools of thoughts to control and govern people. The authoritarian version of the Confucian spirit named Li dominated and created cultural power binding systems together instead of individualism. In family therapy we are dealing with conflicts of two worlds of self--a spontaneous, relational being, and a collective, codified being under the Li. The struggles and the emotional upheavals that both the therapist and the client have to go through is huge.

Treating Moral Injury in Military-Service-Professionals: An Ethnographic Study

Sebastian Perumbilly - United States

Short Description: Using an ethnographic research design, this study explored how moral injury (MI) in military-service-professionals can be treated by using the Soldier's Heart Transformational Model (Tick, 2014) within the context of a psycho-spiritual-retreat in Vietnam in December 2016.

Abstract: Research consistently reports that military-service-professionals' return and reintegration into civilian life is filled with numerous clinical challenges; and that it is crucial to clinically assess and treat "moral injury" (MI), along with posttraumatic stress disorder (PTSD). This study explored the application of six key strategies from the Soldier's Heart Transformational Model (SHTM) (Tick, 2014) in treating MI in the context of a two-week psycho-spiritual-retreat with military-service-professionals in Vietnam in December 2016. The research questions were: (1) What is MI according to the SHTM? (2) How is MI assessed and treated in the context of a healing retreat involving military-service-professionals? (3) What do retreat participants report as their experience in this healing retreat? Based on these research questions, an interview protocol with 13 sub questions was developed to collect data. The research design used was Ethnography. Participants were six U.S. military-service-professionals, six U.S. licensed mental health professionals, one U.S. lay person, and one in-country guide from Vietnam. The preliminary findings were: (1) War profoundly affects military-service-professionals in their familial, social, psychological, spiritual and moral/ethical domains; (2) Psychological injury can occur when one's deeply held moral/ethical beliefs and expectations are violated; (3) A military-service-professional, who survives war essentially goes through a psychic death and rebirth process. He/she is not the same person again, but a CHANGED/TRANSFORMED person. Several clinical strategies are discussed and suggested to facilitate military-service-professionals' return and reintegration into civilian life.

Interplay between Systemic and Art Family Therapy in an Inpatient Setting for Adolescents

Isabelle Feijo - Australia

Short Description: This presentation demonstrates the interplay between weekly systemic family therapy and art family therapy in a Sydney (Australia) based psychiatric inpatient setting for treatment refractory adolescents.

Abstract: Dr Isabelle Feijo, Child and Adolescent Psychiatrist and Fran Nielsen, Art Therapist MA(AThR) have prepared this presentation which will demonstrate the interplay between weekly systemic family therapy and family art therapy in an inpatient setting for treatment refractory adolescents aged 13 to 18. The Walker Unit is a Sydney (Australia) based twelve bed, statewide, medium to long stay unit which provides care for adolescents experiencing severe and unremitting mental illness (including involuntary treatment). Most patients who come to the unit have a 2 to 3-year history of mental illness, have had multiple diagnoses, been in and out of acute adolescent units and have received various standard psychological treatments as well as a multitude of different psychotropic medications. The multidisciplinary team includes a large nursing team (1:2 patient-nursing ratio), Psychiatrists, Psychologists, Social Workers, Occupational Therapist, Speech Pathologist, an Art and Music Therapist. Walker Unit patients score highest in the state for measures of emotional disturbance, aggression, psychosis, mood disorders, anxiety, depression and conduct disorders. They have not responded to standard medical and psychotherapeutic treatments due to severe thought disorder and/or cognitive impairment that is sometimes evidenced through inappropriate and dangerous behaviours. These patients and their families all have significant communication difficulties as a result of the young person's psychotic illness, developmental problems, and trauma. A multidisciplinary approach is used to deliver a range of psychotherapeutic treatments including individual evidence based therapies (such as CBT, DBT, IPT) and Family Therapy. The unit takes an approach to care where the family is expected to participate in therapy, including family art psychotherapy with the goal of promoting change within the family system. The trans-generational nature of problems is explored, de-centralising the adolescent and their presentation. The art therapy on one hand helps to process difficult emotions coming up during the admission, but also give the family another way of expressing their non-verbalised emotions and to support them to "think" of their sick child.

The Impacts of Technology on Adolescence

Nesteren Gazioglu - Turkey

Short Description: Use of technology is sometimes pointed out as a problem in family session. Especially the families with adolescents point out technology as a scapegoat. Throughout this workshop the systemic effects of technology (esp. internet and social media) will be examined and a family sculpt will be demonstrated.

Abstract: Transformation from childhood into adolescence brings several challenges. In order families to overcome these challenges, they have to examine their relationships and resources. As the child grows up the change in family dynamics are inevitable. So, instead of checking-in with themselves, sometimes families need a scapegoat. Scapegoats are generally mentioned as a member of the family. In this workshop scapegoating technology will be examined. Parents sometimes scapegoat technology. Nowadays technological devices such as smartphones, tablets and their service such as internet and social media are scapegoated. By doing so, the focus smoothly shifts from the problematic relationships among family members to the use of technology. They cognitively and logically try to find a solution to the problematic use of technology but they ignore the experiential part. In this workshop, the case of a family with an adolescent will be presented through Satir Transformational Systemic Therapy perspective. After examining the family map, roles and coping stances of the family members a family sculpt will be demonstrated.

International Case Dialogue: Social Anxiety and School Phobia among Asian Youth

Takeshi Tamura - Japan

Young Ju Chun - Korea

Youm Eun-Sun - Korea

Short Description: Three senior therapists present adolescent cases. The typical problems are depressed mood, social anxiety, school refusal, social withdrawal (hikikomori), sustained unemployment, game addict, and parent abuse. The typical family dynamics are rigid couple system, anxious mother projecting her negative emotions, and peripheral father. The therapist restructures the rigid family system.

Abstract: Three senior family therapists from Japan, Korea and Malaysia present their adolescent cases, followed by sharing perspectives among the presenters, and later with the audience. 1) The typical problems the identified youths present are; depressed mood, social anxiety/phobia, school refusal, social withdrawal (hikikomori), sustained unemployment, game and internet addict, and physical/verbal abuse to parents typically to mothers. 2) The typical family dynamics are; a) rigid couple system with emotionally distant marriage and unresolved/hidden marital conflict, b) anxious and isolated mother projecting her negative emotions, become enmeshed, over-protective and over-involved to the identified child, c) the child (could be already adult) become “protector” for family, unable to engage in own developmental tasks and fail to achieve autonomy and leave home, d) the “parentified” child at earlier ages becomes rebellious in adolescence, then regressed and appears more needy, e) the father becomes distant and peripheral in the family system, little time to spend and communicate at home, and e) in-law conflicts with extended families of both sides. 3) The therapist support the family by restructuring the rigid couple system and dysfunctional parent-child system by; a) joining to the whole family, d) therapist becoming temporary attachment figure, b) promoting family interactions and facilitating communication, c) restructuring parent-child boundary, hierarchy, and family rules, d) bringing father in, and mother out of the emotional system, e) facilitating the child to articulate his/her worries for the family, f) empowering child in self-differentiation tasks by clarifying own thoughts/emotions and self-direction, g) empowering parents to support child in “leaving home” successfully, and e) networking with school and community system.

Use of Words, Metaphors and Silence

Nesteren Gazioglu - Turkey

Ceyda Tahincioglu - Turkey

Short Description: Words, metaphors and the use of silence are the main tools of a therapist. This workshop will invite the participants to explore silence, to practice the use of words and to create metaphors.

Abstract: During a session as therapists we acquire information by asking questions. By doing so, we use words. We paraphrase through words as well. The power of words and how we use them affect the process. By using words we get information and we try to take the information from a cognitive level to experiential level. Metaphors help us during this experiential journey. As the therapist and the client observe this journey sometimes the most important tool is just remaining silent. The experiential experience might trigger several emotions, thoughts or expectations within the therapist. If that happens, the words come along. Therapists tend to ask more questions and mistakenly ignore that experiential moment and silence. In this experiential workshop, the power of words will be investigated through therapeutic games. This exercise is developed and used by the presenters with groups and families. After investigating words, sample metaphors will be highlighted and new metaphors will be created. Finally, the group will experience silence. Silence among, silence between and silence within.

Mental Health Screening in Coordinated and Integrated Primary Care: Lessons Learned

Jessica Stephen Premo - United States

Zephon Lister - United States

Short Description: The USPSTF found that screening can improve the identification and treatment of mental health (MH) and substance use conditions in primary care. This workshop will discuss best practices for MH screening, how to assess and address barriers, and share lessons learned from research and implementation of primary care MH screening.

Abstract: The US Preventive Service Task Force (USPSTF) found convincing evidence that screening improves the identification and treatment of mental health and substance use conditions in primary care settings. Over the last several decades, the scope, effectiveness and efficiency of screening tools and practices has continued to advance. Despite these findings, evidence still suggests that screeners are significantly underutilized and the application of these tools into standard practice continues to lag. In this workshop the facilitators will discuss the current best practices for mental health screening, how to assess and address barriers, and share lessons learned from their research and implementation of mental health screening in coordinated and integrated care settings. The workshop will also highlight the unique role marriage and family therapists (MFTs) can fulfill in the current efforts for integration of behavioral health into health care settings. Data from coordinated care clinics and 3 integrated primary care settings were collected. Assessment was done on: screening practices of providers in self-directed and universal screening environments; the identified barriers to screening for mental health conditions for individual providers as well as system wide implementation of universal screening; and the impact of screening on detection of mental health conditions as well as provider management behavior. By the end of the session participants will be provided the knowledge and tools to help develop and implement mental health screenings in various health care settings. Further, participants will explore best practice innovations for their setting. This workshop will also discuss how MFTs are in a unique position to respond to the needs of those who screen positive for mental health concerns. This role fits well with the USPSTF's, recommendation that screening should only take place in settings prepared to address the concerns that are identified. MFTs systemic perspective and training in the biopsychosocial spiritual make them well equipped to move into these roles. Furthermore, in settings where mental health integration is not possible, MFTs have an opportunity to expand their role beyond clinicians into providers who train others to more effectively respond to mental health concerns that are identified through screening.

The Influence of Religious Practices on Relationship Functioning: Clinical Implications

Zephon Lister - United States

Jessica Stephen Premo - United States

Short Description: This study examines the relationship between prayer, personal devotion and family worship and marital functioning in the areas of relationship satisfaction, emotional attunement, conflict resolution, and beliefs about roles in the relationship. Implications for clinical assessment and use of couples' religious practices for clinical intervention will be discussed.

Abstract: Religion has and continues to play an important role in family life. However, there continues to be a paucity of research that examines the influence of religion on the lives of couples, particularly outside of the United States. Additionally, most research in this area has focused on global measures of religiosity and spirituality (i.e. church attendance). This study examines the role of prayer, personal devotion and family worship on marital functioning in the areas of relationship satisfaction, emotional attunement, conflict resolution, and beliefs about roles in the relationship. Data were gathered from the Inter-American Division (IAD) of Seventh-day Adventist which is comprised of over 40 countries and territories and separated into 21 conferences in Latin America and the Caribbean. 3997 participants reported being in a relationship (54.1% Females) and were retained for analyses in the current study examining the relationship between couples' religious practices and relationship outcomes. Hierarchical multiple regression (HMR) analyses were conducted to examine the amount of variance couple religious practices (family worship, personal prayer, bible study, and church attendance) accounts for in explaining relationship outcomes (relationship satisfaction, emotional attunement, conflict resolution, beliefs in traditional roles) independent of gender and level of education. Couples' who reported engaging in family worship more frequently as well as spending more time in personal prayer, also reported higher levels of relationship satisfaction, better conflict resolution and greater emotional attunement in their relationship. Results also revealed that time found for bible study, time spent each day in prayer, and how often the couple attend church accounted for variance in explaining beliefs in traditional roles. Whereas an increase in the amount of time found for bible study is linked with a stronger belief in traditional roles, the more time spent in prayer each day is associated with less belief in traditional roles. For MFTs and other helping professionals, these findings highlight the important and often overlooked role of religious practices in couple functioning. Implications for discussion from this study include: the need for assessment of religious practices among couples and the potential use of couples' religious practices in therapeutic intervention.

The Application of Meditation of the Satir Model in the Group Counseling and Therapy

Jane Huang - China

Short Description: As what Ms. Virginia Satir said: "Meditation stimulates the use of the right brain. It is a way using our intuition to bring more possibilities and changes ." In this presentation, you can experience and have a glimpse at the use of it in group counseling and therapy.

Abstract: Meditation is a very important tool in Satir model. As what Ms. Virginia Satir said: "Meditation stimulates the use of the right brain. It is a way using our intuition to bring more possibilities, and allowing some changes towards growth and high self-esteem." In this presentation, you can experience and have a glimpse at the use of it in group counseling and therapy. Presentation outline: 1\Introducing the application of meditation of the Satir Model. 2\Experiencing a Satir Model meditation. 3\What meditation will bring to us? ---bringing more awareness and acceptance ---focusing on process ---achieving inner connection ---becoming more peaceful and calm ---preparing for changes ---Integrating experience and learning 4\How do we create a meditation ---Reflecting the beliefs of the Satir Model ---Matching the meditation with the goal of counseling or therapy ---Using of music 5\Questions and Answers.

*Presented in Mandarin

Introducing Family Therapy and Systems Practice Education in Cambodia

Bernhild Pfautsch - Cambodia

Pot Channika - Cambodia

Short Description: The presentation will share about the Cambodian experience of starting clinical training in Family Therapy and Systemic Practice at the Royal University of Phnom Penh and the journey to discover relevant cultural and contextual features of family therapy education in Cambodia. Financial and human resources for mental health and counseling services are scarce in Cambodia which calls for feasible forms of service delivery. We will report on our first steps to align Family Therapy and Systemic Practice education with the prevalent ecological system to equip future therapists with culturally and contextually fitting therapeutic skills and treatment tools.

Abstract: The Department of Psychology at the Royal University of Phnom Penh (RUPP) as a leading institution for mental health training in Cambodia established the Bachelor's Program in Psychology in 1994 and offers a Master Degree in Clinical and Counseling Psychology since 2008. Taking in account the importance of the family in Cambodia as a collectivist society the Department of Psychology set up the first "Postgraduate Certificate in Family Therapy and Systemic Practice" in 2017. The training is spread over a period of nine months comprising five teaching modules of 2 - 2,5 days respectively and group supervision as well as peer supervision in between. The first group of future family therapist comprises 12 experienced social workers and psychologists who are working in various fields of their professions or are faculty at the university. Financial and human resources for mental health and counseling services are scarce in Cambodia which calls for feasible forms of service delivery. Family therapy and Systemic Practice education needs to be aligned with the prevalent ecological system to equip future therapists with culturally and contextually fitting therapeutic frameworks and treatment tools. The presentation will share about the Cambodian experience of starting clinical training in family therapy and systemic practice and the journey to discover relevant cultural and contextual features of family therapy education in Cambodia.

The Family that Prays Together, Stays Together: The Role of Prayer on Child Rearing Practices

Zephon Lister - United States

Jessica Stephen Premo - United States

Short Description: This study examines the relationship between prayer and parental child-rearing practices among families living in the Caribbean. Implications for clinical assessment and use of family religious' practices for clinical intervention will be discussed.

Abstract: There are many variables that influence parental child rearing practices, an important predictor of child health outcomes. Of these variables, significant links have been found between parental religiosity and child rearing practices. The present study investigates parental religiosity on child rearing practices among families living in the Caribbean and Latin America. Specifically, this study seeks to examine the relationship between prayer and child rearing practices. Data were gathered from the Inter-American Division (IAD) of Seventh-day Adventist which is comprised of over 40 countries and territories and separated into 21 conferences in Latin America and the Caribbean. 2865 parents retained for analysis, 61.9% were female. Hierarchical multiple regression (HMR) analyses were conducted to examine the amount of variance parental religiosity (personal prayer, family worship, bible study, and church attendance) accounts for in explaining parent child rearing practices as described by the Child-rearing Practices Report (CRPR) (Block, 1965) independent of gender and level of education. HMR analyses reveal that parents who report regular personal prayer tended to provide more Parent-Child Independence, Expression of affection, and Parental rational guidance, all characteristics associated with authoritative parenting. However, it was also found that parents who have regular prayer also engaged in more Parental Control practices. For MFTs and other helping professionals, these findings highlight the important and often overlooked role of religious practices in child-rearing behavior. Implications for discussion from this study include: (1) the need for assessment of religious practices religious among families and (2) the potential use of parents' religious practices in therapeutic intervention.

Content Analysis of Couple Therapy Research in Greater China: Critical Review and Forward

Tak-Mau Chan - Hong Kong
Forward Fung Chin - Hong Kong

Matthew Chi-ming Ho - Hong Kong
Victor Chi-yuen Lau - Hong Kong

Short Description: 278 referred journal articles were identified as the research of couple therapy in Greater China, and the authorship, practice area, target of practice and research method were the key analysis in this study. Critical comments and discussion on the development of the region, gender and article types were discussed.

Abstract: Couple therapy has been developed in Greater China for decades. This article attempts to explore the development of the publication of scholarly articles relating to couple therapy in Greater China in generally accepted journals in the past 4 decades between 1976 - 2016. As academic landscape of Greater China involving both Chinese and English, search engines of both language were adopted to achieve a more comprehensive sample of studies. The literatures were searched for addressing five research questions in this review. (1) What is the volume of research relate to couple therapy in Greater China? (2) What is the number of authorship among these couple therapy research? (3) What are the focuses of couple therapy literature in the context of Greater China? (4) What is the research methods adopted in couple therapy research? (5) What are the changes among recent three decades in term of region, volume, authorship, focus of practice and research methods? 278 out of 1667 referred articles were identified as couple therapy research articles which were obtained through search engines. The volume of Taiwan, Mainland China, Hong Kong and Macau are 90, 88, 64 and 0 respectively. 190 of them are group authorship, and the first couple therapy research was published in 1984. Women is three times of men as the key target group in the research publication. The data shows that couple therapy research initiatives emerged in the 90s and to date, have continued to evolve. Whether the works are academic-led or practitioner-led not only inform the current circumstances but also provide the platform for the future development of couple therapy research work in Greater China. Almost two-third of the research works that are identified as academic-led research. Refer to research methodology, 76 of them is survey, whilst individual cases analysis and focus group is 74. Thorough discussion on the trend of each region, gender differences and article type will be cultivated and further recommendation are provided. Finally, current challenges and opportunities of research on couple therapy would be examined.

3 P.L.A.Y. to Breakthrough for Families with Teenagers Who Learn Differently

Mei Wah Long - Malaysia

Li Li Koh - Malaysia

Short Description: The 3 P.L.A.Y. to Breakthrough helps parents and caregivers revive natural family system through practical and flexible approach with the core base of educational kinesiology, reflexes integrations and language intention that nurture the best of their teenagers who learn differently.

Abstract: In this fast-paced information and communications technology era, family, school and society place higher expectations on teenagers. This could lead to the young experiencing stress, which is manifested as learning, behavioural and emotional problems. Studies show that these difficulties are more profound in those teenagers who learn differently and pose a challenge to parents and caregivers. Their attempts to 'quick-fix' teenagers' problems only result in frustration and loss of hope. Little do they realise that stress has its root cause in the 'natural family system' and is the main contributor to many teenager's predicament. The natural family system constitutes a platform where both parents share a healthy relationship and commitment in setting values and nurturing the holistic development of their children. This paper explores how the 3 P.L.A.Y. to Breakthrough, developed by the Breakthru Academy through years of working with children and teenagers who learn differently, helps parents and caregivers adopt or revive this natural family system through practical and flexible approach. 3 P.L.A.Y constitutes: P (Presence, Plan and Progress); L (Listen, Language and Lead); A (Acknowledge, Appreciate and Aspire); and, Y (Yeah! equals Celebration or Breakthrough) with the core base of educational kinesiology, reflexes integrations and language intention. The model also examines children's challenges from the perspectives of O.F.I.B. - O Outward (Challenges and Obstacles), F Forward (Setting Goals. Turning Obstacles to Opportunities) I Inward (Daily Past and Present Experiences) and B Backward (Developmental gaps). The principles of 3 P.L.A.Y. create a ripple effect to overcome these hurdles and nurture the teenagers to be their best. To demonstrate the efficacy of P.L.A.Y., a case study of a teenager diagnosed with Asperger's Syndrome, Attention-Deficit Hyperactivity Disorder and behavioural disorder will be presented. In summary, this interactive presentation demonstrates how the multidimensional model of P.L.A.Y. empowers families to understand and better support teenagers who learn differently.

Reflecting Team: The possibility for Change. The Experience from RAMA Family Clinic (Thailand)

Suchawadee Pongthanawisuth - Thailand

Nida Limsuwan - Thailand

Short Description: Reflecting team approach is widely used in family therapy in Western countries; however, there are few empirical researches, especially in Eastern countries such as Thailand. The family clinic at Ramathibodi Hospital, Bangkok, has conducted a descriptive study to find whether reflecting team approach is compatible with the context in Thailand.

Abstract: Reflecting team approach is widely used in family therapy in Western countries; however, there are few empirical researches regarding reflecting team, especially in Eastern countries such as Thailand. The family clinic at Ramathibodi Hospital, Bangkok, has employed reflecting teams in daily clinical practice and has conducted a small descriptive study aimed to answer the question whether reflecting team approach is compatible with the context in Thailand. In our therapists' opinions, there are some challenges in using reflecting team in Thai society. Firstly, reflecting team approach was developed in Western culture. This approach based on concepts regarding sharing difference, collaborative relating, mutual exchanges, and equality. In contrast, harmony and consensus have been highly valued among Thai people. Frequently, sharing different ideas was confused with disagreement and creating conflicts. Most people concern that difference might disrupt harmony. Secondly, Thai society has been very hierarchical as many countries in Eastern culture which equality seems to be impossible. As a result, we conducted a study aimed to reveal clients' perspectives regarding reflecting team in our clinical practice. This cross-sectional study consisted of 27 clients from 11 families enrolled from family clinic at Ramathibodi hospital between August 2016 - July 2017. Sincerity and giving the best regards are perceived as the strongest strengths of our reflecting team. The reflections that the client's claim to be the most helpful and what they expected include helping them more clearly understanding about themselves, their families, and the problematic situations, mentioning some consideration points and useful advices, and reflecting their strengths which they have overlooked. In conclusion, reflecting team approach seems compatible with our Thai culture. Although the team's anxiety about proposing different perspectives, from our results, the clients took it in good part and found it helpful. To support these findings, however, more researches in this field are still needed.

Brief Strategic Couple Therapy with A Young Couple Presenting with Emotional Affair, Alcoholism and Sexual Frustration

Kevin Wong - Hong Kong

Short Description: We present the application of Brief Strategic Couple Therapy to the therapeutic change of a young couple presenting with emotional affair, alcoholism and sexual frustration. A clinical case is illustrated the importance of a second-order change to allow the system to shift into a new level of homeostasis.

Abstract: This presentation describes the application of Brief Strategic Couple Therapy to the therapeutic change of a well-educated young couple presenting with emotional affair, alcoholism and sexual frustration. We begins with an overview of the fundamental theory including identify and interpret so-called ironic processes in couple therapy, which occur when repeated attempts to solve the presenting problem keep the problem going or even make it worse. A clinical case is then presented that exemplifies the concept that symptoms are the result of misguided attempts at changing existing difficulties and the introduction of a second-order change by the therapist can break the vicious cycle of the couple's interactions. The therapeutic process covered only 4 sessions (including one couple session) in 3 months and follow-up messages after two months and one year indicated that the goal of changing the dysfunctional sequences of behavior had been achieved. The importance of creating a second-order change to allow the system to shift into a new level of homeostasis by changing the existing rules within the family system is highlighted. Furthermore, the therapist's role and his capacity to understand the meaning of symptoms or strange acts of clients is presented and culture sensitivity of the therapist during the therapeutic process is also covered. This presentation concludes with a discussion about implications for instructing strategically a well-educated young couple to be a "bad" person in order to rescue their partners from dysfunctional sequences of behaviour.

The Last Dance: The Impact of Intravaginal Mesh Implants for Women and their Partners

Deisy Amorin-Woods - Australia

Short Description: Exploring systemic work with women with mesh implants following the far-reaching effects on them and their relationships. Given its growing incidence there is need to explore the multilayered effects of this practice in order to increase understanding as well as to develop approaches in working sensitively with this group.

Abstract: This presentation explores systemic work with women implanted with transvaginal mesh devices. Given the growing incidence of this practice in the Western world, there is a strong need to consider the multilayered nature of its impact in order to initiate discussion, increase understanding and in developing effective approaches to working with these group of women. The effects on the women survivors are often profound, disabling and traumatic. They are also wide-reaching; rippling as they spread in waves from survivors onto their partners and families. This presentation will particularly focus on the impact on the women, and on their couple relationship. The presentation will consider ethical, health, legal and social determinants with a view to explore the psychological, emotional physical and sexual impact on the women and in turn on their couple relationship. Related concepts such as secondary victimization and secondary traumatization will be discussed. The presentation will also explore useful therapeutic models and strategies in working with these couples with the aim of increasing understanding and bring healing to survivors and their partners. This is particularly important given the absence of body of knowledge available and consequently the lack of understanding how family and systemic therapists can best support these clients.

“He is my Husband, Not a Perpetrator”- A Case Study of Intimate Partner Violence from the Perspective of Institutional Ethnography

Wan-Juo Cheng - Taiwan

Short Description: This case aimed to explore the social relation organizing activities of the battered woman and her service providers and further explicate ruling relations through texts. The results provided alternative views of resistance, and explicated how institutional ideologies excluded actual needs of the woman and relational factors she considered important.

Abstract: The Domestic Violence Prevention Center in Taiwan have employed the empowerment approach, which places the change agency with the victims, to help women who are battered cope with abuse, to plan for safety, and to develop self-esteem. However, some of the women do not comply with institutional services that aim to assist them to regain the sense of controlling over their lives, such as applying for a restraining order, moving into shelter, and participating in individual counselling. They were often considered resistant by the service providers (eg., social worker, therapist, and police). Given that the empowerment approach that has been predominant in practice with the battered women is proved to be effective to enhance their own resiliency to cope with intimate partner violence, it worth investigating “resistance” the women demonstrated to the well-intended services. This case study adopting the institutional ethnography approach developed by Dorothy Smith (1987, 2005) aimed to explore the social relation that organized and regulated everyday activities of the battered woman and her service providers and further explicate ruling relations through texts. This women at age 48 during the interviews had been severely physically abused by her husband since she was pregnant with her first child at 24. She did not file a report of domestic violence until she almost got killed by her husband. The relationship with her social worker had been intense due to her “rebellion” against institutional authorities, such as firing her psychotherapist and withdrawing the restraining order at the court hearing. The results indicated (1) “resistance” was resulted from the relation shifted from wife/husband to victim/perpetrator, and could be seen as strength to preserve her own identity and subjectivity; (2) the Danger Assessment as a ruling text that mediated the service providers’ practice excluded the actual needs of the women; and (3) the empowerment practice focusing on the individual battered woman’s levels of safety disregarded relational factors she considered the most important in her priority. Implications for professional practice will be provided.

Advanced Medical Technology, Ambiguous Loss, and Support for Family of Children with Serious Illness

Hiromi Tsujii - Japan

Short Description: Advancements in medical technology can save more lives of children with serious illnesses. Some of their families, however, are faced with making difficult decisions and suffer from subsequent complications. The clinical value of family therapy approach from the perspective of Ambiguous Loss (Boss, 2006) will be discussed with case presentation.

Abstract: Advances in medical technology have increased the possibility to save the lives of children who were unable to survive due to life threatening illnesses and/or disorders. Many more parents are given hope to keep their children alive who are in critical condition. After their lives are successfully saved, however, some children have serious chronic complications such as brain dysfunction. Those parents and families experience complicated emotions over the success of the medical treatment and what has been lost. This is considered as a kind of loss, what Boss (2006) calls as Ambiguous Loss (AL) which can immobilize and isolate the family. This complicated grief should receive more attention and care in medical settings. One of the other achievements of advanced medical technology is the increased availability of medical information and choices. Genetic testing and ultrasonography, for example, provide more accurate prognoses. New technology allows more options in treatment and prevention to be made available. The families have hope but at the same time, they sometimes need to make a difficult decision that has to do with the life of their children. Some vulnerable families fall apart during this crisis situation. Support and intervention based on family therapy is beneficial, yet such systemic approach is not well integrated in medical institutions. The difficulties that those families experience can be unobtrusive from the dominant biomedical point of view in medical settings. These families need more than individual psychiatric or psychotherapy intervention. They need support to gather themselves so they are not overwhelmed by science and technology. This presentation will address some of the most difficult experiences using case reports. The clinical values of family support and therapy from the perspective of AL will be discussed, along with the challenges and implications for its future development.

Core-Components of Parental-Growth from the Perspectives of Indian and U.S. Parents

Sebastian Perumbilly - United States

Short Description: Parenting literature often ignores key aspects of parents' personal growth and its clinical implications. Using a mixed-methods research design, this study focuses on the perspectives of Indian and U.S. parents, and systematically examines key components of parental-growth and discusses clinical implications for couple and family therapists.

Abstract: "Parental growth" is a clinically important topic for psychotherapists as they work with parents and couples. Most of the parenting research literature generally focuses on behavioral outcome on children, and ignores key aspects of parents' personal growth and its implications in couple and family therapy. There has not been any published research study, to date, that has systematically examined "parents' personal growth" as a unit of analysis from the perspectives of parents. After providing a critical review of existing literature on parenting from the perspectives of Family Therapy, Parenting Research, and Parent Training and Education, and identifying limitations in the existing research literature, I propose that family therapists benefit from attending more to parents' personal experiences related to how they grow as persons while raising children. Using an online survey instrument, specifically developed for this study based on a mixed-methods approach with a focus on concurrent strategies, this study examines the perspectives of parents from India (n=39), and the United States (n=214) on "Parental Growth". This presentation will systematically and critically examine key components associated with parental growth; discuss critical systemic factors that influence parenting processes; and will shed light on how the experience of parenting may potentially change parents' attitude towards the other parent, ability to balance personal boundaries, changes in intrapersonal qualities, self-care, and on parents' work/professional life. This presentation uniquely contributes to Couple and Family Therapy literature, and has significant clinical implications for psychotherapists working with parents, and couples intending to raise family.

Engaging Teenagers in Family Therapy

IFTA World Family Therapy Congress - March 8 - March 10, 2018 - Bangkok, Thailand

Gun Kristina Drott Englen - Sweden

Short Description: Building Alliance and Engaging Teenagers in Family Therapy. Engaging even the identified patient in family therapy is crucial to be able to make both the teenager and the parents be confident in family therapy. Focus will be on alliance building, illustrated with video clips from family therapy sessions.

Abstract: Drop-out among teenagers, the identified problem bearer, in family therapy is a huge problem. If we cannot keep the young people in therapy, we as therapists also lose confidence with parents. From the research of Kazdin's we know that up to 2/3 of teenagers referred to therapy never start or remain in therapy. In the workshop I will focus on alliance building, theory and research. I will illustrate alliance building with video clips from family therapy sessions with teenagers and parents. What will be needed to keep the whole family in therapy. Important findings in research is balanced alliance. How do we handle this when parents are pointing at the teenager as the problem? And how do we do in hierarchical families from other cultures than the western? References Robbins, M. S., Turner, C. W.; Alexander, J F., & Perez, G. A. (2003). Alliance and Dropout in Family Therapy for Adolescents With Behavior Problems: Individual and Systemic Effects. *Journal of Family Psychology* , 17 , 4 , 534-544 Provider. Kazdin AE et al 1990. Empirical and Clinical Focus of Child and Adolescent Psychotherapy Research

Don Jackson's Technique for Hearing, Seeing & Changing Family Interaction

Wendel Ray - United States

David Hale - United States

Short Description: Psychiatrist Don Jackson's clinical skill was legendary. This workshop will reveal Jackson's technique for "hearing" & "seeing" beyond content, and instead apprehend what transpires at the level of process. Specific skills will be taught for how see and change patterns in here and now interaction in the present moment.

Abstract: According to Virginia Satir, Murray Bowen, Gregory Bateson, Jay Haley, John Weakland, Paul Watzlawick, Richard Fisch, Sal Minuchin and many other first generation family theorists and therapists, psychiatrist Don Jackson's clinical skill was astounding and legendary. Janet Beavin Bavelas has said she and Paul Watzlawick would watch Jackson conduct therapy sessions, "and he would say something that seemed totally off the wall. Then we would listen to the tape over and over again and finally figure out he was responding to something going on in real time. We couldn't pick it up even as observers in real time. And he did that over and over again." This workshop will reveal Don Jackson's method for comprehending the nature of interaction in real time. How to comprehend the process of individuals talking with one another beyond the level of content, and instead to apprehend what transpires at the level of process. How to think in terms of Systems, here and now interaction, or pattern; that is HOW to see and hear process in the immediate moment of a clinical interview. This workshop will teach Don Jackson's method for HOW to "hear" and "see" what transpires in couple or family interaction in the immediate moment of a therapy session in a way that connects the behavior of one member to the other members of a family in the current moment of interaction. Mastery of Jackson's technique for seeing and hearing the dynamics of interaction sets the stage for utilizing the client's language and behavioral repertoire to promote constructive change.

Use of Family Therapy in Alcohol and Drug Addiction Center using Integrative Care Model

Seon Kim - United States

Short Description: The purpose of this presentation is to explore the current trend in the utility of family work in addiction treatment. Outcomes data collected from one of the nationally acclaimed alcohol and drug addiction center will be utilized to illustrate and discuss the usefulness.

Abstract: In substance use disorder (SUD) treatment, the term integration refers to a collection of interventions that take into account when treating the clients struggling with the disorder. Today there is an increasing number of research and outcomes that validate the usefulness of family work in treating SUD. The integration of family therapy in substance abuse treatment has several benefits in multiple dimensions. For clients, the duration of sobriety following treatment increases, while the multigenerational issues and resistance to treatment remain low. For service providers, it allows more flexibility in treatment planning and opportunities for improved skill set. However, in health care, the gap between what is known and what is practiced is prevalent. Therefore this presentation aims to illustrate and explore the outcome data produced from a specific SUD treatment center and discuss more up-close and in-depth coverage of the family therapy integration and its usefulness in a substance abuse treatment facility. The presentation will also include the findings, limitations and future studies including expanding the research to a more systemic inquiry with a focus on integrative care.

Application of Family Therapy in Mental Hospital of Hong Kong, Are There Any Conflicts with Treatment Culture?

Kwok Hung Siu - Hong Kong

Short Description: Family therapy is promoted in a mental hospital of Hong Kong for many years. Increased professions accepted this treatment model. Problems and difficulties were encountered during application and training. My experience and feedback from service users will be shared. Strategies to overcome those difficulties will be suggested.

Abstract: Psychiatric service in Hong Kong is characteristic by high service demand and limited resource. Treatment culture emphasizes on symptom control and risk management. Treatment process focuses on individual rather than family. Family therapy has been introduced to mental health service for many years. This treatment model is gradually accepted. Family therapy becomes one of the treatment choices for psychological intervention. Clinicians, after training, apply skills and concepts in different specialties and settings. Using Family Therapy in treatment and training encountered many problems. It includes incongruent expectation from service users, constraints from service environment, service users' tolerance on fluctuation during treatment process, control of risk factors during training. Clinicians face practical questions such as which stage of illness is suitable for family therapy? Which setting is ideal for therapy? How to work out treatment goals between clients and professions? How to deal with environmental constraints for therapy? How to select family therapy treatment mode in different clinical settings, which model is more acceptable? Which supervision model is appropriate for training in hospital? This presentation will briefly introduce the training and development of family therapy in a mental hospital of Hong Kong. I then share my experience in treatment and training, also feedback from service users, management, colleagues and trainees. Strategies to overcome problems and difficulties will be discussed.

International Experience of Network Supervision of Pluridisciplinary Team in Case of Incest

Martine Nisse - France

Short Description: We supervise pluri disciplinary teams from countries in rapid evolution to best understand issues of sexual abuse, to prepare change in the law and offer new model of treatment for incestuous families. We will share this deep experience showing universality of resistance to change and both hope to obtain change.

Abstract: Taboo of incest is universal and probably universally defined. It is quiet a blind spot in clinical and social practices. Despite cultural differences, we observed commun emotions, difficulties, lack of knowledges in every countries, Georgia, Lithuania, Russia, Poland, Cambodia, where we were invited by NGO and had the opportunity to supervise pluridisciplinary teams. We will share how we use alternatively resonance and paradoxical intervention, including humour to help these teams to be more efficient. Incest is the kingdom of silence and fear, increasing understanding of the role of language in the creation of context allow psychologists, family therapists, social workers in charge of cases of incest, to escape from confusion, approximation, inhibition of thinking. Avoiding communication abuse coming from lack of knowledges about impact of trauma of incest reduce fear. Then knocking the identification with the aggressor off the pedestal is a simple way to take in account the existence of transgenerational transgressive relationships inside families of which they have to take care.

Genius Loci: Development of Systemic Family Therapy in the Russian Far East

Tatiana Glebova - United States

Natalia Kravtsova - Russian Federation

Natalia Bolotina - Russian Federation

Short Description: This presentation reviews the evolution, current status and future of systemic family therapy in the Russian Far East. The presenters, professionals who established family therapy training programs, discuss how the Western approaches were transformed in the local cultural context and adapted to fit the needs of resident families.

Abstract: The Russian Far East uniqueness stems from both its geographical location and history at the crossroads of Russia and Asia. Vladivostok, the largest city in the region and Russia's major Pacific Ocean port, lies near the borders with Korea and China and is seven time zones away from Moscow but only one zone away from Japan. Centuries ago Vladivostok area was a part of China which was ceded to Russia in the second half of the 19th century and has been growing as a Russian city since then. The turbulent 20th century history left a deep mark on the city's and region's culture. The city and its surroundings witnessed waves of workers migration from the Central Russia and Ukraine, the Russian Civil War, the foreign occupation, GULAG and a closed military port status. Currently the local population is represented by a mixture of diverse ethnic and cultural groups, including small East-Asian ethnic groups. Most families have unique characteristics such as uprootedness, ruptured family ties, prolonged absence of men working at sea. Remoteness from central Russia is also a major factor shaping the local culture in general and family therapy development in particular. This presentation will review the evolution and the current status of systemic family therapy in the Russian Far East, particularly in Vladivostok. The presenters, professionals who established educational and training programs for family therapy in Vladivostok, will discuss how the concepts, methodology and techniques of family therapy approaches developed in the Western countries were transformed in the local cultural context and adapted to fit the needs and structures of resident families. The presenters will also review the types of obstacles and challenges as well as new opportunities and possibilities existing in the development of systemic family therapy in the Russian Far East and future goals and tasks of family therapists. Specifics of family systems and clinical work will be highlighted with a particular emphasis on the intersection of Western and Asian value systems, traditions and worldviews.

The Relationship between Depressive Mood and Mother-Child Attachment: A study on Puerto Rican Women

Aida Jimenez - Puerto Rico
Carlos Morales - United States

Short Description: Many adult caregivers and children living on low socioeconomic neighborhoods have been identified at high-risk for negative health consequences and insecure attachment styles. The proposed study aims to focus on the relationship between depressive mood and attachment styles in a sample of Puerto Rican women caregivers

Abstract: The presence of depressive symptoms in adults and its relationship with attachment styles has been scarcely studied, and little is known about the specific relationship between these variables in child caregivers. An onset of postpartum depression has been identified as a risk factor that could potentially affect attachment styles in a child's development. We aim to study the relationship between sexual orientation, religious practices, self-identified attachment styles, and depressive mood state in a sample of Puerto Rican women as part of a Pilot study that includes the study of mother-child attachment. The proposed study is based on secondary data analysis (n= 130) from a cross-sectional, non-experimental design study. The sample consists of primary caretakers of children between the ages of 6 to 12, from low socioeconomic class that live in high risk neighborhoods in Puerto Rico. The instruments CAMIR and BDI-II were included to assess attachment factors and depressed mood symptoms as reported by participants. Descriptive analyses such as frequency and percent will be included, as well as comparative analyses including: t-test, ANOVA and Chi-square to assess possible correlational patterns considering key demographic variables.

Working with Latina/o Families in the Current Political Climate

Daniel Cooper - United States

Short Description: The present study interviewed 13 Latina/o mental health scholars implementing evidence-based interventions within their communities. Results highlighted challenges to working with Latina/o families in the current socio-political context. Recommendations for implementing evidence-based mental health interventions with immigrant families facing discrimination are discussed.

Abstract: The socio-political climate in the United States is replete with divisive rhetoric, political polarization and acts of violence and discrimination (e.g., Charlottesville). A recent study reported approximately 47% of Latinas/os regardless of immigration status reported experiencing fear of deportation (Pew Research Center, 2017). Studies have highlighted the deleterious effects of anti-immigration policies on Latina/o and non-Latina/o populations, such as limiting access to healthcare and other public services (Philbin et al., 2017; Rubio-Hernandez & Ayón, 2016). The present study interviewed 12 Latina/o mental health scholars implementing evidence-based interventions within their communities. Results highlighted the challenges to working with Latina/o families in the current socio-political context. Recommendations for implementing and adapting evidence-based mental health interventions with immigrant families facing discrimination are discussed.

Outcomes Research for TOGETHER: A Couples' Model to Enhance Relationships and Economic Stability

Mariana Falconier - United States

Short Description: Reported are preliminary outcomes from TOGETHER, a model to enhance couple relationships and economic stability among low-income families. A randomized control trial assessed TOGETHER's effectiveness on relationship functioning and economic stability. Significant relationship outcomes were found for women, but not men; nor were significant economic stability outcomes found.

Abstract: Although financial problems are often at the root of couple conflict and poor family functioning, interventions to strengthen healthy relationships typically focus only on relationship functioning. Few interventions demonstrate the effectiveness of integrating couple relationship education with finance education and supportive services to achieve economic stability among low-income families. A randomized control trial is assessing the effectiveness of integrating TOGETHER's evidence-based intervention on healthy relationships with financial education, case management, and employment/career services to enhance couple relationships and economic stability. The curriculum addresses culturally diverse audiences and facilitators receive cultural competency training. The focus on financial distress and integration of relationship/financial education into a comprehensive intervention with reinforcing components is unique to TOGETHER. The outcome evaluation question is: At post-test, relative to a control group, will the intervention group have significantly improved relationship functioning and economic stability? The five-year project is designed to enroll 720 low-income couples into the RCT. Intervention couples participate in the 20-hour/8-week TOGETHER psychoeducation workshop on healthy relationships and financial education, case management services, job/career enhancement services, and optional three-month booster sessions. Assessments for intervention and control couples include pretests, 8-week posttests, and follow ups at 6 months after posttests. Controls are offered participation in an optional financial literacy workshop after 6-month follow up. Data were from 278 individuals/139 couples (70 Control, 50.4%; 69 Intervention, 49%). Pre-/posttest survey responses were analyzed for individuals. Pretest response rates were 90% Interventions and 100% Controls; posttest rates were 83% Interventions and 80% Controls. Analyses comparing Interventions to Controls showed that TOGETHER had several significant effects ($p < .05$), in expected directions (Intervention > Control) for relationship functioning outcomes. No significant assignment effects were found on parenting outcomes; depressive feelings; closeness to children; nor economic stability measures. Women showed significant group effects in the optimal direction for relationship measures; but men had only one significant effect (co-parenting Child1). Implications are discussed for couple relationship research and practice.

Factors that affect MFT supervision outcomes of racially diverse supervisees in the U.S.

Narumi Taniguchi - Canada

Short Description: This presentation discusses what factors affect supervision outcomes for MFT supervisees of color and white supervisees. Results indicate that overall supervision outcomes are better when supervisors demonstrate multicultural competency. Examining the factors affecting improvement of clinical skills and multicultural skills separately, we found differences between the two groups of supervisees.

Abstract: Within clinical supervision research, supervisory working alliance is one of the most widely studied constructs and to a lesser degree, supervisor characteristics have also been examined. The changing demographics of MFTs in the U.S. and in the general population prompted researchers to examine the effects of multicultural competencies in therapeutic process, and to investigate the role of multicultural competency in clinical supervision. Most clinical supervision research has concentrated on variables such as supervisory alliance and supervisor characteristics in relation to satisfaction with the supervision process, and mostly focused on supervisors' experiences. When supervisees' experiences were included, research typically only examined student/trainee experiences. The purpose of this study was to examine the effects that supervisory working alliance, supervisor characteristics and supervisors' multicultural competencies have on supervision outcomes (i.e., improvement in supervisees' clinical and multicultural skills) from the perspective of post-masters, pre-licensed MFT interns. We also compared the results between white and non-white supervisees. A total of 132 participants in the U.S. completed an online survey consisting of four measures. Slightly more than half identified as White/Caucasian. Multiple regression analyses revealed that overall supervision outcomes were better when supervisors demonstrated multicultural competency. For supervisees of color, supervisory working alliance contributed to overall supervision outcomes as well. When we looked at two outcome subscales separately, we found that supervisor multicultural competency was not a significant predictor for white supervisees. Instead, supervisor expertness and supervisory working alliance predicted white MFT interns' clinical competence. Non-white supervisees' clinical competence was predicted by supervisor's multicultural competency and supervisory working alliance. These findings provide evidence to support a greater investment in the working relationship between supervisors and supervisees not only at the beginning of MFT training, but also at later stages. The findings also encourage supervisors to have ongoing conversations about multicultural skills with their supervisees.

Putting Cultural Humility into Practice: The Use of Brokers and Consultants in MFT

Leslie Anderson - United States

Short Description: Collaborations between marriage and family therapists (MFTs) and cultural brokers and consultants help to bridge cultural gaps in the therapist-client relationship that might otherwise serve as a barrier to effective treatment. These efforts by MFTs demonstrate an acknowledgement of limited knowledge and encourages cultural humility.

Abstract: The diversity of individuals and families seeking treatment from mental health professionals in the United States far outnumbers the diversity of professionals providing treatment. As a discipline, we continue to face challenges as we strive to be culturally responsive to clients. Cultural gaps can exist between the therapist and client system for issues related to aspects of identity including, but not limited to, race, ethnicity, language, sexual orientation, religion, and/or spirituality. Brokers and consultants can come in various forms, such as other clinicians, interpreters, or even religious or faith leaders that will aid the therapist in understanding their clients' cultural views and interpretations. The broker or consultant is also able to help the client system understand the therapist's perspective and how their symptoms might be conceptualized. Through these efforts to respond to the needs of the client, cultural values and beliefs are taken into consideration by the therapist as they work to develop a treatment framework. Engaging in these practices increases cultural humility on the part of the therapist and demonstrates an understanding of one's own limitations and gaps in knowledge. The breadth of diversity that exists in today's society should serve as a reminder to practitioners that being culturally competent simply means acquiring a baseline of knowledge. However, responding to clients' needs with sensitivity and humility means recognizing within-group differences among populations and maintaining a stance of curiosity and willingness to learn. Our workshop presentation will present the preliminary results of our qualitative pilot study that focuses on the practice of cultural brokering in MFT and the ways in which brokering improves therapeutic outcomes when working with culturally diverse clients. A grounded theory research design was employed with the aim of developing a theory that explains the interactions and processes between MFTs and cultural brokers (Charmaz, 2014; Creswell, 1998). Data were collected through purposeful sampling using semi-structured interviews and analyzed using grounded theory. This study advocates for the use of cultural brokers and consultants in the practice of MFT. Engaging in these collaborative efforts fosters cultural humility and a commitment to responsive practices.

Youth and Adult Drawings of Mental Health Stigma in Multiethnic Communities

Ana Jimenez-Hami - United States

Short Description: The Arts is a creative and powerful way to reduce mental health stigma. We present the drawings of 200 youth and adults from multi-ethnic communities. Preliminary data will discuss the various themes collected from the drawings, and a comparative analysis of youth, adults and the various communities.

Abstract: The Arts is a creative and powerful way to reduce mental health stigma. Research has demonstrated that the Arts remains one of the most impactful ways of reducing stigma, particularly for multicultural communities. The purpose of this presentation is to explore the effect of drawings, as an expressive intervention in reducing mental health stigma with youth and adult populations. All participants were mental health consumers and family members of diverse multi ethnic communities. We will present the drawings of 200 youth and adults from diverse multi ethnic communities living in Orange County, California. Preliminary data will discuss the various themes collected from the drawings; and a comparative analysis of youth, adults and various ethnic communities, including Latinos, Chinese, Koreans, Arabs, Iranian, Cambodian and Vietnamese populations.

Reaching and Helping Clients with Same Sex Attraction in Conservative-Religious Communities

Bryan Shen - Singapore

Short Description: In conservative-religious communities, individuals who find themselves with homosexuality can be deeply hidden. Acquiescence to traditional marriages or entering religious institutions are common, not without consequences. This lecture describes a combined systemic and clinical approach to reaching and helping such clients among Christians in Thailand, Philippines, Malaysia and Singapore.

Abstract: Asia has many conservative-religious communities whose attitudes to homosexuality are generally negative. Individuals who find themselves with SSA (Same Sex Attraction) often do not dare to disclose or seek help even if confidentiality is assured. Fear drives many of them into deep silence. They are also more likely to enter into religious institutions or traditional marriages compared to homosexuals outside these communities because remaining single and unmarried raises unsettling questions. This is not without consequences. This lecture describes a combined systemic and clinical approach to reaching such clients in such communities. It is based on work in Catholic seminaries in Thailand, Malaysia and the Philippines over five years as well as Christian communities in Singapore. The removal of collective prejudice, misconceptions and stigma are crucial first-steps. This is done by presenting an overview of homosexuality with sound psycho-dynamic precepts which are also in line with universal-religious precepts. This approach has not only been effective, but it turns the community's negative attitudes into understanding, it dissipates prejudice, increases readiness to support and increases motivations to "be the extended family" which are also in line with their religious training objectives. Once the crucial first-steps are done, there is an uptake of confidential counselling. Help and support can then be offered to these clients according to the pre-stated psycho-dynamic precepts. Measures to avoid scandal and to remain chaste are included as is universally taught to everyone in the community. With increased community understanding and absence of negative regards, some clients take the step to disclose their SSA to their community. They experience a huge increase in well-being, authenticity and readiness to help other people struggling with similar issues in their communities. The community also experiences improved collective well-being. As this model is based on psycho-dynamic precepts, it has also been presented in lectures and trainings in Singapore and Malaysia to mental health professionals of many different religions. Positive feedback from them indicate that this model approach could be used in any conservative culture or religious community not only in Asia but possibly worldwide.

East Meets West: The Practice of Contextual Therapy with Theravada Buddhist Families

Andrea Rodrigo - United States

Tatiana Glebova - United States

Short Description: This presentation will discuss the similarities and differences between Buddhism and the contextual therapy theory. The presenters, a practicing Buddhist and a contextual therapist, will deliberate on the application of contextual therapy methods to therapeutic work with Theravada Buddhist families.

Abstract: When treating Theravada Buddhist families, it is imperative to understand the implication of Theravada Buddhist culture in the development of family system traditions and values. While contextual therapy, founded by Ivan Boszormenyi-Nagy and colleagues (e.g., Boszormenyi-Nagy & Krasner, 1986), is a Western ideal and Buddhism is rooted in Eastern philosophy, contextual therapy can be a culturally relevant therapeutic model that resonates with Buddhist family traditional values and expectations. This is due to the many similarities between both worldviews and the practice of Buddhism within the contextual therapy realm. Similar to Buddhism, contextual therapy theory asserts our existential interdependence or, our interconnectedness is a fundamental aspect of being. Family is the primary relational context that impacts our development and well-being. Furthermore, our truest individual selves emerge and strive only in relationships. similar to the likes of Buddhist principles. Buddhism emphasizes ultimate interdependence as “the world is a society of beings who are dependent utterly upon one another” (Ven. Medagama Vajirañña Nayaka Thera, 2000). In Buddhism, parents are considered equal to Brahmā or “god” due to the significant role a parent plays in rearing their children. Parents give to their children from the day of conception until the day of their death; they provide life, they nourish, and they introduce their children to the world. Parents are expected to teach their children the four noble qualities of life including brahmāvihāra or loving kindness, mettā or compassion, (karuṇā) or appreciative joy, and upekkhā or equanimity. It is thus the child’s role once adulthood occurs to spend their adulthood giving back to their parents for all they have sacrificed. Thus, a Theravada Buddhist family dysfunction occurs from the lapse in parental responsibility to uphold teaching these four noble qualities and the adult child’s inability to reciprocate their parent’s sacrifice in adulthood. Due to these strikingly similar principles, this presentation will focus on identifying and comparing contextual therapy theory concepts with Buddhist principles in order to generate practical clinical application for treating Theravada Buddhist families.

The Spiritual and Religious Strengths of African American Couples: An SFT Approach

Leslie Anderson - United States

Short Description: Marriage and family therapists influenced by the Solution-Focused model of therapy can use this strengths-based approach to build on the spirituality and/or religiosity of some African-American couples in therapy. This poster presentation emphasizes this cultural aspect as a strength and provides practical guidelines to addressing spirituality/religiosity in therapy.

Abstract: Compared to all other ethnic or racial groups in the United States (U.S.), African-Americans are considered highly religious with forty-five percent reporting that they attend a weekly religious service. Even as slaves, Africans in the U.S. relied on their spirituality to help them persevere during times of hopelessness, desperation, and fear. Although there are variations amongst this population in terms of religious beliefs and structured practices, most African-Americans do consider themselves spiritual beings and acknowledge a higher power. There is still great reluctance in the African-American community to seek out professional help when dealing with relationship problems, mental health, or other similar challenges. Getting help outside of a close network of family, friends, and religious communities is still very much stigmatized and has yet to be accepted as appropriate for many African-Americans. If a practitioner is working with an African-American couple in therapy, directly addressing religion and/or spirituality with them could potentially influence positive change. Although most practitioners acknowledge that religion and spirituality play an important role in the lives of clients, many marriage and family therapists (MFTs) continue to struggle with addressing this aspect of clients' lives for various reasons. This poster presentation will emphasize the religiosity and/or spirituality of African-American couples as a significant strength worthy of attention in the therapy context. Presenters will highlight ways in which MFTs operating from the Solution-Focused model of therapy can build on the religiosity and/or spirituality of these couples dealing with marital and relationship problems. The poster will describe practical guidelines that can be implemented in therapy that will help MFTs respond culturally to the needs of African-American couple clients and foster this cultural strength.

The Impact of Parenting on Child Mental Health Among Children of Prostituting Mothers

Aaron Murnan - United States

Short Description: Ample evidence suggests that children's mental health is strongly related to their mother's parenting. In this study, children of prostituting mothers experienced less parental monitoring and worse mental health functioning compared to other children. Furthermore, promotion of children's psychological autonomy by mothers was related to higher child mental health functioning.

Abstract: While a growing body of literature documents adverse outcomes among prostituting women, very little research has focused on the parenting practices of these women or the unique risk factors their children experience. This is of particular interest as the majority of prostituting women (91%) have children in their care, that are at high risk for experiencing adverse developmental outcomes. Among the general population, the positive impact of effective parenting styles on children's mental health has been well-documented; however, there is a paucity of information on the relationship between parenting practices and mental health outcomes for children of prostituting mothers. Effective parenting can mitigate risk among children. The current study examined parenting practices of prostituting mothers and their effects on child mental health outcomes utilizing data from a larger randomized clinical trial. Specifically, this study investigated the impact of parental monitoring and parent's promotion of children's psychological autonomy on child's mental health functioning and depressive symptoms. Participants were recruited through a local substance use treatment facility and individual/family measures were collected from mothers and children. Results indicated that children of prostituting mothers reported experiencing less parental monitoring and worse mental health functioning compared to other children. The joint influences of parental monitoring and psychological autonomy on children's mental health outcomes were different among children of prostituting mothers, compared to those of non-prostituting mothers. Specifically, as support for children's psychological autonomy increased, so did children's mental health functioning, but only for those that reported experiencing low to moderate levels of parental monitoring. This combination of low monitoring and the provision of psychological autonomy likely fostered independence and may have allowed these children to distance themselves from hazards associated with their mother's prostitution and avoid experiences of abuse. To our knowledge, this is the first study to quantitatively examine parenting practices and child mental health outcomes among prostituting women and their children. These findings imply that clinicians working with this population should help parents promote children's autonomy while seeking to limit parental monitoring, as this may have a positive impact on children's mental health outcomes.

Evaluating Systemic Functioning of Families with a Cancer Patient: Are we doing enough?

Nicole Vélez Agosto - Puerto Rico

Short Description: Although researchers have suggested the importance of family interventions when an individual has cancer, few studies have focused on the systemic functioning and narratives of the families- especially on minority groups. Their main purpose is to discuss the implications of culturally adapting Bowen's concepts to Hispanic families with cancer patients.

Abstract: Although researchers have suggested the importance of family interventions when an individual has cancer, few studies have focused on the systemic functioning and narratives of the families- especially on minority groups. Family interventions have consisted mainly of group or individual interventions with family members, but very few are systemic interventions with the whole family. The main theoretical frameworks have varied from behavioral and cognitive behavioral approaches, attachment theory, group dynamics and systemic perspectives and some narrative-like approaches that take in consideration the importance of family's meaning making system. Most family interventions in Health Psychology and Psycho-Oncology, pushed by the evidence based movement, tend not to be systemic, but rather focus on treating the sum of psychopathologies of individual family members, in individual therapy as well as group therapy. From a systemic perspective, assessment of family functioning to design interventions with the family- as a whole- is crucial. Genograms are the ideal and most frequently used tool to assess families' relationships, but very few structured interviews have been developed for assessment with genograms. The Family Genogram Interview (FGI) could be useful to assess family functioning in individuals related closely to a cancer patient. It has both a quantitative and qualitative component- the quantitative evaluates Bowen's core concepts and the qualitative consists of open-ended questions that can give a rich narrative of the family's health and other areas. Even though Bowen's theory was developed in a white middle class North American context, the FGI could be translated and adapted to study Hispanic and diverse families. The purpose of this presentation is to discuss the implications of culturally adapting Bowen's concepts to Hispanic families with cancer patients. Second, to discuss in general how systemic approaches successfully bridge with narrative therapy in family interventions, both theoretically and in clinical practice when dealing with Hispanic families in Health Psychology. Third, to critique the individualistic and behavioral trends in Psycho-Oncology and Health Psychology pushed by evidence based practices.

Sikh Families in Family Therapy

Kiran Arora -United States

Short Description: Sikhs are caught between maintaining their unique identities and negotiating with the demands of the western world. Historic and experiences of discrimination, particularly after 9/11 go unnoticed. This presentation will provide a framework for working with Sikh families while taking considering their socio political reality of racism and religious discrimination.

Abstract: Sikhism is a religion originating from India. Sikhs make up approximately 700,000 people in the United States. Despite their long history in the U.S., Sikhs have been the target of racial and religious discrimination since their arrival. This racial and religious discrimination has been heightened since the 9/11 terrorists attacks. This community is often targeted because of their religious attire and brown skin. Their turbans and long beards are flashpoints for racial bigotry and bias. Daily lives are too often marked with emotional and physical assaults due to their appearance and profiling. Increasingly, couples and families are finding their way into the therapy room looking for assistance and tools on coping and thriving with the realities they face. This workshop will provide a historical context and the complex political challenges that face Sikh families today, as well as provide a framework for clinicians.

A two-factor model for teaching couple therapy integration

Jac Brown - Australia

Short Description: Recent developments in an integrative framework for teaching couple therapy within a two-factor model that encompasses the four dimensions of love, intimacy, sex, and power; within the iceberg framework which identifies depths of analysis including behavior, feelings, meaning, beliefs, affect, and self. Examples will be provided.

Abstract: A two-factor model for teaching couple therapy integration ABSTRACT In this paper, I briefly review current conceptions of psychotherapy integration, focussing on assimilative integration as a starting point to develop a two-factor model of integration based on the iceberg framework to which I link themes (love, intimacy, sex, and power), that easily encompass many couple presenting problems. The iceberg model is in the shape of an iceberg, and includes six levels for exploration, conceptualization, and intervention with couples that easily connect with many individual models of couple therapy as well as contributing towards student understanding. The six levels are behavior (above the water), feelings, meaning, beliefs, affect, and self (all for the most part below the surface of the water). The deeper the level, the greater the chance that partners will be unaware of the relevant information linked to the themes at that level. This model is then used to explore some clinical applications of couple's interaction as well as some training implications which encourage a psychotherapy integration perspective and the personal exploration of student values and beliefs from the analysis of their own personal relationships.

LGBT Identification & Relationship Quality in a Study of Family-Supported PTSD Treatment for Veterans

Kimberly Stewart - United States

Short Description: This presentation will disseminate the results of an analysis on LGBT Veterans' family and supportive others. The larger study (Project HomeFront) focused on the impact of family support in Veterans' adherence to PTSD treatment. Implications for family therapy practice and research will be discussed.

Abstract: Project HomeFront, conducted at the Minneapolis VA Health Care System's Center for Chronic Disease Outcomes Research (CCDOR), is a multisite, mixed methods study measuring the impact of family support on Veterans' adherence to PTSD treatment. Trauma-focused psychotherapies have a larger and stronger evidence base than any other psychological treatment for PTSD (IOM, 2007). However, keeping Veterans engaged in these treatments can be difficult; one in three drop out from trauma-focused studies (Chard, 2010; Kehle-Forbes, 2015; Schnurr, 2007; Suris, 2013). Many behavioral change theories consider social environments, but social influences are under-investigated adherence predictors in these studies (Meis, 2010; Sayer, 2009; Spont, 2014). Family and friend support of Veteran help-seeking treatment increase adherence by 50% (Spont, 2014). DoD, VA, NIMH, APA, IOM, and Congressional legislation have advocated for routine family involvement in Veterans' PTSD care, yet there is currently no agreed upon evidence-based method for formally involving families in Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT). Sexual & Gender Minority (SGM) Veterans have unique mental health characteristics that impact adherence (Cochran et al, 2013). A Chi-Square analysis looked at whether the Veterans identified their committed partner as their primary support person by comparing a subsample of LGBT participants to non-LGBT participants. The results showed the LGBT subsample identified their committed partner as their primary support person at a significantly lower rate than the non-LGBT sample. Coding of the associated qualitative triadic data (the Veteran, a nominated support person, and the Veteran's provider) was conducted to better understand what influences adherence (or non-adherence) to PTSD treatment. This analysis added important context to the previous results. The presenters will provide an overview of Project HomeFront and a brief review of the extent literature. Discussion will focus on the relationship between LGBT identification and Veteran relationship quality. Implications for research and practice in family science will also be discussed.

Social Justice Training in Geropsychology: A Critical Review of Literature and Pedagogies

Kimberly Stewart - United States

Short Description: The field of family psychology is prime for more providers specializing in geropsychology. Training opportunities within this specialty are limited, and unique challenges exist for this demographic. This presentation addresses the need for social justice training in geropsychology, reviews existing pedagogical approaches to training, and offers new suggestions for implementation.

Abstract: The field of family psychology is prime for more providers specializing in geropsychology. Training opportunities within this specialty are limited, and unique challenges exist for the aging demographic. Comprehensive research exists about the complex challenges faced by aging individuals with marginalized identities (Dowd & Bengston, 1978; Hinrichsen, 2006), which are multiplicative not additive (Crenshaw, 1991). Zuccherro et al. (2014) propose four specific pedagogies for social justice emphasis in geropsychology training, addressing educational opportunities from the undergraduate level through doctoral study. As the aging population in the United States increases due to the aging of the Baby Boomer generation, it is critical to incorporate nuanced learning strategies into the training models of higher education in psychology, and in clinical practicum and community service experiences. Furthermore, a relational epistemology applied to provider training will assist in producing skilled geropsychologists well-versed in the unique issues facing families at this life stage (Haley et al., 2003; Gallagher-Thompson & Coon, 2007). Currently, the Pikes Peak Model for Geropsychology Training (Knight et al., 2009) provides the only method for assessing the level of skill clinicians have in geropsychology. While some training sites collect data from trainees via the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool (Council of Professional Geropsychology Training Programs, 2008) at the beginning and end of training experiences, there is no formal way of assessing the increase in competencies, outside of a repeat of this self-report measure. Future research should focus on quantifying increased skill level in geropsychology trainees over time, utilizing the Pikes Peak Model and the pedagogies outlined by Zuccherro et al. (2014). This presentation offers a critical review of extent literature, addresses the need for social justice training in geropsychology, appraises existing pedagogical approaches to instruction, and offers new suggestions for training. Consideration also will be given to the power dynamics that exist between providers and aging individuals and their families in this context.

Sexual dysfunction among young adults seeking help at a psychological center in Russia.

Natalia Kravtsova - Russian Federation

Natalia Bolotina - Russian Federation

Tatiana Glebova - United States

Short Description: This poster presents findings and clinical implications of the study investigated a degree and types of sexual dysfunction in a clinical sample of 28 young adults (15 women and 13 men) seeking professional help at a psychological center in Russia.

Abstract: Human sexual behavior has long gone beyond just its reproductive function and is more relevant to the sphere of intimate personal communication that is developmentally influenced by the child-parent relations. Understanding the separation-individuation process is crucial in understanding of origins of sexual attachment, addiction, and dysfunction. This poster presents findings from the study conducted in Russia. The study aim was to investigate a degree and types of sexual dysfunction in a clinical sample. The sample consisted of 28 young adults seeking psychological help for personal crisis. It included 15 women (19 -28 years old) and 13 men (23 - 30 years old). Methods consisted of clinical interviews, anamnesis collection, genogram and the Ammon Structural Test (ISTA). Analysis of the sexual dysfunctions symptoms showed that all participants simultaneously reported two to three types of dysfunction according to ICD10. At the same time, there were no severe dysfunctions of forms sexual behavior or sexual drives. Sexual dysfunctions described by women would never force them to seek help from a sexologist. Women were fairly comfortable talking about their sexual life, answered questions frankly and did not feel any embarrassment. However, they themselves did not talk about any problems in sexual relations till a psychologist asked relevant questions by. It appeared that women perceived their insufficient genital reactions and absence or loss of sexual desire like something natural and normal. Men appeared to be more reluctant to answer questions about their sexual relations or activities. Probably, this was related to social stereotypes that sexual dysfunction presents male "weakness" and a man is "responsible" for sexual performance. Herewith, all men talked about unimportance of all "these things" for them, that they were more interested in their work or spiritual growth. For 22 out of 28 participants the ISTA analysis of the central I-function of sexuality showed a predominance of the deficit sexuality, which is understood as an underdeveloped I-function of sexuality associated with an overall prohibition on the sexual activity expression. This study's limitations and clinical implications will be discussed.

Bridge Research and Public Mental Health Workforce Development

Linna Wang - United States

Short Description: This workshop presents the research that identified the leadership and managerial training needs of managers who were trained as MFTs, as well as the effort to secure government grant to provide leadership and managerial skill training to fulfill the needs in the community.

Abstract: Universities are expected to help fulfill the workforce needs in their local communities. Universities would be more successful in meeting the such needs if they better align their mission and their educational and research effort with the local workforce needs. In knowledge-based economies, such as the US, employment settings and career opportunities change constantly. Members in the workforce need to continuously upgrade their skills to meet the ever-changing job requirements. Universities need to identify such needs, and provide community members with access to educations and trainings to take advantage of emerging career opportunities. This presentation will describe the cycle and process where the academic research effort was directed to promote the development of local mental health workforce. Mental Health Parity and Addiction Equity Act (MHPAEA) and Affordable Care Act (ACA), while provide health and mental health care access to millions of Americans, open up new employment opportunities to marriage and family therapist to be employed as managers in mental health organizations. This naturally led to the academic research question “What is experience of clinically trained MFTs working as managers?” One of the findings of this research was that these MFTs did not have any leadership or management training. They had to figure out on their own how to be a manager, which led to low job satisfaction and high turnover rate. This finding was consistent with other surveys conducted in mental health systems in the state. In addition to the traditional presentation and publication route, the author also submitted the findings to the state, which helped to gain grant funding to provide leadership and management skills training to the managers in the local public mental health organizations. The presentation will also describe the collaboration between the researcher and the local community to maximize the impact of the training to the local mental health workforce, as well as next steps. This cycle proves to be beneficial to both the faculty’s research needs and the local community’s workforce needs.

Benefits of Membership

Journal of Family Psychotherapy

As a member of IFTA you will receive a subscription to the Journal of Family Psychotherapy. This is the official journal of IFTA and is sent to you electronically as part of your membership fee and is available online..

International Connection

The online International Connection newsletter provides you with updates about the organization and additional articles written by members worldwide.

Family Therapy E-News

A Members Only Research E-News Forum is sent quarterly highlighting research in marriage and family therapy.

World Family Therapy Congresses

A special World Congress discounted registration fee is available every year for members attending the annual World Family Therapy Congress. Networking is one of the highlights of an IFTA Congress; many 2014 Congress attendees said, 'the best networking congress ever!'

IFTA Membership Directory

An IFTA Member Directory is available to members only by request.

IFTA and IFTA Congress Web Sites

IFTA maintains a web site that contains information on upcoming World Family Therapy Congresses, Association information, news, and occasional articles.

Types of Membership

Individual Membership

This membership is for the professional mental health practitioner. Whether you are in a private practice, work for an agency, or would just like to learn more about family therapy from an international perspective. Memberships are available for one, 3 or 5-years with a discount for multiple year memberships.

Student Membership

Student members are currently enrolled in programs leading to a graduate degree or post-graduate certificate in marriage and family therapy or a related mental health field.

Institutional Membership

An institutional membership allows family therapy clinics or hospitals or academic departments to become a member of IFTA. This membership allows up to 3 professionals to be included in the Institution at a discount.

Lifetime Membership

This one time fee of \$1000 provides membership benefits as long as the member desires.

Becoming a Member

You may become a member of IFTA by credit card through the IFTA web site application: <https://www.ifta-familytherapy.com/application/> You may also contact the Secretariat for a fax application form

IFTA Board of Directors, July 1, 2017 – June 30, 2018

IFTA is the professional association for those interested in the field of marriage and family therapy throughout the world. As such, it is the only organization that provides unity for therapists from east to west, respecting traditional approaches and embracing the tradition of tomorrow.

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New Editor, Journal of Family Psychotherapy

The International Family Therapy Association (IFTA) announces that Christian Jordal, Ph.D., from Drexel University, Philadelphia, Pennsylvania, USA, is the new editor. Dr. Jordal is the Director of the Master's Degree program in marriage and family therapy.

The Journal is a unique, peer-reviewed journal designed for practicing clinicians as well as academics that offers empirical studies, treatment reports, theoretical discussion, and strategies in clinical practice from family psychotherapy scholars from around the world. The Journal offers empirical studies, program reports, strategies in clinical practice, and theoretical discussions and essays. Additional specialty sections include Family Therapy Around the World, Intervention Interchange, Family Therapy and Mental Health, and Media Reviews. The Journal also regularly publishes special issues on various topics guest-edited by experts in diverse areas of family psychotherapy. The Journal is editorially and administratively managed by IFTA, and published by Taylor & Francis.



A free subscription to the Journal is part of membership in IFTA. For more information, contact the IFTA General Secretary: wjhiebert@aol.com.

The International Conference on Person of the Therapist

April 27 – 28, 2018 • Philadelphia, PA

The International Conference on Person of the Therapist is the first major professional meeting of its kind to be held in Philadelphia, Pennsylvania. Person of the therapist training aims to prepare therapists to make proactive and intentional use of the self in clinical practice and supervision.

KEYNOTE SPEAKERS:

- Harry J. Aponte
- Nancy Boyd-Franklin
- Kenneth V. Hardy
- Peter Rober



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Keynote Addresses:

- The Person of the Therapist Training Model: Its Essence and Its Evolution
- The Therapist's Use of Self with African American Clients and Families
- The Self of the Therapist: A Multicultural Relational Perspective
- The Therapist's Inner Conversation in Supervision

COST:

- 2 Day Registration (April 27, 28)
Early Bird Rate by March 15, 2018 • \$375
- 2 Day Registration (April 27, 28) • After March 15, 2018 • \$425
- 2-Day Registration (April 27, 28) • Students/Drexel Alumni* • \$250
- 1-Day Registration (specify day) • \$225

Active fellows receive discounted rates.

*Proof of student or alumni status is required for discounted rate.

For conference details visit:
drexel.edu/cnhp/pott



2018 Annual Meeting & Open Conference

Relational Activism: Supporting Just Relationships in Family Therapy

June 21 – 24, 2018

AT&T Executive Education & Conference Center

Austin, Texas

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Why AFTA?

“The conference is structured for dialogue and intimacy, something you cannot find at other conferences. AFTA feels like home.”

The 40th Annual Meeting and Open Conference will invite reflection on what activism in family therapy means and provide the opportunity to explore this concept from new perspectives. How we advocate for, support and sustain relationships in the contemporary era will be the central theme woven throughout the meeting. It is our hope that attendees leave the meeting inspired by the possibilities that new versions and visions of activism might bring to their lives, both professional and personal.

Join us at the 2018 AFTA conference to advance an innovative and creative family therapy for today and tomorrow.

Keynote Speaker:

- AnaLouise Keating, Ph.D.

Plenary Speakers include:

- Ruben Parra-Cardona, PhD
- Jean Malpas, LMHC, LMFT
- Kumeelah Mu'Min Rashad, M.Ed., MRP
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For more information, go to our website, <http://www.afta.org/conferences> or contact the AFTA Office at (910) 378-4601 or afta@afta.org.

International Accreditation Commission for Systematic Therapy Education

Created as a semi-autonomous body under the auspices of the International Family Therapy Association (IFTA), the International Accreditation Commission for Systemic Therapy Education (IACSTE) focuses on the development and implementation of quality standards for programs around the world that provide systemic therapy education and training. These standards are created to enhance the development of professionals who will be qualified to provide systemic therapy for individuals, couples, and families in the communities in which they live and work. Both Tier 1 (Primary) and Tier 2 (Advanced) sets of standards were created to enhance the development of professionals who will be qualified to provide systemic therapy for individuals, couples, and families in the communities in which they live and work.

More information about accreditation can be obtained at the Workshop, Friday, March 9 from 9:30 a.m.–10:15 a.m.

The Standards and Application for accreditation are available at: <http://www.ifta-familytherapy.org/MFTaccreditation.html>

Congress Loyalty Discount Registration Rate

If you are attending this 2018 World Family Therapy Congress, you are able to register for the 2019 World Congress in Aberdeen, Scotland at a special price announced at both Plenary addresses and is available at the registration desk.

Stop by the IFTA Registration desk and we will help you register at the special price. This price is good only until Saturday, March 10! THIS WEEK ONLY!



We are a welcoming, intentional community committed to facilitating growth and transformation on a foundation of mutual respect and inclusivity. We are committed to personal responsibility, congruence, and integrity in the development of individual wisdom and leadership. We embody and promote these principles and concepts to achieve a world of harmony, peace and wholeness within, between and among all humanity.

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