

Book of Abstracts

Revised 7-2012

For Presentations Given at the
20th IFTA World Family Therapy Congress

March 21-24, 2012

Vancouver, Canada



**International Family
Therapy Association**

IFTA 2012

20th WORLD FAMILY THERAPY CONGRESS
THEME:

Couples Therapy: Advancing the Profession

This Congress focuses on latest treatment techniques in couples therapy as well as approaches for coping with a variety of problems, and approaches to help heal hurting couples and families in various cultures.

The GOAL of IFTA Congresses since 1987

Advancing family therapy worldwide by promoting research, education, and sound practice, while promoting international cooperation and the exchange of knowledge and ideas that support the health and well-being of families and persons around the world.

For more information about the
International Family Therapy Association,
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Book of Abstracts

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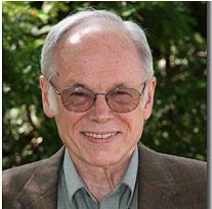
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S	Special Speakers: Plenary and Super Saturday
W	Workshops/Panels: 1-hour sessions
L	Lectures: 45-minute sessions
B	Brief Reports: 25-minutes
P	Poster Displays

Special Speakers

Pre-Congress Research Forum Speakers

Plenary Speakers and Super Saturday Speakers

Doug Sprenkle (S01A)



- ***Research in Couple and Family Therapy Based on Randomized Clinical Trials: An Overview of What we Know and Need to Know***

Doug Sprenkle is Moderator for this year's Pre-Congress Research Forum. He is highly recognized for his scholarly and professional contributions to the field of Family Therapy. He has been given many career awards, including AAMFT Cumulative Career Contribution to Marriage and Family Therapy Research award, and the Significant Contribution to Family Therapy Award. He is also renowned as a co-developer of the Circumplex Model of Marital and Family Systems.

Sue Johnson (S02A)



- ***The Empirical Validation of EFT: Twenty Years of Findings and their Clinical Significance***

Susan Johnson is one of the originators of Emotionally Focused Couple Therapy (EFT), a powerful, tested intervention to help repair and build strong loving bonds. She is Director of the International Center for Excellence in Emotionally Focused Therapy (ICCEFT). Sue has received numerous honors for her work, including the Outstanding Contribution to the Field of Couple and Family Therapy Award from AAMFT and the Research in Family Therapy Award from AFTA.

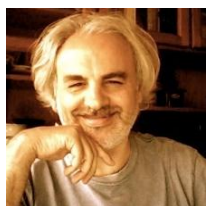
Terje Ogden (S03A)



- ***Predicting Outcomes of Parent Management Training (PMTO): Child, Parenting, Context and Therapy Factors***

Terje Ogden is research director at the Norwegian Center for Child Behavioral Development, Unirand and professor at the Institute of Psychology, University of Oslo, Norway. He also is the project leader of a longitudinal prospective study of the social development of children in which the development of approximately 1200 children are followed from 6 months to 7 years (The Behavior Outlook Norwegian Developmental Study – BONDS).

Valentín Escudero (S04A)



- ***Practice into Research and Research into Practice: Studying Therapeutic Alliances (S04A)***
- ***Building therapeutic alliances with mandated, reluctant & absentee clients (S33A)***

Valentin Escudero is Professor of Psychology and Director of the Family Intervention Research Unit (a family therapy research and training center) at the University of La Coruña (Spain). For the past three years, he was an invited professor at the Brussels University (VUB); previously, he was a visiting scholar at the University of Utah (USA), at the University at Albany-State University of New York (USA), at Williams College (USA), and at the University of Bristol (UK).

Special Speakers

Pre-Congress Research Forum Speakers

Plenary Speakers and Super Saturday Speakers

Florence Kaslow



- ***Celebrating 25 Years of IFTA World Congress*** (S05*)
- ***Divorce Around the World: Trends, Theories and Therapies*** (S33B)
- ***Divorce and its Aftermath*** (S33B)

Florence Kaslow will open the 2012 Congress and help us celebrate IFTA's 25th Anniversary. She was the founding and first president of IFTA and served on its Board for 16 years. Her distinguished career includes being Past President and on the editorial boards of many important organizations that have influenced the history of Family Therapy. She has conducted workshops in over 50 countries.

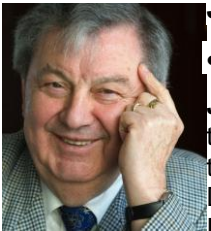
Sue Johnson



- ***The Science of Love and Bonding: A New Era for Couple Therapy*** (S20*)
- ***Extravagant Emotion: Transforming the Bonds of Love in Couple Therapy*** (S33C)

Sue Johnson is one of the originators of Emotionally Focused Couple Therapy (EFT), a powerful, tested intervention to help repair and build strong loving bonds. She is the Director of the International Center for Excellence in Emotionally Focused Therapy (ICCEFT). Sue has received numerous honors for her work, including the Outstanding Contribution to the Field of Couple and Family Therapy Award from AAMFT and the Research in Family Therapy Award from AFTA.

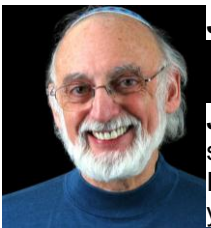
John Banmen



- ***What has become of Virginia Satir's model since she left us in 1988?*** (S30*)

John Banmen is internationally known and for four years has been honorary Associate Professor at the University of Hong Kong. He was on faculty at the University of British Columbia for 21 years and is the founding president of the BC Association for Marriage and Family Therapy, and is on the Board of Directors of the International Family Therapy Association and the Director of Training for the Satir Institute of the Pacific.

John Gottman



- ***The seven principals for making marriage work: a research-based approach*** (S10*)

John Gottman is world renowned for his work on marital stability and divorce prediction, involving the study of emotions, physiology, and communication. He was recently voted as one of the Top 10 Most Influential Therapists of the past quarter-century by the PsychoTherapy Networker publication. His 30 years of research on marriage and relationships has earned him numerous major awards.

Sandra Stith



- ***Domestic Violence Focused Couples Treatment*** (S33D)

Sandra Stith has worked with the U.S. Air Force Family Advocacy Program since 1998. She is an expert on understanding and treating intimate partner violence, and has received funding to develop and test a couple's treatment program for intimate partner violence. Stith has received multiple awards including the American Family Therapy Association's Distinguished Contribution to Family Systems Research Award.

S03A

**Predicting outcomes of Parent Management Training (PMTO):
Child, parenting, context and th**

Terje Ogden

Norwegian Center for Child Behavioral Development

University of Oslo

Oslo, Norway

Pre-Congress Research presenter. Based on the Social Interaction and Learning (SIL) model of Gerald Patterson (1982) and the parenting principles of the Oregon parenting model (PMTO), data from an effectiveness and a prediction study will be presented. Norwegian researchers conducted a randomized controlled trial in two systems of care providing data that supported the fidelity of practice and effectiveness of the program following nationwide implementation. Age was the main moderator of outcomes, and the mediating effect of parenting skills in limit setting (discipline) was determined both at post assessment and at follow up one year after termination of treatment. Another mediating effect was found for family cohesion, a proxy for positive parenting. Assessment of competent adherence to the PMTO method has been measured by the Fidelity of Implementation System (FIMP) which is based on observations of video-recorded intervention sessions and has proved to predict improvements in parenting skills (Forgatch et al., 2005). A non-randomized trial was conducted in order to study how child and family level, and therapy factors predicted treatment outcomes. Predictors varied according to informants and outcome variables, and also according parent characteristics, the severity of conduct problems, comorbidity and sex of the child. The clinical findings of the PMTO studies are relevant for the discussion of “what works for whom and why”, and also for the ongoing psychotherapy debate on the relative importance of common as compared to program factors. A string of adaptations of PMTO has been developed for samples in the clinical to prevention spectrum and studies have evaluated these adaptations, further contributing to the development of related empirically supported interventions.

Practice into research and research into practice: Studying the therapeutic alliances

Valentín Escudero

University of A Coruña
La Coruña, Spain

PRE-CONGRESS RESEARCH PRESENTER The aim of process research in family therapy is to respond to the general question, ‘How does family therapy work?’ A practice formulation of this general question is ‘What makes good therapy good?’ The treatment model? Specific use of techniques? The individual characteristics of the therapist? The client’s attitude? . Aside from the historical emphasis on differentiating therapy schools and models in the field of family therapy, research results indicate that factors to common different modalities are better predictors of treatment outcome than the models themselves. Across individual therapy approaches, the therapeutic or working alliance appears to be the best predictor of treatment retention and outcome, and recent meta-analyses indicate a similar conclusion for conjoint couple and family therapy. Yet study of therapeutic alliances in individual psychotherapy cannot simply be translated to conjoint couple and family therapy. The complexity of client motivations for being in therapy makes establishing therapeutic alliances to be a particularly challenging; the therapist has to deal with family members’ conflicting motives and ambivalence about participating in treatment. This presentation introduces a conceptual framework and a specific methodology (SOFTA) to study the therapeutic alliances in family therapy, as well as the major research results and clinical implications of this model. Four dimensions (Engagement in the Therapeutic Process, Emotional Connection with the Therapist, Safety within the Therapeutic System, and Shared Sense of Purpose within the Family) are proposed as the major parameters for the understanding the process of building therapeutic alliances in conjoint family therapy. Five stages of the research on the alliance will be described: (1) Rationale and process of creating a specific model for conjoint family therapy; (2) research focused on clients’ experiences, i.e., exploring the relations between alliance-behaviors in session and early and late improvement; (3) intensive therapy session analysis, i.e., learning by observational and qualitative analysis about ruptures and repairs of the alliances; (4) training therapists in alliance-foster skills: studying how the training of therapists can affect their knowledge, observational, and executive skills related the therapeutic alliance; and (5) the dilemma of manualizing formulations to empower family alliances.

Building therapeutic alliances with mandated, reluctant & absentee clients

Valentín Escudero

University of A Coruña
La Coruña, Spain

The therapeutic alliance in couple family therapy comprises a unique set of conceptual and clinical features. The complexity of motivations for being in therapy makes establishing therapeutic alliances to be an essential challenge: the therapist has to deal with family members' conflicting motives and ambivalence about participating in treatment, especially when treatment is initiated under pressure from an external agency (social services, child protective services, school) or from one part of the family (a member of the couple, parents, etc.). When there is disagreement or conflict within the family, the therapist is affected by the family's expectation that she/he will take sides, but the therapist is also affected by the subsequent real-life consequences of what happens in conjoint therapy sessions, particularly if the therapist is unable to manage conflict during the session. As a consequence of these difficulties, 'split alliances' are commonplace when working with couples and families in conflict. Essentially, the therapist has to resolve this basic dilemma: How to agree with one family member/subsystem about the goals of, or even the need for, therapy without alienating another family member/subsystem who has come to the session unwillingly, even perhaps under pressure as a kind of "hostage"? This workshop introduces a conceptual framework, the System for Observing Family Therapy Alliances (SOFTA) and specific strategies and examples to build alliances in the context of reluctant or mandated clients. Concrete strategies and interventions, ethical dilemmas, and motivational issues will be discussed with the participants through case illustrations and segments of video-recorded therapy sessions. The four SOFTA dimensions (Engagement in the Therapeutic Process, Emotional Connection with the Therapist, Safety within the Therapeutic System, and Shared Sense of Purpose within the Family) are proposed as the major parameters for a treatment formulation focused on empowering family therapy alliances. The workshop will provide the opportunity to learn about a concrete model of conceptualizing the therapeutic alliance and to share positive strategies and experiences of building alliances in cases that began with mandated, reluctant, or absentee clients.

Divorce Around the World: Trends, Theories and Therapies

Florence Kaslow

Florida Couple and Family Institute
Palm Beach Gardens, Florida, USA

This workshop will consider divorce and its aftermath; including the upheavals and opportunities that are inherent in this very painful parting. Participants will be introduced to the presenter's model of how to identify the seven major phases of the divorce process – during the pre-divorce stage when the emotional divorce occurs; during the actual divorce stage – when the legal, economic and co-parental/child custody decisions occur; during the divorce and into the early post divorce phase when the social, community and extended family issues need to be negotiated and the religious/spiritual concerns need to be addressed and resolved as they interface with the decision to divorce. The final period post divorce; the time of exploration and re-equilibration is called The Psychic Divorce stage. We will explore how the process may vary in different countries and cultures and attempt to expand awareness of the tasks and challenges patients everywhere are likely to face in some manner as they go through the divorce process. The extreme pain, bewilderment, disillusionment, and myriad other volatile emotions many adults and children experience during the breakup of the family unit will be highlighted. Throughout the emphasis will be on augmenting participants' knowledge of and skill in appropriate therapeutic interventions or treatments of choice to be utilized at various points in the process and with different family members separately and/or co-jointly, as deemed most appropriate. To the extent possible, interaction will be encouraged in the form of brief case consults on "my most difficult case", in mini role plays, and in time allotted for question and answer interchanges.

Divorce and its Aftermath

Florence Kaslow

Florida Couple and Family Institute
Palm Beach Gardens, FL, USA

Super Saturday Workshop: This workshop will consider divorce and its aftermath; including the upheavals and opportunities that are inherent in this very painful parting. Participants will be introduced to the presenter's model of how to identify the seven major phases of the divorce process – during the pre-divorce stage when the emotional divorce occurs; during the actual divorce stage – when the legal, economic and co-parental/child custody decisions occur; during the divorce and into the early post divorce phase when the social, community and extended family issues need to be negotiated and the religious/spiritual concerns need to be addressed and resolved as they interface with the decision to divorce. The final period post divorce; the time of exploration and re-equilibration is called The Psychic Divorce stage. We will explore how the process may vary in different countries and cultures and attempt to expand awareness of the tasks and challenges patients everywhere are likely to face in some manner as they go through the divorce process. The extreme pain, bewilderment, disillusionment, and myriad other volatile emotions many adults and children experience during the breakup of the family unit will be highlighted. Throughout the emphasis will be on augmenting participants' knowledge of and skill in appropriate therapeutic interventions or treatments of choice to be utilized at various points in the process and with different family members separately and/or co-jointly, as deemed most appropriate. To the extent possible, interaction will be encouraged in the form of brief case consults on "my most difficult case", in mini role plays, and in time allotted for question and answer interchanges. *** Two 1.5 hour slots

S33D

Domestic Violence Focused Couples Treatment

Sandra Stith, Eric McCollum

Kansas State University

Manhattan, KS, USA

Virginia Tech

Falls Church, VA USA

This workshop will offer participants an overview of the latest version of an 18-week manualized treatment model developed for working with couples who choose to stay together after mild to moderate domestic violence has occurred. The treatment program, Domestic Violence Focused Couples Treatment (DVFCT) is offered to single couples and multi-couple groups and is based on a solution-focused framework. The model was developed with NIMH funding and has preliminary evidence of efficacy. The presenters will review the content of the 6-week gender-specific treatment which precedes the 12-week conjoint treatment, focusing on ways the program has been expanded to include aspects of mindfulness and motivational interviewing regarding substance abuse to the previously developed model. Outcome data from research on this model will be reviewed. The presenters will also review best-practices for addressing intimate partner violence, regardless of the treatment model used. Included in this discussion will be a focus on careful screening and strategies for enhancing safety.

Workshops/Panels: 1-Hour Sessions

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W17A

**Re-authoring and remembering relationships:
Narrative therapy with couples experiencing trauma**

STEPHEN MADIGAN

Vancouver School for Narrative Therapy
Vancouver, Canada

Stephen Madigan PhD teaches participants his unique style of narrative therapy theory and practice by demonstrating key narrative therapy ideas through a close up review of his recent therapeutic DVDs. Working through step-by-step examples of his DVD session 'out takes' he shows participants the narrative theory and practice of reauthoring and remembering relationships close up - when working with couples experiencing trauma.

How to integrate feedback in couples therapy.

Morten Anker, Marianne Bie

Norwegian Directorate for Children, Youth, and Family Affairs
Oslo, Norway

This workshop focuses on the “how” and “why” of integrating client feedback in couple therapy. While no approach or method of couple therapy has proven to be a treatment of choice, there are great differences in effectiveness of couple therapy among therapists and agencies. A relatively new research paradigm called practice-based evidence holds great promise to address both therapist and agency variability via the integration of systematic outcome and alliance feedback in therapy. In this workshop, through video demonstration of couple therapy (English subtitles) and experiential exercises, participants will learn how to integrate systematic feedback from couples. By using two brief scales in every session to monitor outcome and the alliance, therapists can improve the effectiveness of couple therapy one couple at a time in daily practice. There are now seven randomized clinical trials (RCT) in individual therapy and two in couple therapy that demonstrate the benefits of integrating client feedback. One of the presenters conducted the largest RCT of couple therapy ever done which found that clinically significant change was four times more likely when couples gave systematic feedback about the alliance and outcome to the therapist. Moreover, at six month follow-up clients in the feedback condition achieved a 46% less separation/divorce rate. Subsequently, the Norwegian Directorate for Children, Youth, and Family Affairs moved to develop a quality improvement system based on consumer-participation in which client feedback is central. Such a large scale implementation, 52 counselling agencies with 400 therapists treating 13 000 couples yearly, presents significant challenges. This presentation will address the challenges at both the individual therapist and agency levels and will demonstrate how it is possible for both therapists and agencies to implement client feedback as a means to improve effectiveness in couple and family therapy.

Acculturation and International Adoption: ‘It’s all in the Family’

Jessica Chou, Bobbi Miller

Saint Louis University

Saint Louis, MO, USA

The Immigrant Handbook (Napoitano, Heyman, and Hoefler, 2010) reports that nearly 13,000 children were adopted into the United States during 2009. Research indicates that internationally adopted children have an increased risk for delayed cognitive development, behavior challenges, and conflict with attachment to caregivers (Welsh et. al, 2007) and are more likely to utilize therapeutic services than the general population (www.library.adoption.com). Stress due to acculturation may play a significant role in concerns these families face. Studies have shown adoptive parents play a pivotal role in how children manage their relationships with both cultures (Beckett et al., 2008). Parents who have adopted across cultures have been criticized for not being prepared to make changes in their lives and environments to include the culture(s) of the children that they bring into their families; instead expecting children to make the accommodations (Hollingsworth, 2003). The theory of acculturation explores changes that can occur in the dominant culture as a result of individuals or groups joining society (Berry, 2003). Applying this concept to the internationally adoptive family can highlight potential changes within the family culture as new member(s) become a part of the group and how these changes may be beneficial for all involved. It is important for family therapists to be adequately prepared to work with internally adoptive families and the unique challenges that they face as they form bonds across diverse cultures, experiences, and in some cases languages. Despite this need, most therapists have little formal training in working with adoptive families in general, and even less with the complexities of forming a family across cultures. The current presentation will explore the application of acculturation theory to international adoption and examine how this theory can provide insight to therapists regarding the process families go through in adopting across cultures, struggles children might experience when trying to identify with two cultures, the role adoptive parents play in assisting their children with the development of a healthy identity, and changes experienced within the new family culture. Assessment and intervention strategies will also be addressed through the use of a case study.

Optimizing language use in couple and family therapy

Jerry Gale, Joaquin Gaete Silva, Ines Sametband, Jaqueline Amorim Webb

University of Georgia
Athens, GA USA

University of Calgary
Calgary, AB, Canada

University of Calgary
Calgary, AB, Canada

University of Calgary
Calgary, AB, Canada

This presentation will be moderated by Dr. Tom Strong and focuses on three main topics relevant to couple and family therapists: research of language use in family therapy, promoting mindfulness in couples and cross-cultural dialogues. We focus first on the primary activity in families and family therapy: Conversational interaction. Family therapy itself owes much to the early conversationally focused research of Gregory Bateson's 1950s research team. Conversational interaction continues to go under-researched (and perhaps under-appreciated) by family therapists whose research has tended to focus on quantitative variables and experiential accounts. In this presentation we will chronicle conversationally focused research of family therapy up to the present – and will propose new directions for research into families' conversations, and the conversations of family therapy. Second, we turn to how doing discursive analysis of one's own clinical talk-in-interaction can be done as a mindfulness practice. Through witnessing and critically reflecting on the moment-to-moment construction of meaning and narratives in a couples' therapy session, the therapist/discursive analyst can engage in a relationally mindful manner to witness the construction of emotional responses, identity and psychological characterizations, and moral attributions achieved in the interactions without getting entangled and caught up in particular accounts as a defining narrative. There is also the benefit of discerning openings from which to lead the conversation into more productive dialogue. We examine these next, in situations when cultural and linguistic variability creates challenges of understanding for therapists and clients as they talk. In talking cross-culturally, therapists and clients can be particularly challenged by what they take for granted in their communications and those of their conversational partners. They can misunderstand each other's meanings yet they still need to find ways to move forward in helping conversations, like those of therapy. We examine how clients and helping professionals talk beyond such misunderstandings, by focusing on the experience of families and professionals who rely on a child for language brokering in professional dialogues.

The Contextual-Functional Meta-Framework for MFT Supervision

Jeff Chang

University of Calgary
Calgary, AB, Canada

Contextual-Functional Meta-Framework (CFM) is a systemically-based, transtheoretical, transcultural heuristic for developing an personalized framework for MFT supervision. The CFM starts by considering the cultural, social, and administrative context in which supervision and counselling are delivered. The CFM invites supervisors and supervisees to clarify how they are positioned culturally, ethnically, and in terms of privilege and access to resources, in relation to one another, and in relation to the client system. Applying the CFM begins by conducting a systemic analysis of the organizational and administrative context for supervision. The CFM next attends to the cultural context in which the supervisory relationship occurs, and how it manifests itself in the supervisory working alliance. The supervisor carries out nine roles of clinical supervision (clinical educator, skill development coach, professional mentor, advocate/system change agent, gatekeeper for the profession, ethics/risk management consultant, catalyst, organizational/administrative supervisor, and personal supporter), based on the motivation of the supervisee, organizational/administrative context, and the supervisory working alliance. The supervisor's and supervisee's respective theories of client change, which form an ecology of ideas, are the next component of the CFM. In the CFM, the supervisor carefully assesses the isomorphism in the client-supervisee-supervisor system. Finally, the supervisor considers the phase of development of the supervisee. The CFM provides a framework for coherently organizing supervisory interventions in MFT.

Regulation: outcomes for therapists complained against in USA and UK

Barbara Warner, Lois Paff Bergen, Charles West

Retired and private practice
London UK

Association of Marital and Family
Therapy Regulatory Boards
(AMFTRB)
Colorado Springs, CO, USA

AMFTRB
University of Southern
Mississippi
Hattiesburg, MS, USA

When a client has a grievance about a therapist's behaviour and/or therapy received which takes them to the point of making a complaint the regulatory body has a responsibility to manage the process both ethically and formally. The experience/outcome of this process has major consequences for all involved. We plan to compare the outcomes laid down in our different regulations and consider the process from the point of view of the therapist complained against. We aim to help participants consider the potential effects of receiving a complaint about themselves and to encourage them to consider how they maintain an ethical practice, keep in mind the ethical guidelines set out by their regulating bodies and inform themselves of Complaints Procedures. We hope that some participants will be actively involved in regulatory bodies in their home country and will be able to contribute from their own experience of managing complaints. We hope that some participants will be encouraged to return home and become involved in the regulatory process.

**The 'Expanded Family':
Helping Families Stay Whole Through the Process of Divorce**

Phoebe Prosky

A Center for the Awareness of Pattern
Freeport, Maine, USA

In this workshop we will propose a theory of why people couple and why they come apart. We will then explore the concept of the 'expanded family' created by divorce. Far from breaking, the family actually expands, geographically and often in the number of its members. This new configuration can become a vibrant child-rearing context or devolve into chaos and destruction. We will look at the role of the clinician in creating an harmonious expanded family climate and dealing with common pitfalls such as reactivity, fear, and the atypicalness of behavior in situations of conflict. We will also address the role of the legal system in divorce and how to help people take back their own decision-making about their families.

Treating Addictions with Satir Transformational Systemic Therapy

Linda Lucas, Teresa McLellan

Northwest Childrens Home
Lewiston, Idaho, USA

Adler School of Professional Psychology
Vancouver, BC, Canada

Virginia Satir wrote in her book, *The New Peoplemaking*, “when youth and young looks fade, when money, power, and position have gone, people can suffer great agonies if they equated these factors with personal value. Until they learn other ways to live, many take the paths of alcoholism,” or addictive behaviors. “Outside help is often needed at this time to discover how life can be transformed. Beyond any outer evidence of success, the meaning and value of life are central to human existence. Once we can value life, we can experience our own spiritual awakening.” Virginia goes on to write, “Recognizing the power of spirit is what healing, living, and spirituality are all about. Many pay lip service to spirituality without living it. “Virginia goes on to state in her book, that ‘Alcoholics Anonymous programs are built on the premise that when individuals accept and face their higher power, their life force is called upon and their healing begins.’” In this workshop, we will offer treatment ideas for the addict and family using STST and focusing on the resources of the individual with an emphasis on the five essential elements for transformational change.

Healing adolescents: a multisystemic approach to trauma

Dalesa Scott, Kenneth Hardy

Intercultural Family Services
Philadelphia, PA USA

Drexel University
Philadelphia, PA USA

Adolescents today live in arguably the most challenging times in history, with multiple stressors including poverty, violence, environmental disasters, and the legacy of generational trauma invading families. Such adolescents can be the most challenging in the therapy room. Very often, they have experienced multiple forms of trauma, but are often misdiagnosed, overmedicated, and treated as criminals instead of as children in need of healing. This stigma is heightened when the adolescent is a member of a marginalized population, as often various historical oppressive structures prevent these families from getting socially just, culturally sensitive, and trauma-focused care. Additionally, they often have caregivers who are unable to help their adolescents heal as a result of their own unresolved trauma. This workshop will examine how trauma impacts adolescents and their families in marginalized positions. Specific attention will be dedicated to treatment of these families using an advocacy approach, focusing on how multiple systems have an impact on healing in the family.

**Family Therapy Frontiers:
Braiding Spirituality, the Social Brain, and New Science**

Larry Freeman, madhu kasiram, phoebe prosky,

Private Practice
Bellingham, Washington, USA

University Of Kwazulu-Natal
Durban, South Africa

USA

In this panel we will continue to explore themes held in common by spirituality narratives and family therapy, bringing in emerging insights from social neurobiology and other “new science” to deepen connections we can discern between these two traditions. We start with recognizing that “spiritual” themes of acceptance, responsibility, gratitude, ethics and compassion are core attributes of social systems. They provide a structure for organizing our appreciation of the interplay of physical, interpersonal, and spiritual experience. We will explore how lessons from evolutionary systems, complexity theory, ontology and the new physics reveal patterns and interrelationships that produce new insights into these themes. We propose to extend the focus of family therapy beyond remediation toward an articulation of the universal. Because of its emphasis on interconnection, we see family therapy as a discipline uniquely positioned among mental health practices to embrace the discourses of spirituality and the social brain, applying the systemic/ecological paradigm to understanding human suffering, yearning and growth. Expanding this effort from Congresses of the last two years, we will advocate the idea of a “third order change” - a change in the consciousness of the therapist who is working in healing systems - as we broaden the meaning of systemic interconnection.

The no conclusion intervention for couples in conflict

Lieven Migerode

University Hospital Leuven

Leuven, Belgium

Dealing with differences is central to all couple therapy. This article presents an intervention designed to assist couples in handling conflict. Central to the approach is the acceptance that most conflicts cannot be solved. Therefore therapists and couples are in need of a different understanding of couples conflict. This understanding is found in the analysis of love in context and in relational dialectics. Participants are guided through different steps: deciding on the valence of the issue as individuals, helping them to decide which differences can be resolved and which issues demand for new ways to live with the inevitable, and introduction in the suggested no conclusion dialogue. This workshop briefly describes the context where this approach to couples conflict emerged, a five day intensive couple therapy program. The theoretical foundation of the intervention is followed by the step by step description of the intervention and followed with a brief experience of the approach in a guided role play. Migerode, L. & Hooghe, A., (2011). "I love you" How to understand love in couple therapy. Exploring love in context. Journal of Family Therapy, doi: 10.1111/j.1467-6427.2011.00557.x Migerode, L.(submitted). The no conclusion intervention for couples in conflict.

Integrating Childhood Trauma into Adult Outpatient Treatment: Assessment, Conceptualization

Lin Shi

Northern Illinois University
DeKalb, IL, USA

Childhood trauma has been linked to a wide range of psychiatric diagnoses, developmental issues, and relational difficulties. Prevalence of childhood abuse and neglect among clients seeking outpatient treatment can be close to 80% and the long-term impact of childhood trauma can find its way through various venues with or without the victim's awareness. The success of therapist requires critical knowledge about the client's experiences including childhood abuse and neglect. However, client may neglect or choose not to report this important experience thinking that it is unrelated to the issue for which to seek help or the client may have been in denial of such hardship. Among various types of childhood abuse and neglect emotional abuse and neglect are likely to be overlooked by both the client and the therapist. A routine assessment of childhood abuse and neglect should be in place for a competent conceptualization as well as effective intervention. This workshop will detail an assessment program for childhood abuse and neglect that has been developed by the presenter and has been in practice in a university-based marriage and family therapy clinic for three and a half years. The workshop will illustrate its administration and interpretation and highlight important research findings gained from it. It will also provide clinical examples of how the critical information obtained from the assessment that otherwise would not likely have been shared or asked about has lent the clinician great assistance in clinical conceptualization and intervention.

Patient-focused research supported practices in two family therapy teams: What happens?

Rolf Sundet

University College of Buskerud

The Family Section

The Department of Child and Adolescents Mental Health

Hospital of Drammen

Norway Drammen., Norway

The workshop will report from two qualitative study investigating family therapy practices where monitoring process and outcome is a central ingredient. Using two tools (the Session Rating Scale & the Outcome Rating Scale) developed by Barry Duncan, Scott Miller and Jacqueline Sparks, the therapists are provided with feedback from the clients/families on process and outcome. Possibilities and challenges, opportunities and problems, and manners of use and misuse will be attended to. The knowledge and information generated from these two studies will serve as pathway into conceptualizations of a collaboratively oriented, family based practice. Experiences and perspectives of the families and therapists on the use of these tools and the partaking give rise to suggestions for how to work with process and outcome within a collaborative practice. Diversity and variety in manners of working and being together are key elements in this practice. A descriptive map of needed variety of therapeutic manners of working together will be presented and connected to questions about tailoring treatment to the families. Guiding principles of therapy that highlights flexibility, tailoring, negotiations and participation will be presented. Possible consequences for the professional stance and attitude of the therapist will be presented. The findings will be discussed in relation to the concepts of evidence based practice, practice based evidence and the establishment of collaborative oriented forms of therapy.

All Couples Are Multi-Cultural: Helping Couples Manage Differences and Find Common Ground

Cadmona Hall, Thomas Todd

Adler School of Professional Psychology
Chicago, IL, United States

It is a common clinical assertion that “All couples are cross-cultural,” but as mobility has increased around the globe and within countries, more and more couples are dealing with significant cultural differences. According to the US Census bureau approximately 4.5 million couples are in an interracial marriage. Research continues to challenge the stability of these relationship; findings suggest that interracial marriages are more likely to end in divorce as compared to homogeneous ones (Kreider, 2000; Bramlett & Mosher, 2002; Heaton, 2002; Bratter & King, 2008). As systemic thinkers, family therapists are uniquely positioned to work with multicultural couples who often come to therapy with problems that are connected to dimensions of culture. Incorporating a multicultural perspective includes expanding the definition of culture to include race, ethnicity, class, religion, sexual orientation, disability, and gender (Hardy & Laszloffy, 2002). Despite the critical need for quality therapy for this population, there is a dearth of literature on multicultural couples (Bratter & King, 2008; Hill & Thomas, 2000; Killian, 2003; Rockquemore & Laszloffy, 2003). Whether differences are extreme, such as across racial or religious lines, or a combination of smaller factors, family therapists often feel ill-equipped to help couples negotiate the many issues involved. It is imperative for family therapists to be able to facilitate positive outcomes in the lives of multicultural couples, as this may shape their future functioning and capacities for the rest of their adult lives. This workshop will provide an authentic and interactive learning experience for effective engagement and intervention with multicultural couples. Engaging in difficult dialogue, clinical missteps, and self-of-the-therapist issues will be explored.

**One Couple, Three Approaches:
Treating a Real Couple Struggling with a Challenging Child**

John Caffaro, Susan Regas, Ronda Doonan, John Bakaly

California School of Professional Psychology

Alliant International University

Los Angeles, CA, USA

The Family/child and Couple Clinical Psychology Emphasis Area faculty nested in an APA Approved Program at Alliant International University have created a training tape for students, faculty, and professionals to demonstrate that there are many effective ways to work with the parents of a child with ADHD. The presenters will demonstrate the treatment of an actual client couple/family using three different systemic orientations and involving various configurations of family members. There is little evidence to support the superiority of one psychotherapy theory over another more broadly and in couple and family therapy specifically. However, there are common factors that run through each of our three approaches that have been shown to differentiate effective from non-effective therapy. Through the use of video clips, powerpoint presentation, and panel discussion, participants will be introduced to a client family consisting of a Euro-American father, Asian- American mother, and three children. The family requested therapeutic services because their oldest child, an 8-year-old daughter is having difficulty in school. Neuropsychological testing revealed the diagnosis of ADHD. The faculty utilized three approaches to assist the couple in dealing more effectively with their daughter. Differentiation-based couple therapy was used to modify the overfunctioning and underfunctioning dynamic between the couple and to help them become more the parents they said they wanted to be. Structural therapy was employed to help the parents become more in charge of the children and provide more structure to their home. The third approach examined the couple's adult sibling relationships in order to explore how they were living out their sibling relationships and roles in the way they interact as partners and parents. Seminar participants have the unique opportunity to see one real (not role play) couple treated from various theoretical perspectives. We believe that our theoretical models potentiated common factors and were crucial to our therapeutic effectiveness with this family.

**Facing Illnesses and Losses:
Biopsychosocial-Spiritual Approach in Couples Therapy**

Yulia Watters, Tommie Boyd

Nova Southeastern University
Private Practice
Fort Lauderdale Florida USA

Nova Southeastern University
Fort Lauderdale FL USA

An old Turkish proverb says: “Young love is from the earth, old love is from heaven”. During the couple’s life cycle one or both partners might face the necessity to cope with a new diagnosis, adjust to a chronic condition, and deal with a loss of a loved one. Taking into account these diverse challenges, the unique expertise of a Medical Family Therapist can help a couple during different phases of an illness. Applying premises of the biopsychosocial-spiritual approach, the presenters will offer attendees an opportunity to engage in a reflection regarding the provision of therapeutic services to couples facing a progressive degenerative disease. Becoming a long-term caregiver, pain management, and end-of-life decision making are just few topics that will be discussed during this presentation. Case study, video vignette, and experiential exercises will be used to enhance the learning process and support the discussion.

**Cross-Cultural Clinical Collaboration:
International Views From East And West.**

Takeshi Tamura, David McGill

Private Practice
Tokyo, Japan

Private Practice and Clinical Supervisor
Harvard University
Boston, USA

Sharing cases among therapists from diverse international backgrounds invokes deeper perspectives to one's own therapy, sharpens the sensitivity to cultural issues in family dynamics, and widens possibilities for professional and personal growth. All cultures can become a source of stress for families that experience social changes, which may create a sense of exclusion, social isolation and prejudice. The group case discussion will focus on the individual, familial and societal dynamics of the case. The process of this presentation will include the reflections of the supervision group and then invite the participants to join us as peer consultants. The international peer supervision group "Cross-Cultural Clinical Collaboration" exists since 2005. The presenters have different cultural backgrounds: Takeshi's cultural experience with American and British families enables his differentiation of Eastern and Western values, focusing on cultural and gender perspectives, from the Eastern (subordinate) and male (dominant) standpoint. David has collaborated with international therapists, facilitating international case discussion. He is particularly interested in participating in international collaborative peer case consultation groups. Participants attending will be invited to comment as peer consultants or supervisors for the presenters. We hope to give participants the experience of how we may receive useful insights for our work from therapists from very different cultures. We look forward to a rich exchange with workshop participants.

Distributed Learning for Marriage and Family Therapists: Trends, Perils, and Possibilities

Arden Henley, Jeff Chang, Kiran Arora,

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Vancouver, BC, Canada

Family Therapy Program
College of Education and
Human Development
University of

Athabasca University
Calgary, AB, Canada

Massachusetts Boston
Boston, MA, USA

The education and training of marriage and family therapists is changing as fast as technology is. New technologies open up many new possibilities for education and training of MFTs. In this presentation, three MFT educators will describe their experiences with distributed learning in MFT. We will describe the pragmatic aspects of program operation (including accreditation, curricular, pedagogical, technological, ethical, and regulatory issues), examine benefits of distributed learning to rural and remote communities and difficult to serve demographics, and present the experiences of students and community stakeholders. We suggest that distributed learning is a social justice intervention that has the potential to increase access to MFT education to rural and remote communities, those with disabilities, women who may be managing the inequitable demands of family and work life, and others who may face barriers and marginalization. In contrast to residentially based education in major urban centres, distributed learning that does not require the learner to leave his or her community for extended periods can enhance the social capital of rural and remote communities by enhancing services, building capacity, and allowing talented professionals to pursue MFT education without leaving their communities.

Applied Ethical Decision-Making in Medical Family Therapy: Mowery's 7 Ps, Part II

Robyn Mowery, Bowden Templeton

Mercer University
School of Medicine
Macon, Georgia, United States

Professional ethicists readily acknowledge that it is entirely possible to arrive at defensible deeply held moral beliefs with which not everyone will agree. Scaffolding provided by Mowery's 7 Ps, which is grounded in a broad spectrum of multicultural, modern, post-modern, and feminist ethical theories, allows us to unpack much of what we tend to intuit or take for granted. Doing so opens up our intuition for examination and education by diagnosing our blind spots, creating overt space for those who may intuit or reason differently, and establishing common language for moral discourse. In the context of medical family therapy it is especially important to be aware of diverse approaches to determining what is right or best in a given situation because patients, family members, therapists, and other participants in a multidisciplinary healthcare team frequently face difficult decisions with significant ethical implications. In this second half of the two-part interactive workshop on Mowery's 7 Ps, participants will have the opportunity to apply the ethical decision-making framework introduced in Part I to detailed realistic case studies involving young Korean, Latino, and Caucasian couples dealing with breast cancer diagnosis, treatment, and survivorship. Interactive small and large group discussions will focus on how cultural and moral diversity impact ethical reasoning processes. For instance, in the United States advanced technology is readily available and patient autonomy ostensibly reigns supreme, but universal healthcare insurance coverage is absent. Research in the U.S. suggests that young women with breast cancer generally have more problems adjusting to and coping with cancer, have higher risk of disease, undergo more aggressive treatments for breast cancer, have poorer quality of life and survival rates, and have psychosocial problems encountered less often by older women. Other problems of particular concern among young women include family planning and infertility resulting from treatments that can bring about premature menopause and ovarian failure. Application of Mowery's 7 Ps will give participants the opportunity to explore how differences in race, ethnicity, social/cultural values and expectations, access to healthcare in general and advanced technology in particular, and assumptions about ethics and morality can shape ethical decision-making.

**Forgiveness:
The Quintessential Tool for Repairing African American Relationships**

S. Todd Townsend, Ph.D., Marlene F Watson, Ph.D.

The Professional and Family Life Counseling
Center

The Resurrection Center
Wilmington, DE, USA

Drexel University
Philadelphia, PA, USA

While the decline in African American marriages has received vast popular attention, African American marital quality and stability have received little empirical study. Thus the field of couple and family therapy is challenged to explore African American relationship strengths and innovative ways of addressing issues among African American couples (Allen & Olson, 2001). The proposed workshop aims to explore forgiveness as an intervention tool with African American couples. Since religion, historically, has held a very prominent place in African American life, couple and family therapists should recognize forgiveness interventions as an effective strategy for empowering African American couples to address and heal from relational injuries. Results from a non-experimental pretest-posttest correlational survey study examining the relationship between African American participant training in the R.E.A.C.H. Forgiveness Pyramid Model (Worthington, 1998) and forgiveness and relationship adjustment will be discussed. Overall, a positive association was found between the R.E.A.C.H. Forgiveness Pyramid Model and African American couples' reported forgiveness and relationship adjustment. Therefore, specific forgiveness interventions may promote forgiveness, resulting in higher relationship adjustment and satisfaction for African American couples. As well, it may lead to more African American marriages. In 2001, 42% of African Americans were married as compared to 62% of non-Hispanic Whites and Asians, and 60% of Hispanics. Further, 54% of African Americans between the ages of 24 and 34 have never married which has important implications for African American families.

Are we ready yet? Perspectives from beginning couples therapists

Erin Johnson, Brandi Semrak, Beth Hollingsworth, Jessica Fain

Agency

Fort Worth, TX, United States

As beginning therapists we yearn to feel prepared as we begin working with clients. But before we, as therapists can attempt to create that feeling we have asked ourselves this question: What goals are we as therapists trying to achieve? Preparation is not simply a matter of adequate technical knowledge, emotional availability, or good intentions. It is a combination of these ideas- and more. Because therapists generally do not produce a tangible product, it can be difficult to define what "being prepared" means. Therapy is more than a basket of techniques, questions, and homework assignments, especially when it comes to working with couples. Working with couples creates a dynamic unlike that of working with an individual. A couple has many nuances that can throw a beginning therapist unexpected curve balls such as secret keeping and triangulation. It is important to have knowledge of techniques and interventions that can be used in session, but as new therapists we need to develop the courage to just "be" with clients. In order to feel prepared, therapists need to have a solid theoretical foundation but learn to rely on their instincts to connect with clients bravely, honestly and without a script. During this presentation the audience will have the opportunity to listen to a discussion from beginning professionals who are implementing the skills learned during the practical application and supervision they gained during practicum classes. The presentation will include reflections on the skills and knowledge gained through hands-on instruction and invaluable teaching which provided an experiential learning experience outside the confines of typical instruction based solely on theory. Participants will gain a perspective from supervisees who experienced the process of learning through and connecting with the client, managing anxiety when they do not know how to respond, and realizing that therapy is about more than simply taking clients' pain away. At the end of the presentation supervisors, professors, and students will have new tools and a different perspective regarding teaching about the delicate balance of the therapy process.

Using Photos & Videos to Improve Family Therapy Practice: Four Pioneers Share Perspectives

Judy Weiser, Florence Kaslow, Rodolfo de Bernart, Alan D. Entin

PhotoTherapy Centre
Vancouver, B.C. Canada

Kaslow Associates

Distinguished Visiting Professor of Psychology

Florida Institute of Technology

Family Firm Institute Consultant

American Academy of Couple and Family Psychology

Co-Chair, APA Committee on International Affairs (CIRP) 2011

Palm Beach Gardens FL, USA

Instituto di Terapia Familiare di Firenze ((Family Therapy Institute of Florence)

Firenze and Sienna, Italy

Private Practice

Virginia Commonwealth University

Richmond, VA, USA

This Panel brings together four early pioneers of "PhotoTherapy" techniques (using personal and family photos to improve the depth and quality of family therapy process by helping clients access feelings/memories not available to ordinary verbal inquiry or conscious recall).

Publications during the mid-1970s and early-1980s by these four (deBernart, Entin, Kaslow, and Weiser) helped shape the historical Archive for the related techniques of "PhotoTherapy", "VideoTherapy", and "Film/Movie Therapy" techniques -- and they still continue their use of (and publications about) this work. In this Panel, they will reflect upon the origin and evolution of their ideas and practices and also discuss how these have actually become even more relevant to Family Therapy practices in more recent years. As our clients' lives (and our own, as well!) become increasingly lived, documented, and recalled through photographic imagery, whether still or moving, whether paper or digital, these "frozen moments of time" can yield valuable insights when probed with skilled therapeutic questioning. Chaired by Judy Weiser, Director of the PhotoTherapy Centre in Vancouver (which she founded in 1982), and author of the classic 1993 text "PhotoTherapy Techniques: Exploring the Secrets of Personal Snapshots and Family Albums" (now in third printing), this Panel will provide time for each of the above pioneers to discuss why personal snapshots and family photographs are particularly useful tools for Family Systems therapists -- because such photos help clients explore not just the people, places, and things that matter in their lives, but also (and more importantly for family therapy explorations), the inter-relationships and the "spaces in-between" all these. All panelists work from a systemic perspective; however each has done this uniquely and from different combinations of theoretical models. Therefore those attending this panel will be able to learn about various successful methods of using photos, family albums and movies, and videos/films as tools for improving Family Therapy practices, along with comparing key similarities and differences in the four Panelists' approaches. Time will be left for questions and discussion; handouts will provide additional information. For more information about PhotoTherapy techniques, see: www.phototherapy-centre.com

Treating the Couple and Family
When One Child has a Life Threatening Illness
Susan Regas, John Caffaro, John Bakaly, Ronda Doonan
California School of Professional Psychology at AIU
Los Angeles, CA, USA

Our presentation recognizes the importance of knowing the medical language that the family now speaks, the medical culture they reside in, and the complexities of medical treatments so that clinicians can understand the long-term challenges faced by families. Medically-induced traumatic stress can affect the couple relationship at different times and in various ways during the course of a child's illness. This panel will discuss how we assess the impact of the diagnosis and treatment and identify which couples are more at risk for developing significant problems. Unquestionably, a child with a serious illness challenges parental and love relationships. Marital issues may dramatically increase for couples that are already in trouble. The presenters will describe how couple therapy and support groups help partners tolerate different coping styles. Furthermore, family therapy can assist troubled parents with little energy for their healthy children at a time when those children need additional support and attention. The presenters will share how educating parents about concerns related to siblings through couple and family therapy, workshops, and sibling groups can bolster the entire family system. Serious illness affects all the people in the child's life. This presentation will explore how each family member is affected, the impact on interpersonal relationships, and specific strategies to help family members cope and deal more effectively with the stresses of a child's illness.

A Team Approach to Therapy With Families Through Divorce and Post Agreement Conflict

Robert Colby, Susan Gamache, Lindsey MacInnes

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Canada

This presentation introduces a team approach for working with moderate to high conflict couples. This approach provides an alternative to the traditional role of the family therapist working alone with the couple or the family. It was designed for but is not limited to separation/divorce, and resolving post separation conflict. The evolution of clinical practice to effectively work with couples on the edge of separation, in the process of separating, or engaged in post separation conflict is critical. 38% of Canadian married couples will end their relationship by choice before their 30th anniversary; each year 50,000 Canadian children experience their parents' divorce. For children and families, settlement is necessary but not sufficient. Research strongly suggests that children are profoundly and adversely affected by prolonged exposure to their parents' conflict in all household structures. Research also suggests that at best half of separating parents develop minimally cooperative or cooperative co-parenting relationships. The other half disconnect or remain actively involved in moderate to high conflict, with significant negative consequences for all family members especially the children. In this approach, the 3 person team works together to stabilize the family system, reduce and resolve conflict, and support life-enhancing decisions and relationships for all family members especially the children. Two family therapists, one aligned with each parent, work together to create a neutral, systemic understanding of the family system. A third therapist is dedicated to bringing forward the experiences of the children. Originally articulated by the Collaborative Divorce team in California (Tesler & Thompson, 2006), this approach has been implemented and further developed in Vancouver by the members of the Collaborative Divorce Group of Vancouver (see CollaborativeDivorceBC.org). This presentation will explain the power of the team structure, demonstrate the unique therapeutic forum team work creates and explore its utility for families in transition and other difficulties.

Couples Therapy: Individuation or Attachment? Why Not Both?

Kathlyne Maki-Banmen
Satir Institute of the Pacific
Delta, BC, Canada

The Satir Transformational Systemic Therapy Model (STST) is unique in encompassing both the intrapsychic and interactive components of therapy. In couple's therapy, the debate is often focused on one or the other: helping the individuals in the relationship individuate in order to have a more mature relationship or helping the couple connect through fulfilling each other's yearnings. This workshop will focus on how to do both simultaneously so that clients are able to develop more intimacy and openness while also learning to resolve differences and take more responsibility for letting go of reactions. Objectives: 1. make contact with clients' spiritual essence and internal resources 2. facilitate transformational change with clients through experiencing Life Energy and impacts and making new experiential intrapsychic decision. 3. facilitate new connection and intimacy in relationships by fulfilling yearnings individually and within the couple relationship. 4. facilitate resolving differences from interactive experience of intrapsychic systems.

Systemic treatment of the lack of intimacy skills in couples with marital conflict

Patricia Ebersole Zwier, Dulce Pascual

GRIP - Grupo de Reflexión y Intervención Psicoterapéutica
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Using qualitative analysis with six clinical cases, the researchers observed the elements manifested in the conflicts of couples in crisis. The women presented the problem as the behavior of the spouse: limited involvement with her and the children, absence of affection, and trust issues regarding fidelity. The men reported the problem as the behavior of the spouse: constant criticism, controlling, and infrequent sexual relations. All reported many commonalities in the relationship, yet significant arguments and distance. Upon analyzing the issues that brought the couple into therapy, the therapists observed that both partners were deficient in skills to build intimacy, producing soaring frustration and anxiety. The criteria for the selection of cases included: therapy was requested; both partners desired to continue the relationship; the couple was living together in a committed relationship for at least five years; satisfaction with the results of the process. Cases with strong components of sexual abuse, violence or addictions were not included. In all cases, the therapists utilized a systemic vision, involving the theoretical approaches of Transgenerational, Strategic, and Structural Therapies. Initially, genograms were elaborated to observe the recycled relational dynamics, thus discovering ways to reduce the high levels of anxiety and reactivity while increasing differentiation. The second focus was the communication: increasing the capacity to understand the emotions of oneself and the other, constructing a mutually safe space to share emotions, establishing limits in and around the relationship, and strengthening the identity as a couple. A third stage stimulated ways to express and receive affection, and the enrichment of the sexual relationship. The therapy consistently focused on increasing intimacy to create a satisfactory mutual reciprocity. In all cases, the therapist included individual sessions that permitted a freer exploration of attitudes with the understanding of how each contributed personal dynamics that became obstacles to the desired intimate relationship. All cases demonstrated that the conflict initially presented in the couple was fomented by unrealized expectations for intimacy. Therapy addressing this lack of intimacy skills effectively reduced the couple conflict.

Achieving Growth through Exploring Differences with Couples’ Using the Satir Model

Wendy Lum, Mary Leslie

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Private Practice
Victoria, British Columbia, Canada

Private Practice
UBC School of Social Work Burnaby
Vancouver, British Columbia, Canada

Couples connect initially through attraction, based on their perception of similarities and yearnings. Their growth as a couple and as individuals, involves the capacity to accept differences, and negotiate agreements around the shared and separate dimensions of their lives. The meaning of differences in their expectations and beliefs about partnerships can be as significant as the differences themselves. Beliefs around safety, handling conflict and their respective values, including spiritual beliefs, come into sharper view as their relationship evolves. The Satir Model, as articulated by Banmen and Maki-Banmen (2006), identifies five essential elements of therapy: systemic (intrapsychic and interactive), experiential, positively directional, change focused and the congruence of the therapist. The emphasis on growth, transformation, creativity, and spiritual dimension, lends itself well as an effective approach to help couples learn to appreciate, legitimize, and manage their differences in a congruent and healthier way. The workshop will be gender neutral, including traditional and same sex couples. An interactional and experiential approach will provide a taste of the basic principles of the Satir Model. Components of the model will be highlighted, such as: the Personal Iceberg Metaphor, Satir’s coping stances, and the use of sculpting as tools for helping to resolve and manage differences more effectively. Participants will engage in an experiential sculpt as a vehicle for understanding the Satir way of moving couples through the change process of resolving differences. Virginia Satir pioneered the use of body to make contact with the inner world. The importance of the therapists’ awareness of self, and their congruence as they counsel couples in challenging emotional climates, will also be addressed. The focus of the workshop will be on concepts and tools for supporting couples to achieve transformational change, and to move from surviving to thriving through achieving greater acceptance, appreciation and validation of their differences.

Clinical Considerations for Couples with Developmental Disabilities

Christine Schneider, J. Douglas Pettinelli, Katie Heiden Rootes

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St. Louis, Missouri, USA

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Adults and children with developmental disabilities have historically been a marginalized population. Over the past two decades, increased research and community support for children with developmental disabilities (DD) improved access to life skill resources and, consequently, increased the likelihood of their independence. However, as these children become adults, many find themselves unsupported as they launch from their families of origin, pursue partnerships and have children. One of the more substantial gaps in the current research is couples with DD. . The needs of couples with DD who are attempting to negotiate their autonomy are great. They require continued support. Many couples with DD also deal with a variety of other issues such as dual diagnosis, trauma histories, and ongoing discrimination. These factors require therapists to expand the traditional therapist role and become an advocate, facilitator, and community support worker in order to provide optimal care. The multiple issues facing these couples make a compelling case for the need for therapeutic services in order to provide the support required to ensure prolonged stability and autonomy. Due to the lack of research on couples with DD, those who present for counseling services find counselors who are uninformed about the specific needs of this population. This presentation will cover a case study of a couple with DD who were seen at a community family therapy center for a period of seven years. Data gathered in qualitative interviews with the couple and each of the therapists involved in the case will be presented. These interviews highlight some clinical issues specific to members of this population including longer treatment time, an increased responsibility of advocacy, and a tailoring of specific clinical techniques to fit the needs of the developmentally disabled couple.

Lectures: 45-Minute Sessions

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L14A

**Multiple family therapy with Chinese families
of children of mental health problems**

Joyce Lai Chong Ma, Erica, S. F. Wan, Mooly, M. C. Wong

University of Hong Kong

Hong Kong, China

Change is mutually constructed by our clients and family therapists. In this presentation, the authors introduce the adapted model of multiple family therapy (MFT) in helping Chinese parents with children of mental health problems, track the group process, identify the families' responses and the roles of the therapists in effecting changes, illustrating by two group vignettes. Parents of children with mental health problem face multiple stresses in Hong Kong comprising physical exhaustion and psychological burden arising from childcare, stigma of the child's emotional and behavioral problems, pressure and demand from the highly competitive education system, parent-blaming attitude in society and service barriers due to the inaccessibility and fragmentation of mental health services. MFT is a blend of family therapy and group therapy through which families having a common problem, such as caring a child with mental health problems, will be brought together to resolve their difficulties. MFT requires the families to participate actively in the group activities and the therapists to be creative in adapting the group structure and group process to the socio-cultural context of these families. Practice wisdom of utilizing the group structure and group process in co-constructing changes for these families will be highlighted.

Enhancing Multi-Cultural Sensitivity in Ethical Decision-Making: Mowery's 7 Ps, Part I

Robyn Mowery, Bowden Templeton

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Ethics has become increasingly equated with legal risk management (especially in the United States) leading to ethics workshops that focus primarily on defensive practices aimed at keeping clinicians out of court. Not infrequently, professionals come away from these workshops more scared than equipped with the reasoning skills necessary to think through complex ethical dilemmas, whether their own or those faced by their clients. Understanding legal requirements is important and necessary, but laws and codes cannot ALWAYS account for complex ethical nuances created by cultural and moral diversity, and they provide no guidance to therapists who must often help sort through the moral choices faced by their clients. Moving beyond a regulatory approach to ethics, Part I of this two-part workshop will present Mowery's 7 Ps, an original framework that combines a broad spectrum of multicultural, modern, post-modern, and feminist ethical theories. The 7 Ps are a system of seven questions that together create a thick rich description of the moral terrain—with all its inherent tensions and contradictions—in order to diagnose biases and ethical blind spots in the process of creating a well-thought out plan that addresses as many moral features of a case as is practical. The seven questions are: (1) What do I (and others) PRESUPPOSE about the nature and source of morals and ethics? (2) What kind of PERSON do I (and others) want to be? (3) What duties or obligations PUSH me (and others) in certain directions? (4) What are the possible future consequences that might PULL me (and others) in certain directions? (5) What are the contextual PERSPECTIVES of all those who will be affected by my decision? (6) What are the qualities of the relationships in which I want to PARTICIPATE? (7) What does PARTICULAR experience say about this specific situation? Mowery's 7 Ps provides flexible scaffolding upon which the clinician, client, researcher, and educator can construct sensitive ethical reflection, discussion and action. The relative weight given to each of these questions in the process of decision-making will vary according to the considered judgments of the actors involved and the circumstances in question.

SOLUTION-FOCUSED SUPERVISION: Themes and Techniques from Insoo Kim Berg, MSW

Frank Thomas

Texas Christian University
Fort Worth, Texas, USA

The late Insoo Kim Berg, co-founder of the Solution-Focused Brief Therapy (SFBT) approach, was a masterful supervisor and consultant to therapists, agencies, students, and institutions. However, most of these consultation and supervision moments remain alive only in the memories of those who attended these consultations and presentations. Because the Solution Focused Brief Therapy Association of North America (SFBTA) took a bold step to preserve video and audio recordings, photographs, and unpublished manuscripts connected to both Berg and Steve de Shazer, the founders of the Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin USA, some of these supervisory moments remain accessible to researchers. The presenter, Archivist for the SFBTA, is responsible for preserving the BFTC and respectfully disseminating its holdings. He is also a recognized authority on solution-focused supervision, writing and presenting internationally on this topic. This session will concentrate on recurring themes and techniques utilized by Berg in consultation and supervision contexts preserved in Archive video and audio recordings as well as published documents and unpublished manuscripts. It will provide a rapid but thorough overview of Berg's particular style of supervision that centered on building collaboration in supervisory relationships, encouraging contextual sensitivity, carefully attending to language, and enhancing therapist competence. The goal of this presentation is to place practical ideas and techniques in the hands of the attendees so they can return to their contexts and immediately apply them in supervision. Brief video examples unavailable to the public will be used to demonstrate Berg's style and skills. Her personal approach and methods will be compared to other solution-focused supervision and consultation literature via an extensive handout. This handout, provided to each attendee, will include a bibliography of published materials, outlines of videos focusing on Berg's approaches in supervision, summaries of current research on solution-focused supervision, and clear written examples of solution-focused approaches to supervision. The attendee will leave with enhanced knowledge of both Berg's personal style and state-of-the-art solution-focused supervision.

Facilitating Couple Resilience

Dorothy Becvar

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St. Louis, Missouri, USA

Recent years have seen an increasing focus on resilience and strengths, with many new research studies complementing those focused solely on problems and pathology. Resilience refers to the ability not only to handle effectively both the expected and the unexpected challenges with which one may be faced, but also to emerge from this process stronger than at the outset, to be able to thrive rather than merely survive. Whether understood as a potential ability or a proven capacity, resilience characterizes those who succeed where others have been unable to rise to the occasion despite having been confronted with similar sets of circumstances. The study of resilience, therefore, includes attention to the risk factors associated with various challenges as well as the protective factors that have been found to support the ability or the capacity to evidence resilience. That is, in addition to some overarching processes relevant to all couples, there are also specific sets of risk and protective factors that have been found to be unique to each particular challenge. Facilitating couple resilience thus requires knowledge about a broad range of contexts within which such factors emerge. Certainly this is the case when attempting to help couples navigate the turbulent seas in which they may find themselves. For example, in addition to helping clients achieve their own goals, therapists may need to have knowledge of and be able to focus on the risk and protective factors related to successful marriages/committed partnerships, grief and loss issues, or effective parenting when the couple is dealing with the chronic illness of one of their children. The range of contexts, along with associated risk and protective factors, to be considered in this workshop include those relative to marriage/committed relationships, remarriage, parenting, high-risk youth, military life, children with disabilities, grief and loss, chronic illness, aging and dying, mental illness, substance abuse, intimate partner violence, and sexual issues. All information provided will be derived from recent research studies. Also included will be a consideration of the various ramifications for couple and family therapists as well as suggestions for appropriate intervention.

**Global studies in family therapy:
Sharing ideas and building partnerships for study abroad**

Victoria Foster, Herman Lukow

College of William & Mary
Williamsburg, VA, USA

As the global community continues to evolve, our ability to recognize, understand, and be responsive to differences between and among cultural groups becomes crucial to effective family therapy. Families exist within the cultural contexts of race, ethnicity, religion, politics, and economics. These frameworks impact the way individuals and families define and evaluate their relationships. A global approach can give students in marriage and family therapy programs a broader understanding of issues related to family life and health and also facilitate students' ability to work with families and scholars from different cultures. Exploring the shifting social constructions of the family in the global context allows faculty, supervisors, students and practitioners to expand viewpoints, challenge orthodoxy and learn new frameworks for assessment, treatment and evaluation that are contextually relevant and globally situated. Also, preparing contemporary family therapists as global citizens to navigate such relationships is crucial for academic programs to remain relevant to a global society. Creating meaningful professional development opportunities for practitioners is similarly important. This session invites IFTA participants to a conversation regarding strategies for developing collaborative study abroad programs and other innovative engagements across borders in family counseling and therapy for students, faculty and practitioners. The presenters (including one who has conducted study abroad programs) will host a session to assemble interested colleagues and discuss a variety of models and ideas for global studies. What works? What are innovative ideas and what resources are available? How might we collaborate? Our focus will be to identify opportunities, build upon existing resources such as the IFTA conferences, and develop proposals for collaborative global studies, joint research, and partnerships in study abroad program development.

The Effect of Adult ADHD on a Relationship

Susan Tschudi

Family Phases Counseling

Westlake Village, CA USA

ADHD is thought to affect around 4% of the adult population and is often overlooked or untreated. It is particularly overlooked in the context of marital problems due to the myriad of day to day struggles of relational life. Yet, adult ADHD can, and does, significantly affect the dynamic of a relationship. In fact, failed relationships and difficulty maintaining relationships are very common complaints attached to adult ADHD. The symptoms of ADHD often leave the non-ADHD partner confused, frustrated, and even desperate. If the treating therapist has a better understanding of how to identify ADHD symptoms and is more able to understand how these symptoms can impact the relationship, then the chances of helping ADHD couples to achieve relational harmony are increased. This workshop will help to identify ADHD in adults, explain how adult ADHD manifests within the Four Life Dimensions (Relational, Physical, Emotional, and Personal) and describe how ADHD symptoms can affect a relationship. Specific skills will be described and discussed that will help the therapist assist the ADHD couple to effectively manage the typical issues and conflicts that arise in a relationship in which one partner has ADHD. At the conclusion an attendee will be able to articulate the diagnostic components of adult ADHD; identify the ADHD symptoms that can impact and interfere with the ability to have a healthy relationship; define the conflictual issues that are present in the couple's relationship due to ADHD symptoms; help ADHD couples develop coping strategies to handle unhealthy responses and reactions and to resolve interpersonal conflicts with more clarity and purpose.

Student's Perspectives on Mentorship in US Training Programs

Anne Prouty

Texas Tech University

Lubbock, TX USA

In 2008 the presenter did an on-line survey of current graduate students and recent graduates of family therapy training programs in the United States. She will report her findings that include what types of mentorship new therapists prefer, how much time they think is optimal, and what other key aspects of good mentoring were identified by new therapists. The presenter will also lead a group discussion about one of her most disturbing findings: therapists who identified as researchers reported getting mentored significantly more often than those with aspirations of being clinicians. Is this okay or should we as trainers and clinicians change this trend within our field? What is being done in other parts of the world? What can we do to improve the mentorship of new clinicians so they continue to develop as family therapists?

Advancing Family Therapy through Training across Cultures

William Northey, William Hiebert,

N-P Consulting and Therapeutic Services
Wilmington, Delaware, USA

Marriage and Family Counseling Service
Rock Island, Illinois, USA

In this interactive session, the moderators will both present and explore the approaches being used by family therapy trainers and educators internationally to develop competent family therapists. In addition to sharing their experiences of training in various contexts internationally, the facilitators will engage in an active discussion with participants regarding the successes and challenges being faced in their locales. Consideration of the varied and complex settings in which family therapy is being introduced will be taken into account and honored. Additionally, approaches to enhancing training and practice through the use of outcome-based training, supervision, regulation, certification, and credentialing will be considered.

Healing women of color: Addressing the trauma of IPV

Dalesa Scott

Intercultural Family Services

Philadelphia, PA USA

Intimate partner violence (IPV) continues to be a devastating trauma that impacts 1 in 5 American women, and an alarming number of women on a global scale. This is exacerbated when examining women of color. It has often been the role of clinicians to focus treatment from a feminist-informed perspective, addressing how patriarchy has influenced the woman's decision to remain in the relationship. Although this is important to recovery and healing, additionally addressing the trauma of oppression can further assist marginalized populations cope with the trauma and work towards feelings of empowerment and acknowledging the invisible wounds created by the trauma. It is important to understand the implications of the devaluing of women of color in larger society as a contributing factor to understanding violence in marginalized populations, as well as in healing. This workshop will examine how the invisible wounds of oppression impact women of color who are working towards recovery and healing from the trauma of intimate partner violence. The presenter will provide approaches to addressing how multiple experiences of oppression can help to work towards healing, using autoethnographic research findings.

**To Hell in a Handbasket:
Techniques for Working with High Conflict Couples**

Matt Morris, Laura Blake
Our Lady of Holy Cross College
New Orleans, LA, USA

Have you ever witnessed an explosive argument between a couple in therapy? Often in couples therapy, breaking through entrenched explosive conflict is a primary hurdle to getting to the deeper issues. This workshop, designed for practicing clinicians, explores techniques for redirecting High Conflict Couples (HCC) into more therapeutic interactions. Using case examples and current research from Coparenting Counseling, one of the more explosive counseling undertakings, session attendees will have the opportunity to discuss, evaluate, and practice skills used in diffusing conflict. Together, session attendees will build a broader repertoire for therapeutically working with HCC. The workshop will consider client-client dynamics along with client-counselor dynamics, and will conclude with a discussion on the limits of conjoint counseling with HCC.

The Use of The Self of the Therapist

Kathlyne Maki-Banmen
Satir Institute of the Pacific
Delta, BC, Canada

Virginia Satir believed that the therapist's use of their own spiritual essence was the most important aspect of therapeutic change. When the therapist experiences their spiritual essence, the clients are able to access subconscious aspects of their experience that keep them stuck in survival energy patterns and then make new experiential decisions towards more peace and empowerment. The Satir Transformational Systemic Therapy Model (STST) is unique in encompassing both the intrapsychic and interactive components of therapy. The process taps the universal yearnings and spiritual essence of individuals within their personal family and social systems and helps them work towards a sense of responsible wholeness. Intrapsychic change, therefore, not only occurs in clients' behaviour, cognition and affect but in their sense of Being. The impact of intrapsychic transformational change on families is dramatic. Family members experience each other in more positive ways. They become more willing to make new connections, accept differences, and release reactive feelings, perceptions and expectations that have kept them from being open to each other. A demonstration of the therapeutic process with an individual will be presented as a part of this presentation. Objectives: 1. make contact with clients' spiritual essence and internal resources 2. understand the five essential elements of transformational change 3. use one's own spiritual essence as a channel for helping clients heal 4. tap intuition to help guide clients towards positive possibilities 5. facilitate transformational change with clients through experiencing Life Energy and impacts

A Critical Review of the Mandatory Reporting Protocol

ELAYNE TANNER

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Milton, Ontario, Canada

Mandatory reporting, although originally enacted to serve the single purpose of protecting vulnerable children from abuse, has been considered for ever expanding purposes. As a policy stance, mandatory reporting is frequently considered to support those socially sanctioned behavioural standards developed to regulate social institutions such as marriage, child rearing, aging and work. In the province of Ontario one recently implemented application has been designed to ensure workplace safety. It appears to have the secondary unintended consequence, however, of compromising confidentiality and interfering with the ability to seek help while simultaneously increasing risk of harm in situations of domestic violence. These poorly devised policies frequently become the arena for hegemonic and systemic oppressions. Although always embracing an inherent element of protection, a careful balance must be negotiated because mandatory reporting obligations also risk compromising the very rights that are the cornerstones of the social work profession, those of autonomy, confidentiality and self-determination. This research explored the mandatory reporting protocol specifically questioning whether mandatory reporting policies can be designed to be fair and equitable. With a structuration framework and a constructivist grounded theory methodology the consequences of mandatory reporting obligations were analyzed. Individual interviews and focus groups provided a diverse range of perspectives from 50 respondents. The resultant implications and complexities form the policy analysis framework that has been developed to ensure that future mandatory reporting obligations are ethical and respectful in both their application and impact. At a time in history when personal safety and security face increased challenges, society is caught in a dilemma of balancing the need for increased community protection with the desire to honour individual human rights. Findings suggest that although simple and inexpensive to implement, without the necessary planning and resources mandatory reporting policies risk relegating vulnerable populations further into the margins.

Developing, Measuring, Evaluating Supervision Impact on Student Therapist/Client Outcomes

Scott Ketring, Thomas Smith

Auburn University
Auburn, Alabama, USA

The Auburn University MFT training program has tracked all supervision moments in the training facility for six years. The presentation will outline the integration of supervision and client outcome tracking within a Master's of Science COAMTE accredited program. The initial intent was to provide a quantitative link between supervision within the training program to therapist effectiveness and client outcomes. The global goal was to evaluate the individual student and overall program success in impacting client change while attending therapy. The supervision research enhanced program accountability concerning supervision of all cases within the MFT program. The presentation will present an overview of the development and implementation of the Auburn University Supervision and Therapy Tracking Form. We will also demonstrate how supervision, client change, and therapist effectiveness are used to improve therapist effectiveness and program policies. These findings will demonstrate how quantitative data can impact the training process. Tracking supervision within a training context allows the faculty to evaluate the types of therapy cases and the degree of difficulty of therapy cases. However, implementation of supervision tracking also put into practice the evaluation of therapist effectiveness based partially upon client change. The therapists are accountable for clients changing which in turn makes the program accountable to improve the training process. The program is forced to integrate a researcher/practitioner model of training therapists. Several studies will be presented outlining the relationship between supervision and client outcomes. Additional evidence will demonstrate how the quality and quantity of supervision interact to impact client outcomes. Likewise, the evaluation of the specific therapy sessions and client functioning is being tracked to enhance supervision evaluation. The supervision research has facilitated new research evaluating the effectiveness of therapy each session as rated by the therapist, the supervisor, and by clients. From these efforts we have begun to evaluate therapist effectiveness each semester. The student demonstrates clinical effectiveness based upon identifiable concrete outcomes. The integration of evaluating therapy and supervision has lead to subsequent changes within the assessment, supervision, and policies and procedures. Psycho-physiological data collection of clients

Core-Focused Family Therapy: Moving from Chaos to Clarity

Judye Hess

California Institute of Integral Studies
San Francisco, CA

Core Focused Family Therapy is a unique approach to family therapy in that it is particularly appropriate for students and practitioners who favor a humanistic, experiential approach to working with families. This is an integrative model which includes healing on many levels, including individual, interpersonal, systemic and intergenerational. It is a balanced approach containing such polarities as thinking and feeling, head and heart, compassion and directness, intuition and structure, right brain and left brain, and finally love and truth. Core Focused Family Therapy allows for depth in focus although it has been shown to be effective when used on a short term basis. It enables clients to transform rapidly once they are able to SEE their family dynamics with more clarity, EXPERIENCE their core truths on a BODILY level, express these TRUTHS to family members and be WITNESSED by other significant family members as well as by the therapist. The basic three-step structure of this approach can be learned very quickly, while the art of working in this model will develop over time with practice. Participants will experience Core Focused Family Therapy in a demonstration conducted by the presenter, Judye Hess, and participants will be able to integrate this approach into the other kinds of family work they have been doing. Core Focused Family Therapy can be read about in detail in the book, "Core Focused Family Therapy: Moving From Chaos to Clarity" by Judye Hess, PhD and Ross Cohen, LPC, published by Idyll Arbor, Inc. in 2008.

Welcome to the New Frontier: The Many Challenges of Transporting Evidence-Based Practices

Scott Sells, Edward Hayes

Parenting with Love and Limits Agency
Kansas City, MO, USA

Frontline case workers and service providers who use family therapy evidence-based models (i.e. FFT, MST, or PLL) within both foster care & juvenile justice need evidence based model programs that can adapt to their culture whether it be in Europe, the US, Asia, etc. but still show increased effectiveness in treating these populations. However, there is often a lack of time and fiscal resources to make this happen. In addition, poor morale due to impossible client loads, compassion fatigue, burn out and high staff turnaround rates often circumvent the best retooling and training efforts. Many states or countries are in a state of constant crisis making it difficult to embrace a standardized change strategy. To address this problem, we will present what is called eight recommended criteria or laws to better transport family therapy evidence-based model to state and local agencies. These eight laws were derived from a four year effort to implement evidence-based models in both juvenile justice & foster care agencies in the US and Holland. After listing these eight recommended criteria or transportability laws along with a real life case study that shows what works and what doesn't work. Participants will be broken into small groups and asked to pick out which of the eight laws was violated or followed and why. Each small group will be responsible for a different part of the case scenario.

Children diagnosed with bipolar spectrum disorder and their families. First person voices

Wencke J. Seltzer

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This study involved 10 families with a child diagnosed with bipolar spectrum disorder, carried out in a Child Psychiatric Clinic in Norway. Each family met 3-5 times with a clinical researcher. 100 hours of talk sessions were recorded and videotaped. Clinical and qualitatively derived methods were used. These, known as the Drawing Houses and Telling (DHAT) accompanied by texting dialogues (TD) between family members and researcher, are described. Family issues not openly talked about before, surfaced. Repetitive and abusive behavior in the family were reported. The child had witnessed violent behavior on part of fathers toward mothers and extended family members. Following parental separation, children were abused during visits with their father. In the talk sessions, children mirrored trauma related family themes in the form of bits and pieces of recollections, flashes of memories, dreams, nightmares and sensory and bodily utterances. Some of these had a dissociative quality. Mothers reported social isolation, and suffered from a lack of adult human contact. Related to the child's sleeping problems, mothers were kept awake at night as well. Mental illness was reported to be present in both parental families. The study raises serious questions concerning dominant diagnostic and treatment practices. Family members' accounts of the disorder suggest interactive bio-neuro-psychocultural confluence of factors, during prodromal and post diagnostic phases of the child's development. Findings call for re-examinations of standardized diagnostic and treatment practices. Inclusion of the child's family in therapy is called for. Further, family research utilizing first person reports during prodromal and post-diagnostic phases, are imperative.

**Partnering with Indian Couples to Promote Change:
Blending Medicine and Mental Health**

Ramneek Dosanjh, Michele Smith

Family Medicine Clinic
Vancouver, BC, Canada

Family Medicine Clinic
Morrow, GA, USA

People of Indian descent represent about 1% of the US population and 4% of the Canadian population, totaling over 4 million people. The differences in Eastern and Western cultures create some challenges for Indian couples in terms of both the couple relationship and parenting. Research has addressed some of the issues these couples are facing, including intimacy and conflict, assertiveness, infidelity, sex roles and marital adjustment, and marital expectations. Indian parents express concern about the change in motivation and work ethic in second generation youth, unclear expectations of first and second generation families, gender roles differences in eastern and western cultures and youth losing a sense of cultural values. In order to address these concerns, workshops were designed to create awareness related to the topics of concern as a means of strengthening healthy couples and families. A program developed by providers of both mental and medical health services for Asian Indians living in North America will be presented.

The Miraculous Triplication: therapeutic use of inner strings solo, duo & ensemble

Albert Neeleman, Jan Bout

Expertisecentre for Relational Problems
"De Keerkring" Beilen
the Netherlands

Private Practice
Westerbork, the Netherlands

In music strings vibrate and summon emotions, narratives and meaning. For therapy to have effect it needs to strike inner strings in those involved. In this workshop we'll experience, and reflect on, how the setting of systems therapy, be it individual, couple or (couples)group influences the chords of our experience. In individual therapy a client is guided by the therapist in exploring and reflecting on his or her internalized systems. Together the client and the therapist form a new system in which old systems may be regenerated. The partners of a couple in therapy do not only share the therapy but share large parts of their lives together. As a mini-group the couple has its own dynamic. In couple therapy the therapist has to deal with emotionally laden situations within an actual couple context (with a certain history, interests, embedded socially, financially, and in the way of housing). Here the couple therapist is a visitor, who tries to understand the culture and dynamic between the partners from the inside. What gets formed in the therapy process is shaped by the couple system and how the couple digests what happens in the exchange with the therapist. In a therapy group the therapist is a conductor, who composes the ensemble with participants and influences how this new system generates its dynamic. The group creates its interpersonal history, albeit in a context of previously internalized histories. In a group the participants can find a series of "thirds" and "fourths". The presence of these other participants and their feedback may provide learning about how one perceives and engages in the dyadic and triadic interactions with others. Awareness of how others perceive one's behaviour, having accurate observations validated and distortions of perception elucidated by group members are examples of experiences that benefit the comprehension of one's own couple dynamics. The same is true for a couples group, but it offers even more, because witnessing the partner as he or she interacts with group members and getting feedback helps reduce one's own reactivity and increase empathy towards the partner.

Satir in the Sand Trap -Where Words Cannot Reach

Madeleine De Little

Private Practice

Fort Langley, BC, Canada

Satir in the Sand Tray. One hour workshop Madeleine De Little IFTA March 2012 This workshop is designed to provide therapists with an introduction to knowledge and skills to work with clients through the metaphors of figurines in the sand tray with individuals, couples or all of the family. The focus will be on using the Satir Transformational Systemic Therapy model through the 3 D dimension of pictures or scenes set up in the sand tray by the family members. The workshop will provide slides and a demonstration for participants. The therapist can help the individual to invite family members into the Sand Tray. Clients choose the figurines which speak to them. The transformational process evolves as each member of the family express their icebergs in the sand tray. Transformation occurs as the family members change the size or type of figurine, change the proximity of the figurines to each other and have the figurines connect with each other differently. The changes in the sand tray are then experienced by the family and the change is anchored internally. The Sand Tray serves as a way of expressing the iceberg of each individual, transforming the perceptions, feelings, feelings about feelings, expectations yearnings and subsequently creating positive intrapsychic and interpsychic change.

Black Couples in Therapy: How Can the Profession Help?

Christiana Awosan, Racine Henry, Kenneth Hardy

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The common myth and attitude in the larger society in the United States is that Blacks do not desire marriage or a steady couple relationship. However many Black men and women have expressed a desire to either get married or engage in and maintain a long-term and healthy intimate relationship. Sadly many Blacks have been unable to cultivate and nurture these desires into reality. Dixon (2009) and Lawrence-Webb, Littlefield & Okundaye (2004) have speculated that the discrepancy is related to the fragility of the male-female relationship. Within this population the male-female relationship has undergone greater structural and cultural factors that make it difficult to sustain a healthy couple relationship. Increasingly the number of heterosexual Blacks choosing to get married has plunged over the years and among those who do get married the rate of divorce and separation is higher than all other ethnic groups. Although the rate of singlehood is high among all Americans, research indicates that singlehood among Blacks is double that of the national average. Given the precipitous decline in marriage rates and the rise in singlehood among Blacks, limited focus have been given to Black coupling relationships in the field of family therapy. The decline of marriages and the increased rate of singlehood among this population have greater implications on the survival and functioning of Black families and community. Effective therapeutic strategies are needed to address the complexity of Black marriages and male-female relationships and ways to nurture these relationships. We will facilitate an in-depth exploration of the cultural contexts that influence Black male-female relationships. Specific attention will be devoted to concepts of marriage among heterosexual Blacks and the enrichment of Black couples. Clinical strategies for effective awareness and treatment of Black couples will be provided in addition to self-of-the therapist issues that may assist or impede effective therapeutic work with this population.

Assessing Couple Patterns with the Couple Implicit Rules Profile

James Harper

Brigham Young University MFT Programs

Provo, Utah, USA

This presentation will introduce participants to the use of the Couple Implicit Rules Profile, CIRP (Harper, 2008), an easy to use assessment of several type of process patterns in a couple relationship. After partners individually complete the measure, a profile is created that identifies unspoken rules in their relationship in areas of kindness, decision making, disclosure, and sacrifice. A fifth subscale, Constraining Couple Rules, permits exploration of rules that constrain healthy couple functioning. Therapists typically undercover interactional patterns only after careful observation of couples in therapy. Many patterns are not discovered because of the context of the office and the therapist presence. Studies have shown that the use of the CIRP identifies rules that observation alone may miss. Scoring and psychometric properties of the CIRP will be explained. This measure has been subjected to several steps of psychometric development including expert judge evaluation, concurrent and predictive validity testing, and several kinds of reliability tests. Each partner's answers related to 5 dimensions are profiled based on norms involving a sample of 950 couples. Short video clips will demonstrate a therapist's use of the profile in helping couples identify interaction patterns that are strengths and those that hinder functioning. Findings from research studies will support the application. These studies examine how CIRP is used with its companion inventory, Family Implicit Rules Profile, to compare implicit rules in the partners' families-of-origin with their current couple functioning. These studies answer questions about how couples become aware of interactional rules in their relationship, how the CIRP speeds up this process, and how making family-of-origin rules explicit helps couples change their dynamics. Based on research, factors which influence whether the couple adopts patterns similar to one or the other's family-of-origin will be discussed. Findings from an outcome study using the CIRP as a pre-post assessment of change will be explored. Participants will be invited to consider how implicit rules vary based on contexts of gender, race, age, and culture.

Sibling Violence: Assessment & Intervention

JOHN CAFFARO

California School of Professional Psychology
Alliant International University
Los Angeles, CA, USA

Society's awareness of sibling violence and aggression, and its response, has lagged behind other child abuse issues and concerns. In comparison with parent-child abuse, sibling violence is generally underreported by parents, teachers, mental health professionals, and the community. Child protective services and the legal system are reluctant to accept and respond to reports of sibling violence. This presentation reviews a multidimensional evidence-informed approach for conducting assessment and clinical/community intervention with children and families where sibling abuse has occurred. The presentation is designed to address clinical assessment and intervention strategies relevant to individual, dyadic and family treatment with children, families and adult sibling abuse survivors. Workshop content includes: (1) an integrative-developmental approach to conceptualizing sibling violence, (2) evidence-based risk and protective factors for sibling assault survivors, offenders, and families (3) description of individual and family assessment concerns, including domestic violence, family reunification, and removal, (4) Results from a study of 125 sibling violence survivors, (5) review of the Sibling Abuse Interview [SAI] (Caffaro & Conn-Caffaro, 1998), (6) the impact of family size, culture, ethnicity and gender composition on sibling interactions in abusive family systems, (7) presentation of family subtypes vulnerable to sibling violence, (8) criteria for distinguishing between sibling rivalry v. sibling violence, and (9) evidence demonstrating the effects of sibling violence on marriage rates and family ties in adulthood. The format of the seminar will be a highly interactive combination of discussion and power point presentation, case examples, research findings, and case consultation. Individual, group, and family-based interventions will be discussed throughout the presentation. The workshop is intended for psychologists, marriage and family therapists, licensed professional counselors, interns, clinical mental health professionals, psychiatrists, victim advocates, and child welfare services personnel.

Family Therapists Concerned About Our Field

Dorothy Becvar, Florence Kaslow, William Nichols

Saint Louis University
St. Louis, Missouri, USA

Kaslow Associates
Palm Beach, Florida, USA

Retired
Athens, Georgia, USA

The focus of this workshop will be the future direction of the field of marriage and family therapy. Included will be a consideration of whether our field has lost its way, and if so, how we can find it again. Our concerns include the fact that many in the field seem to have forgotten our history, and that various approaches and practices appear to lack solid theoretical underpinnings. We also seem to lack a vision for future development in keeping with our basic systemic orientation. Indeed, the individual medical paradigm has reasserted itself as pre-eminent in the mental health field, and many family therapists have bought into its resurgence and forgotten the utility of a both/and perspective. While this trend is perhaps most pronounced in the United States, there is growing concern that it not spread to other countries as we all continue to evolve. Many of the family therapy pioneers carefully and lovingly watched over the field as it grew from its infancy through adolescence to adulthood. The panelists feel it is very important that this tradition be continued and we want to encourage others to join us in this endeavor. This workshop thus will involve a panel of four family therapy elders, each of whom will give a brief commentary on his/her perception of the state of the field. These presentations will be followed by a panel discussion as well as an opportunity to hear and respond to audience comments, questions, and ideas for our future. The panelists include Dorothy Becvar, Florence Kaslow, Bill Nichols, and Phoebe Prosky.

Using Students' Learning Edges to Guide Graduate Courses in MFT

Anne Prouty

Texas Tech University

Lubbock, TX, USA

The presenter will discuss and demonstrate how she has taken Weimer's (2002) learner-centered teaching approach and applied it to masters and doctoral level course development and implementation in Marriage and Family Therapy graduate level courses in the United States. This approach to teaching is learning process focused and content flexible, as it enables the faculty member and the students to co-create the curriculum, the classroom learning experiences, and the learning assignments. The presenter will describe how she develops flexible courses, and her experiences with using this teaching model with varying degrees of collaboration. She will discuss challenges and rewards of this method, example course plans and co-constructed syllabi, and well as discuss common learning process issues. For example, she has found that students typically challenge themselves and each other further, sustain deeper course involvement, and give better teaching evaluations than in her teacher-designed courses. Opportunities for discussion and brainstorming will be included.

Effective skills for couples parenting a child with Autism Spectrum Disorder

Donna Andrews
Piedmont College
Demorest, GA USA

With the staggering increase in numbers of children being diagnosed worldwide with Autism Spectrum Disorders (ASD), more couples are feeling their relationships strained, often beyond repair. Autism occurs throughout the world in all ethnicities and socioeconomic levels. The most conservative prevalence figures are from the Center for Disease Control (CDC) in Atlanta, Georgia, with 1 in 110 children meeting the criteria for ASD. Because ASD manifests with behaviors which influence communication, socialization, and limited activities and interests, families vary in their responses to their children. Some families know from the birth of the child that something is "odd", yet other families are not aware of their child being atypical until they are in school with other children. Couples do know that their child's behaviors strain their relationship because typical parenting strategies are ineffective. The child with ASD may have tantrums when something is different in the daily routine; may only eat a certain color or texture of food; may only say a certain phrase, or pick at the furniture while engaging in a conversation about physics. Parenting a child with ASD can be difficult because the parenting rules one learned growing up are ineffective. This can cause conflict between the couple and cause them to blame each other for the child's behaviors. Additionally, several of the following variables may contribute to the couple's conflict: the inability of the extended family members to understand ASD and blame the couple for poor parenting, lack of community supports for respite care, lack of local educational resources, et. This workshop focuses on the impact a child with ASD can have on a couple and offers solutions and new skills for managing behavior and expectations of the child with ASD. Strategies for parenting include understanding how children with ASD learn, defining what is meaningful to them, and how to communicate expectations. As couples learn to employ a new set of skills for parenting their child with ASD the quality of their relationship often improves.

Refiguring Family Therapy: Postmodernism and Beyond

Warwick Phipps

University of Limpopo, Medunsa Campus
Pretoria, South Africa

The advent of postmodernism has been associated with a significant occurrence in the field of family therapy, namely, that of narrative therapy. The basic premise of postmodernism is that the act of knowing is subjective or interpretive and, thus, the knower is unable to acquire direct or objective knowledge. Narrative therapy, which incorporates this premise, entails a strong emphasis on the interpretation of the individual's subjective experience. This is in keeping with the intrapsychic perspective, an earlier development, that is distinct from the later intersychic perspective adopted by general system theory and which served as the initial basis for the promulgation of family therapy. The emergence, therefore, of narrative therapy seems to be associated with a shift back to the intrapsychic perspective. Although such a development may, at first glance, appear to be a logical and necessary consequence of postmodernism, this is not so. It does not follow logically that, because the individual's perception is subjective (postmodernism), he or she should necessarily choose to infer about another's subjective experience (intrapsychic perspective) rather than observe their behaviour (intersychic perspective). Thus, in refiguring family therapy, it would seem that the return to the intrapsychic perspective—as is the case with narrative therapy—represents a potential deviation in the logical line of development. Consequently, the entire development from the intrapsychic to intersychic perspective, as incorporated by general system theory, may have been unnecessarily discarded. What remains to be determined then is how the benefits deriving from postmodernism as well as those from the intrapsychic to intersychic perspective can now be meaningfully applied within the practice of family therapy.

Divorce Without Enmity: Ending a Failed Marriage, the Family-Collective View

Gordon L. Hirshhorn

Private Practice

Old Saybrook, Connecticut, USA

Apparently most divorce stems from a posture of enmity, by both parties, or in some cases, by only one party. This frames the parties as adversaries, and even in cases in which there is no particular animity between the parties, to gain standing in the divorce court, the appearing parties must be or have become legal adversaries. This situation coerces them to take adversarial positions even when they would rather not, or pre-trial, have settled their differences peacefully. Even in jurisdictions where 'do-it-yourself' divorces are allowed, a judge must examine the relative enmity-resolution and pass upon the proceedings, before issuing a decree of divorce. Instead, divorcing couples should negotiate their issues absent the 'required' enmity, as done in adoption proceedings in many jurisdictions, but with guidance by a panel composed of a judge, a family therapist and where there are minor children, a professional child advocate. This presentation sets forth the view that such an arrangement would promote less dissonance and greater resonance in the altered family system.

The McMaster Model of Family Assessment and Intervention

Gabor Keitner

Rhode Island Hospital
Brown University
Providence, RI, USA

This workshop will update the McMaster Model of Family Functioning (MMFF) and the Problem Centered Systems Therapy of the Family (PCSTF). The MMFF provides a conceptual framework for assessing a wide range of family functions including: communications, problem solving, affective involvement, affective responsiveness, roles, and behavior control. Structured assessment instruments to measure these dimensions from the family's perspective (Family Assessment Device) and an interviewer's perspective (McMaster Structured Interview of Family Functioning) will be discussed. The PCSTF is a short-term time limited family intervention that consists of defined stages of treatment (assessment, contracting, treatment, closure) and is outlined in a treatment manual (Clinical Manual of Couples and Family Therapy - Keitner, Heru, Glick). The PCSTF has been found to be useful for the management of patients with mood disorders in randomized clinical trials. Excerpts from a DVD of family assessment and treatment will be used to illustrate concepts.

The Direct Link Between Unresolved Trauma & Juvenile Delinquency

Scott Sells

Parenting with Love and Limits

Kansas City, MO, USA

Family therapists often do not understand the direct links between juveniles with unresolved trauma issues and delinquent unruly behavior. Unfortunately, the majority of treatment for juvenile delinquency focuses on behavioral issues and misses the root causes of the problem: unhealed wounds or traumas such as abandonment, unresolved grief, or abuse and neglect occurring with the adolescent, within the family and/or with the parents. An evidence-based program is presented that is currently being used in the US and Europe to both accurately identify those youth in detention and residential programs who have had significant trauma or loss and then step-by-step methods to heal the unresolved trauma issues both within the juvenile and their family and provides treatment solutions for dealing with those traumas through both group and family therapy in one continuum of care.

**Family Conversations about Ethics & Citizenship:
A Model for Aggressive Youth and Parents**

Charles McAdams III, Victoria Foster

The College OF William & Mary
Williamsburg, VA, USA

Many families find themselves struggling to thrive in an environment where fixed standards of right and wrong are no longer clearly laid out. Family values may now be less rooted in sacred principles of church and community than in a very private mix of personal situational beliefs. What kind of activities in therapy might support families to cope effectively and creatively to diminish hostile behaviors and encourage positive family and youth development? This presentation describes the process and outcome of a creative and intensive program including family therapy, parent education, and youth therapy groups specialized for families with children who display aggression and violent behaviors, that incorporated family conversations about ethical dilemmas and citizenship. Three ten week programs followed a format that required weekly family therapy sessions using an adapted structural framework, parent education groups, and youth therapy groups based on a comprehensive group intervention for aggressive youth. The model was designed to help them to understand the impact of hurting others and to replace aggression and antisocial behavior with positive alternatives. All clinical work was conducted by interns in family therapy and supervised by the authors. Results confirmed increases in principled reasoning by the parents, significant reductions in violent and aggressive acts among participating youth and significant increases in proactive family interactions. Clips of actual sessions will be reviewed for discussion.

Resilience, Coexistence, Reconciliation: An Ongoing Conversational Project.

Máire Stedman, Judith Landau

University of London, Refugee Council
Helen Bamber Foundation
Celtic Connections London England
London England

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

Family Secrets and Family Functioning in Asian Culture.

Pornthip Chalungsooth

University of Scranton

Scranton, PA, USA

As the field of family and psychotherapy grows, so does the need for further knowledge of culture and its direct impact on the field, as well as the interpretation of theories and family systems regarding the therapeutic approach. The purpose of this presentation is to examine the concepts of secrecy, including how the secrets occur and are maintained in Asian culture. Also, this presentation examines what kinds of difficulties have been created between secret holders and those who do not know the information and how this affects the family systems and individual family members. The presenter will provide clinicians with information from family perspective of Asian-American culture and its impact on progress or lack of progress within a counseling session through empowerment, education, and insight. Clinical case analysis examples will show how clinical family practitioners may help family members resolve this issue. Discussion will be encouraged and handouts will be provided.

What Determines Conflict Resolution Behaviors Among Couples Seeking Marital Therapy—Attach

Lin SHi

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Conflict resolution has been shown to be closely related to romantic relationship satisfaction and therefore, has been a focus in couple therapy in order to alleviate their emotional pain. A strong association has been established between attachment style and communication pattern in romantic relationships; however, this link among clinical couples has yet to be fully explored. This presentation has two purposes: a) to report research results using data of clinical couples, and b) to discuss their implication to couple therapy. Couples seeking marital therapy from a marriage and family therapy clinic over a period of two and a half years have been assessed on their attachment dimensions and conflict resolution behaviors. This was conducted as part of a routine procedure typically before their first session. Based on their scores of dimensions of Anxiety and Avoidance, each spouse was placed into one of the four attachment styles: Secure, Avoidant, Preoccupied, and Fearful. The five conflict resolution behaviors assessed were: Integrating, Avoiding, Dominating, Obliging, and Compromising. Their relationship satisfaction was also assessed. Results of Univariate analyses confirmed the association between attachment style and conflict resolution as well as relationship satisfaction. However, interesting differences from previous research using nonclinical sample also emerged that are meaningful to clinicians. Important differences and similarities on relationship satisfaction and conflict resolution behaviors among the four groups will be reported. Their implications to couple therapy will be discussed and illustrated.

Power of Interpersonal Touch and Cross Cultural Implications

Manijeh Daneshpour, Iman Dadras

St. Cloud State University

St. Cloud MN, USA

The scientific research on the topic of interpersonal touch over the years and the importance of touch in our everyday social interactions from birth through to adulthood and old age are very interesting and informative. In this presentation, the results of the research on this topic that have emerged from disciplines, such as cognitive and social psychology, neuroscience, and cultural anthropology will be critically evaluated. Some of the most important advances to have been made in our understanding of this topic will be highlighted. For example, research has shown that interpersonal tactile stimulation provides an effective means of influencing people's social behaviors (such as modulating their tendency to comply with requests, in affecting people's attitudes toward specific services, in creating bonds between couples or groups, and in strengthening romantic relationships), regardless of whether or not the tactile contact itself can be remembered explicitly. Furthermore, interpersonal touch can be used to communicate emotion in a manner similar to that demonstrated previously in vision and audition. The recent growth of studies investigating the potential introduction of tactile sensations to long-distance communication technologies (by means of mediated or 'virtual' touch) will be also reviewed. The essential debates about the use of touch in therapeutic settings will be evaluated and discussed. In addition, vital parts of Satir's model in terms of use of touch in family therapy will be discussed. The critical way that marriage and family therapists' can use this information in working with individuals, couples, and families who are will be the main focus of this presentation. The cross cultural applicability of this information will also be discussed. Finally, the synergistic effort that will be needed by researchers in different disciplines if we are to develop a more complete understanding of interpersonal touch in the years to come will be highlighted.

Families in crisis - parenting children with diagnosis and surviving

Rosa do Carmo do Amaral

CADIn

Cascais, Portugal

Families living with the presence of a diagnosis (e.g.: ADHD, bipolar disorder, autism, Asperger, defiant behavior), in one of their children, have to learn how to cope with crisis, the natural ones, resulting from the developmental milestones, and the ones closely associated with the diagnosis. They need to learn how to deal with frustration, exhaustion, lack of support, loneliness, lack of results or new resources, among several other aspects. They have to overcome their own strengths and find new ones, when they feel they are in the end of their line. The author will present some clinical findings about the factors that will help them move along, the resilience factors, and some of the approaches used by the author to unblock their processes.

Lesbian, Gay and Bisexual: Advances in Couples Therapy
Viviana Padilla-Martinez, Jennifer Crespo-Rodriguez, Rosally Bisbal-Moreno
Carlos Albizu University
San Juan, Puerto Rico

Lesbians, gay and bisexual (LGB) couples attending couples therapy has increase in the past years. Literature focusing in issues relating to same sex relationships has slowly widened. This presents a challenge for Marriage and Family Therapist that working with these couples and families. Even though, there have been an advance in the couples's therapy and professionals have been doing a great work treating relational problems with same sex partners, there is more to discover, create and to do to improve therapy with this population. This workshop will focus on couples' therapy with lesbians, gay and bisexual partners. First, the presenters will discuss with the audience different myths and controversies about LGB couples. The discussion will include: theories, techniques and the most prevalent reasons for attending therapy. Second, the participants will learn how to apply techniques and the theory to the clinical practice, focusing on LGB couples including multicultural issues. Third, the presenters will show research findings of a qualitative research project about LGB partner's experience of couple's therapy in Puerto Rico. Date will illustrate the participants expectations of what a sensitive couple's therapy should be based on their own experiences. Fourth, it will be present a sensitive LGB couples therapist profile according to the literature and the research findings. Fifth, the audience will share their experiences and concerns through an interactive talk with the presenters that include but are not limited to: treatment plans, theoretical discussion and research findings. At the end, it is expected that the audience will have more knowledge about lesbians, gay and bisexual's couples and the techniques that are more appropriate with this population. In addition, the participants will have more information about LGB close relationships research and is expected that they will actively participate in the discussion of pertinent issues with other professionals. With the presentation of this workshop we expect to collaborate in the development of the profession, advancing the treatment of Lesbians, Gays and Bisexuals in Couples Therapy.

Making the Invisible Visible: Understanding the Wounds of Oppression in Couples of Color

Kiran Arora, Kenneth V. Hardy

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Boston, Massachusetts, USA

Drexel University
Philadelphia, PA, USA

Family therapists have traditionally connected life experiences to broader contextual factors. Linking the struggles couples face to the complexities of the world is an essential practice, in helping them improve the conditions of their relationships. The everyday lives of the couples we treat are impacted by a myriad of larger systems. Our world today is filled with seemingly innocent and justifiable acts of aggression that assault the safety, dignity, and emotional wellbeing of people. Inequalities of gender, economics, race, ethnicity, class, abilities, sexual orientation and nationality are prevalent issues, which cause tension, strain and breakage in couple relationships we as family therapists help heal. Couples of color bring to therapy issues that are often influenced by systemic domination and oppression. Issues that couples of color bring to therapy may be better understood and treated if examined against the backdrop of the context of domination and subjugation in the broader world. One mission of the family therapist is to mend couple relationships by addressing the invisible wounds of oppression and highlighting how these wounds shape the couple relationship. Further, it is essential to pay attention to the interconnectedness between couples historical contexts and the present day difficulties they are experiencing. It is incumbent that as family therapists, we work towards understanding the dynamics of oppression and become well versed in how power organizes the relationships of couples of color.

**Family Therapy Training Around the World:
Third Annual Training Division Workshop**

Phoebe Prosky

A Center for the Awareness of Pattern
Freeport, Maine USA

In this workshop, open to all who have an interest in training, we will hear from several trainers in different countries about aspects of their training methods, perhaps even experiencing some of them ourselves.

Systemically Working With Narcissistic Couples Who Embrace a Judeo-Christian Culture

Marj Buchholz-Castronova

Loma Linda University

Loma Linda, CA, USA

The topic of Narcissism is relatively non-existent in the empirical systemic literature. However, most Narcissists are in intimate relationship and their personality characteristics create a unique set of challenges for their intimate relationships. One of the unique dynamics of these relationships is “it isn’t what it appears”, so when these couples enter therapy what presents as the problem is rarely the reality of what is happening. It is essential to consider systemic thought when working with these couple’s. When these couples identify themselves as “Christian” the dynamic is even more complex. There are unique cultural norms and rules that govern these relationships and are contributing to maintain the narcissistic cycles of interaction. When a therapist doesn’t know how to work within their value system they can do more harm than good. Narcissists often have high profile positions of leadership and the relationship in public appears to be solid. However, what happens at home is an entirely different story. In order for a therapist to work effectively with these couples, an understanding of the unique set of dynamics is needed, as well as how the Judeo-Christian value system rules and norms are encouraging the narcissistic interactions. This workshop will help participants be able to identify these couples and to provide interventions that are culturally relevant in order to break their destructive cycles of interaction.

Psychobiological Family Therapy: Ecological Psychiatry in Practice

Larry Freeman

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Over the course of four decades, the author, a family therapist and practicing psychiatrist, has developed his model, Psychobiological Family Therapy, in order to have a coherent, ethical, and consistent clinical posture utilizing models from both clinical traditions. Working to integrate these typically nonreconciled approaches, it provides both a rubric to clarify how different views complement and enrich one another, and a template to include new understandings- both theoretical and clinical- as time passes. Ecological ethics are considered central to this effort. By tracking issues of personal responsibility which impact individual and family health, personal agency and shared compassion are strengthened. This perspective counters the mystification and confusion that both clinicians and families can become prey to as they deal with matters of diagnosis, therapeutic goals, and treatment. A brief overview of the disharmony in the relationship between family systems therapies and psychiatry will provide a context for understanding the origins and evolution of this approach. Psychobiological Family Therapy is integrative and comprehensive in scope. In the here-and-now experience of therapy, decisions regarding where to focus inquiry are viewed as strategically necessary “edits” which may need amending. Explorations into responsiveness and agency, the foundations of personal responsibility, are at the core of an approach that integrates (a) interpersonal neurobiology with (b) general and family systems theory, in order to have a clinical model that (c) promotes ethically based practices (d) meant to support individual, family, and community growth. The consequences of this effort are the freedom and responsibility of clinicians to be able to utilize medications, when indicated, at the same time and in such a way as to promote an ecological perspective. The emphasis is on a clinical posture that is growth-oriented, compassionate, and systemic, and that accepts the many types of vulnerability to which people and groups of people are subject while drawing upon their strengths and aspirations. Participants are invited to develop strategies to introduce systemic thinking into their work with clinicians and systems which do not typically have an ecological approach.

Emergency/crisis treatment for couples and families, a 3 years study

Valérie Le Goff-Cubilier, Virginie Sahli

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The Couple and Family Consultation Unit (UCCF, Switzerland), has carried out a three-years research about the relevance of emergency-crisis, systemic-oriented treatments for couples and families. Ours is an ambulatory facility, where patients can directly call for an appointment. If they define their need as an emergency, an appointment is proposed within 24-48hs. The first meeting assesses their emergency and may lead to a crisis setting (95% cases), i.e. 5 sessions at a 1 week interval. Of the 60 systems of the studied sample, 75% were couples, 25% families. 31,7% required directly an emergency consultation, the rest being referred by health professionals. 71,7% systems were fitting Minuchin's definition of enmeshment, lacking resources and adaptation skills, with 70% having tendencies to react violently to conflict. Considering personality disorders, 40% men, 38% women, 96% children had no diagnosis meeting DSMIV criteria. Narcissistic personality got the highest rate for men (13,3%), and dependent one (21,7%) for women. 7 different motives of emergency were listed; threats of immediate separation being the main one for couples (54%), symptoms (psychiatric, behavioral, addictions etc..) for families (53%). 15 crisis factors were identified, 8 related to the life cycle (marriage, birth..), 6 being incidental (accidents, unemployment..). For each situation, up to 3 different factors were identified and classified by order of importance. In 68,3% cases, the main factor belonged to the life cycle, when the other two were incidental, without significant differences between families and couples. After the five sessions, therapists observed a full crisis resolution in 54% cases, 33% partially. Using a self-assessment satisfaction scale (Eckert-type, 9 items), 92% patients were satisfied of the treatment, and one year later, 71% declared still benefiting from it.

How can we (or can we?) use Evolving Technology Ethically in Marriage and Family Therapy?

Shantay Mines

Family Service Bureau of Newark
Newark, NJ USA

How can we (or can we?) effectively and ethically use evolving technology in Marriage and Family Therapy? This interactive workshop will investigate evolving technology and ethics related to three areas: (1) Personal versus professional life related to technology and ethics; (2) The handling of technology related logistics, specifically client confidentiality and identifying information on computers or internet-based systems; and (3) The evolving sub-field of Telehealth. Participants will be asked to critically discuss the appropriateness and ethics of using telephones, electronic mail, the internet, ways of connecting to the internet, maintaining digital records, and password protection of documents. Gaps will be presented between the ethical standards of practice in AAMFT and APA related to technology. Current ethical guidelines related to protected health information and breach of protected health information will be discussed in an effort to inform the technologically evolving marriage and family therapy field of practice.

An elaborate funeral : A Case Study on how a scapegoat fights back.

Dr Eddie Chan, Susanna Wong Ip

A. D. E. C. Medical Alliance
Hong Kong, China

Bethel Pastoral Counseling Centre
Hong Kong, China

The Satir Model stresses change is always possible. It requires an open and trusting attitude to match such beliefs about change. In this special case study, the client used a lot of energy to plan an elaborate funeral for herself. In the Satir Model, an act is not interpreted literally but a manifestation of something deeper. The effort in preparing for a funeral can be understood as an expression of life energy, the act could be a desperate attempt to fight the existing system. The client who has been a scapegoat in her original family, plans her funeral which looks seemingly like a final exit. Through this act, she is actually sounding a voice from her sub consciousness. As we explore further, there are other voices sounding from her deeper self which could be quite misleading to the people around her. We have follow-up on this case for eight years. In the course of life, our client is experiencing change both in herself and her family system in this period of time. We will explore how the change of family dynamic can be utilized as opportunity for change using hope as leverage. Both the client and the therapist have religious convictions and practice. As hope, faith and love are important components to their religious faith, they in fact reflect a deeper level of needs in expectation, self value and yearnings for love and acceptance. With the optimistic view on human potentials in the Satir Model, hope instills momentum in the client's change process and also creates internal dialogue in her between these needs.

Stepfamilies: Guidelines for Performing Assessment

Cecile Dillon

Dillon Psychological Services, National University
Huntington Beach, California, USA

The unique heterogeneous architecture of stepfamilies based on their variable life histories and composition produces complex and often problematic interrelationships that distinguish stepfamilies from other family forms. This presentation will address stepfamily assessment and its implications for treatment. The rationale for developing a model for assessment comes from an awareness about the complexity of the structure, function, and dynamics of remarried families and due to many difficulties practitioners have in assessing and organizing all relevant information. In a busy clinical practice where assessment must be accomplished in one or at best two sessions, a two-part assessment format could be of great value regardless of therapist's theoretical orientation or educational background. First, the biopsychosocial history is completed by the family members outside the session. Then, the therapist administers assessment of the stepfamily in the session. Presentation will review and emphasize the particular aspects of stepfamily life that plays a crucial role in the adjustment of the remarried family including the resolution of the previous relationships, the influence of the outside parent on the household, the mobility of the children between households, the integration of the new spouse/partner and the different family cultures, values, and norms in a stepfamily landscape. Discussion will focus on the part of assessment that is conducted by the practitioner while the copy of the biopsychosocial history completed by the family members will be provided as a guide to show how gathered information helps the therapist to conceptualize the problems and strengths of each family in an effort to develop the treatment plan for amelioration of the complaints. After assessment is completed, the strengths, needs, and preference factors contributing to the stepfamily's adjustment should be identified separately from the presented problem areas. It is important also to recognize the support system of the stepfamily as being a crucial predictor of family strength and success. In conclusion, implications for treatment will be briefly delineated.

Demystifying writing and publishing in scholarly journals

Jay Lebow, Fred Piercy, Terry Trepper

Family Institute at
Northwestern
Evanston IL USA

Virginia Polytechnic
Institute and State
University
Blackburg, VA USA

Purdue University
Calumet, IN USA

This group will provide an opportunity to meet with three editors of scholarly journals to discuss writing ideas, look at manuscript development from start to publication and to demystify the process of submission to publication of a fully realized manuscript. In this session, the presenters will draw on their experiences as editors and in writing, reviewing, and editing papers to share tricks of the trade for becoming successfully published authors of scholarly articles. We especially want to encourage new authors, including those whose manuscript is still a twinkle in their eyes, as well as experienced and well-published authors to join us.

Training Clinicians: The Benefits of Learning Live with Peers as well as Experts

Eileen Bobrow

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We all develop expertise in an area by doing. Therapy is not an exception to this rule. The traditional model of book and classroom learning, followed by supervision by one or two supervisor(s), with delayed feedback, doesn't capitalize on the strengths of human learning. It leaves many holes for new practitioners; holes which only start to get filled after years in the field. Using a three pronged approach of 1) doing 2) observing and interacting with peers who are also learning and 3) receiving immediate feedback and guidance from experts, we can turn out practitioners who are far more qualified to provide excellent service when they start their practices. As a bonus, the practitioners exit their training with confidence about their abilities to be of benefit to their clients. In this 45 minute talk you will learn about the benefits of training clinicians in the mental health field in a live setting, with their peers, as well as experts. We will discuss the differences between being directive, and being manipulative, and that the three pronged approach is best suited to teaching this important distinction. We will examine how these methods have contributed to the success of Gestalt Therapy, Strategic Family Therapy, and Hypnosis. We will also explore the benefits of focusing on the here and now in the Mental Health field.

Conflict between family and work: The issue of the 21st century

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Western Galile College

Private Clinic

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Family and work are the two most important areas in life. The purpose of this research is to examine the existence of conflict in the 21st century between religious and non-religious couples and between males and females in Israel. Participants were 46 couples, including 23 religious and 23 non-religious couples. Differences were found between the religious and the non-religious participants, with higher rate of conflict found between family and work for the non-religious couples. In comparing males and females, it was found that the higher the support from men in the family, the lower their conflict with women. Among the females, it was found that the higher the responsibility and stress on them at home, the lower their satisfaction with their marriage. Among the men, it was found that the lower the conflict between family and work, and the higher the support from women, the lower their conflict with women. The conflict between family and work declined among men in accordance with higher support from women. Conversely, the conflict between family and work rose in accordance with lower satisfaction in the marriage and lower support from women. Conclusions refer to the influence of one area on the other, taking into consideration the differences among religious and non-religious families, their values, internal attitudes on the conflict, and their decisions and the results. The differences between males and females are explained by gender perceptions and the gendered division of tasks in the family, which still exists in the 21st century. results

**Attending to couples, money, food & the home:
The creation of an interdisciplinary clinic**

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Dept CFD
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At our university we have recently changed our family therapy clinic into a multidisciplinary clinic offering services of couple therapy, family therapy, financial counseling, nutritional counseling and home design. We are working with faculty and students in all departments of our College: Housing and Consumer Economics, Foods & Nutrition, Textiles, Merchandizing & the Interior and the MFT Program in the Department of Child & Family Development. These services are offered both individually and paired. Students in all of these disciplines participate in practicum and work on teams helping clients. This talk will present how the clinic was created, how it works and suggestions for building clinical interdisciplinary collaborations. Benefits to the community and the students will also be presented.

A Family Problem Classification System for a SA Family Service Organization

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The authors developed and implemented a Computerized Data Management System (CORE DMS) at Families South Africa (FAMSA) in April 2011. This is a National non-government organization with over fifty branches and some 320 social workers and they provide mainly family therapy services. One of the design requirements for CORE DMS was the implementation of a case problem classification system that would enable the organization to gather statistics on the types of problems being dealt with at the organization. This poster presentation illustrates a Problem Classification System that was the result of an in depth research and development process involving an extensive literature review, workshops and Delphi-type feedback processes. The refined Problem Classification System has since been implemented within CORE DMS and the poster further illustrates its ability to provide valuable research data and statistics about a range of family problems. Amongst a range of problems the system is able to capture HIV/AIDS related statistics, Family interactive problems, systemic problems and ecological problems. It also has the capability to capture qualitative case notes and reports, as well as the ability to choose intervention options and approaches, further enhancing the system's research capability. Some illustrations of statistical reports from its more than 3800 clients that have been registered on the system to date are also provided. The potential of this system as one of the first such systems in a local family organization is explored.

Using a genogram contextually for exploring “the self-of-the therapist” themes in training

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Couple therapy presents unique challenges in keeping the balanced therapeutic alliance with both partners. Often couples come with a history of broken trust or some type of abuse trying to find their own way of restoration of relationships. However, therapists’ own relational histories may resonate with those of their clients, and the “self- of-the therapist” issues may prevent clinicians from keeping a balanced stance towards members of the dyad. The self of the therapist is recognized as an important tool in couple and family therapy. Most approaches, for example, Bowenian therapy, experiential, and contextual therapies specifically address the use of self in therapy. Research on therapist factors that can differentially impact the therapeutic alliance identified such therapist personal characteristics as trustworthiness, openness and honesty (Ackerman & Hilsenroth, 2003). Contextual therapy (Boszormenyi-Nagy & Krasner, 1986) articulates a principle of multidirected partiality which puts an emphasis on therapist’s empathic understanding of each member of the family. The overarching goal of contextual therapy is to restore trust and balance of fairness in relationships. In order for the therapist to facilitate repair of the imbalance in relationships, he/she should be able to offer a trustworthy relationship and be willing to take a multilateral stance. Self-reflection is thus an integral part of learning to be a competent therapist. The more aware the therapist is of his/her own entitlements and struggles with fairness in relationships, the better he/she will be in being “fair” to the client system. This workshop presents a novel way of using a popular clinical instrument of genogram to explore therapist’s own entitlements and family-of-origin heritage which may put her or him at risk of siding with one of partners in couple therapy. “Contextual genogram” can be used during training and supervision as well as for a better self-understanding of practicing therapists. We will present the contextual genogram with using examples from our clinical practice to help participants understand its application. Specifically, participants will learn a structured format of asking questions about experiences of trust, loyalty, and entitlements in their life and identify patterns of relating with clients.

Some Families Need Therapy

Lita Schwartz

Retired

PA State Univ., Distinguished Professor Emerita
Abington, PA, USA

Children in families may be blessed with tender loving care, or may be endangered by the adults' lack of parenting skills, hostility, or anger toward each other. Family therapy may be able to reduce these dangers, or may be inadequate for other reasons. Social service workers may or may not be able to perceive these difficulties, depending upon their own skill levels and/or the conscientiousness with which they fulfill their jobs. In the most extreme cases, children may be slain as neonates or infants. In neonaticide, the mother may not have wanted a child, so she kills her newborn. In infanticide, the killer may be the biological father or a boyfriend who perceives the baby as evidence of the mother's infidelity, or as threatening his relationship with the mother. In the event of a child's misdeed, when does a slap become a beating? Does the parent constantly remind the child of how naughty he/she is or was? Or does the parent try to teach the child what is appropriate behavior? Does the parent simply neglect the child by not providing enough food, or attention to the child's varied needs? Yet another situation can occur when military officers return from battle areas overseas where they were accustomed to having their orders obeyed immediately. Some of these veterans expect their wives and children to respond in the same way. When they don't, violence occurs. Many children are endangered because their parents know too little about child development. The parents do not understand that babies cry for one or more of several reasons. For most adult activities, some kind of instruction is customary or mandated. For parenting, however, there is no such mandate. To reduce the dangers to children, lessons in child development should begin by the middle grades, as many children become baby sitters when they are barely teenagers themselves. If they knew early enough about the roles of all family members, as well as the basics of child development, the tasks of family therapists would be greatly simplified.

**Treating Suicidal Adolescents:
Considering Family Structure and Role Assignment.**

Steve Livingston, Lee Bowen

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This workshop presents research and a clinical treatment protocol for working with suicidal adolescents and their families. Adolescent suicidal behavior continues to present an ever increasing crisis for families across cultures. Suicide is currently the third leading cause of death for adolescents in the United States. Family structure and adolescent role assignment within the family are found to be variables significant to the adolescent suicidal crisis. Family structure and adolescent role assignment within the family is defined and discussed, reviewing existing literature. Quantitative research is presented that explores the relationship between adolescent suicidal behavior, family structure and adolescent role assignment within the family. Support was found for all research hypotheses in the study presented. Suicidal adolescents were found to significantly perceive themselves to more rigidly occupy scapegoat and lost-child roles in their families and to perceive their family structure as either rigidly enmeshed or chaotically disengaged. Implications for family therapy practice are explored including a systemic clinical treatment protocol for suicidal adolescents and their families. Clinical interventions presented include techniques for working with the suicidal adolescent system. This is accomplished by working with the suicidal adolescent on several levels including individual therapy with the suicidal adolescent, therapy with the parent(s) subsystem, and with the family.

Organizing study abroad trips – Expanding students’ horizons

Edita Ruzgyte, Beth Hollingsworth,

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Study trips provide unique opportunities for faculty and student development and can contribute to the attractiveness, effectiveness, and quality of professional preparation. Studies show that these programs provide students with unique opportunities to apply lessons learned in the classroom to real-world scenarios, while gaining exposure and familiarity with diverse cultures. Students also get an opportunity to practice their theoretical knowledge in the unfamiliar environment that requires them to draw on different skills. One of the signature features of the Graduate Counseling Department at Texas Wesleyan University are the annual Study Abroad (international) and Travel Study (within the U.S.) programs. These trips contain a strong academic component. They also enhance students’ university experience by providing an opportunity to travel while earning credits towards their degree, learning about other cultures first-hand, and developing skills and experiences a classroom setting does not provide. During these 12 to 14 day trips students learn more about themselves and their classmates, have an opportunity to hear lectures and view demonstrations presented by master therapists, make friends and professional connections around the world, and gain a new perspective on their academic and personal lives. This presentation will include a detailed explanation of the study trips to Argentina, China, and New York. Each trip was organized according to a different model. In Argentina, students attended the International Family Therapy Congress and had a four day workshop by a well know professional from United States. In China, students attended Beijing University and participated in the educational tours led by Chinese specialists of mental health, and in New York students attended the lectures by a number of professionals from Guttmacher Institute, Columbia University, and Graduate Center of New York, among others. The seminar will address the practical aspects of putting a study abroad trip together. The discussion will include selecting the program design, funding, recruiting, and meeting university’s academic requirements. Participants will also learn the pros and cons of working directly with travel companies.. The seminar will conclude with feedback from the students who participated in one or more of these trips.

Family Therapy With The Couple Where One Partner Has ADHD Using The Satir Model

Pauline Mullaney

Private Practice

Vancouver, BC, Canada

The presentation format will be partly lecture, and partly interactive. It will focus on illustrating a useful model for working to help the couple comprehend challenges, and be successful in their relationship when one of them has a diagnosis of ADHD. The content will include a short presentation by Power Point, with handouts on ADHD and how it can impact a marriage. Participants will be formed into dyads and given a case study of a couple to predict some of the areas of conflict that may emerge in the relationship. A brief presentation will be given on the Satir iceberg model. Participants will be asked in their dyads to work together on a handout of two icebergs, by filling in together the icebergs for each partner in the couple. The presenter will fill in an iceberg on a flipchart with suggestions from the participants as well as suggestions from her own experience of working with these couples. The presenter will conclude by describing how she uses the iceberg in therapy with the couple to help them make effective changes. This in turn improves their communication and makes it easier for them to live more successfully with ADHD.

Mindfulness & Loving kindness meditation: Relational practices in couple & family therapy

Jerry Gale, Laura Gambrel, Bob Gillespie, Rachel Dash

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Virginia Tech
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Princeton, NJ, USA

WVU Medical School
Morgantown, WV,
USA

Much of the Western literature about meditation and mindfulness attends to the individual's practice. In the mindfulness literature, it is noted how the therapist's mindfulness practice can improve empathy and non-judgmental presence and how mindfulness practices can benefit clients. However, there is very little discussion of meditation practice as a relational practice. Panelists will present: 1) a review of the research literature describing potential ways mindfulness training may affect couple relationships and the results from an exploratory study investigating the relational effects of the 8-week mindfulness-based stress reduction course on intimate partner relationship; 2) Applying Bowen's theory and attachment theory to present mindfulness practice as a path to enhance the capacity to be present and collaborative with equanimity, clarity, compassion and empathy when engaged with any relational system, while staying connected to the richness of one's own inner experience; 3) An application of Dan Siegel's theory of interpersonal neurobiology to clinical practice and how a mindfulness-based program for couples in the transition to parenthood can promote attunement, empathy, and emotional regulation to create positive change in relational functioning and achieve lasting effects for child development; 4) Conceptualizing meditation as a relational practice and providing a number of meditation practices for couples and families.

"Building Strong, Successful Families With Appreciative Inquiry"

Paul Lee

Retired

"Appreciative Inquiry" is a four-step model developed by David Cooperrider for helping organizations function with greater efficiency and success. It is based on systems theory and a few key assumptions. It emphasizes positive growth by focusing on the positives in the organization. I have applied the basic concepts of the model to MFT. Some of the relevant assumptions are: 1. What we focus on: a. Is magnified by our attention, b. Expands and grows in importance, c. Becomes our reality, d. Filters all other phenomena; 2. When you focus on the positives in your life, you create more of them; 3. Human systems move in the direction of what they most talk and ask questions about; 4. All human systems have certain strengths that can be encouraged to grow; 5. All human systems have certain beliefs regarding appropriate behavior and what to expect; 6. A focus on the positives siphons strength from the negatives and allows them to wither; 7. When strengths are emphasized, weaknesses become less important. To identify marital/family strengths, highly focused and positive questions are asked, e.g., What is your greatest strength? As individuals? As a couple/family? What is your second most important strength? Describe your relationship when it was functioning at its absolute greatest. Using your best strengths, what changes can you start making in your marriage/family relationships? Describe your ideal marriage/family. How can you use your greatest strengths to start building that ideal?

Nuts And Bolts Of The Initial Conjoint Interview In Short Term Marital Therapy

Arthur R. Williams

Private Practice

Anamosa, Iowa USA

A proposed clinical protocol for the initial conjoint interview in short term marital therapy designed to include lowering initial partner anxiety and apprehension; enlisting the partners in the therapeutic process focusing on the marital dyadic system as the identified patient; administration and interpretation of a brief model marital inventory assessing the "here and now" status of the marriage relationship, suggestion to the partners of a tentative course of therapy including proposed therapeutic goals and estimated length of therapy; and elicitation of the partners' joint commitment to the proposed course and process of the therapy.

Coping by Doping: Assisting Addicted Women with Trauma

Meri Shadley

University of Nevada, Reno

Reno, Nevada, USA

Women with addiction problems often face complex personal struggles when beginning the journey towards recovery. For many, past traumas have defined their identity, determined their relationships, and directed their responses to substance use. Whether the source of the trauma is violence or abuse within their families or as a product of their addiction, women's embodiment of the residue leaves them more vulnerable to relapse and to difficulties within their intimate relationships. Love becomes jaded and their ability to function as an empowered person with their partners and significant others remains compromised. Women in treatment for addictions have traditionally been told: get sober, go to AA, be abstinent, and things will get better. Through research and practice we have discovered that this doesn't usually work. Women who have coped with their violent histories via substance abuse need a treatment model that addresses their trauma struggles. By abstaining from drug and alcohol use while discovering new methods of relating with others and nurturing self, recovering survivors go through a complex process of grief, loss, shame, excitement, and joy. For individual and familial change to occur, it is critical for marriage and family therapists to honor the depth of the distress and address attachment disturbances without losing sight of the addiction reality. Treatment protocols that address the relational system and individual resiliency are critical if empowerment and recovery is to be maintained. This workshop will focus on the gender specific needs of addicted women with trauma histories in order to assist treatment providers in their efforts to empower clients to "make their lives their own."

L32H

Working with Reactive Emotions in Couples Therapy

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Private Practice
Langley, BC, Canada

Westend Family Care Clinic
Ottawa, Ontario, Canada

Reactive emotions can often be experienced as very charged and difficult to work with in therapy. This experiential, interactive workshop will explore how to work on a deeper level with clients' reactive emotions in order to resolve differences in relationships. We will focus on the use of Satir Transformational Systemic Therapy (STST) to bring about transformational change. Survival patterns that were developed over time from our family-of-origin experiences can perpetuate conflict and differences in relationships. These survival patterns were learned and are often out of clients' conscious awareness. Once they are brought into their awareness, clients can take more personal responsibility for choosing to be different with both themselves and in their relationships with others. Sculpting, a common intervention used by Virginia Satir, will be used to demonstrate how these survival patterns are developed and used in relationships with others. Participants will have a better understanding and awareness of their own reactions when dealing with clients' emotions, and have new possibilities of where to focus in therapy to bring about lasting transformational change.

Brief Reports: 25-Minute Sessions

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B11A
**Relational couples therapy with adult survivors of
childhood sexual abuse**

Sara Jerebic

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Celje, Slovenia

Childhood sexual abuse is a traumatic experience with numerous systemic effects that manifest themselves in adult intimate couple relationships. Research of clinical practice shows that couples experience the majority of difficulties in areas of trust, communication and sexuality, which is why recognition and understanding of these effects are crucial for both partners and their relationship. The relational marriage paradigm presumes that spouses regulate their inner psychological pain by projecting it upon each other through emotional, mental and behavioral patterns. The relational marital/couples therapy thus focuses on a relationship that facilitates change in relational structures and applies an innovative approach to the practice, where the intimate relationship itself is used to resolve early trauma, thereby enabling the partners to break free from the bonds of past abuse and start building a new, more satisfying relationship.

B11B
**Couple Workshops For Parents With Disabled Children,
Using EFT And Gottman Principles**

Marianne Bie

The Norwegian Directorate for Children- Youth and Family Affairs
Oslo, Norway

Based on research and user evaluations, weekend workshops are offered by the Norwegian authorities to couples who have disabled children. These families may encounter major challenges associated with the Child's disability. Some parents may struggle with their own reactions and emotions. Sometimes this will include a guilty conscience in relation to the other children in the family. This also affects the parents' relationship. The workshop programme is based on perspectives from EFT and Gottman therapy. A red thread is to focus on how couples keep connection through different phases in the relationship, and through distress and sorrow. To keep contact in different aspects of the couple life is a main perspective through six themes during a weekend. This is done by group dialogues and short presentations, combined with music and parents' stories.

B11C
**The Effectiveness of School Counseling Services for
Students with Autism in Saudi Arabia**

Ibrahiem Alothman, Nasser Aloud

Special Education Department,
King Saud Univesrity
Riyadh, Saudi Arabia

Sociology and Social Work Department,
Imam University
Saudi Arabia

The purpose of this study was to determine the effectiveness of School Counseling intervention as perceived by teachers of students with autism in Saudi Arabia. The sample consisted of 125 (75 Male, 50 Female) teachers working with students with autism at three public schools located in the capital city of Riyadh, Saudi Arabia. The t-test was the statistical method used to determine the difference between the male teachers and female teachers of students with autism in their perception of the counseling service provided to students. The results indicated that there were significant differences between the two groups regarding their values about counseling services provided for the students with autism. However, the study found no significant differences between the two groups regarding the effectiveness and the characteristics of the services provided for students with autism. Conclusions of the study indicated that counseling service should be provided in all school settings to meet the needs of students with autism. Implications for family counseling in general and school counseling in particular are stressed and discussed.

B11D

Family Functioning In the Community

Gabor Keitner

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There is a paucity of research on the functioning of families who have not been preselected for meeting predetermined criteria. Families in Southern New England are being recruited with flyers, community bulletin boards, cable TV ads, and internet postings. Family members over the age of 12 complete a set of assessment instruments that include sociodemographic information, perceived social support (Social Support Scale), and quality of life (Quality of Life and Enjoyment Scale). Family functioning is assessed using the Family Assessment Device (FAD) a 60 item self report scale that has been psychometrically validated. This presentation will report on the first 125 families in the study. Data will be presented on sociodemographic characteristics of the sample and descriptive statistics on the FAD. Correlations and OLS regression models will be run to examine the relationship between social support and quality of life measures. Results will provide a snapshot of how families who are not seeking help function. This information will be helpful in providing a comparative perspective on the impact of illness on families.

Repercussion Of Mourning In The Conjuality After Loss Of A SonAna Lucia Horta, Celina DaspettUniversidade Federal de São Paulo
São Paulo, BrazilUniversidade Federal de São Paulo
São Paulo, Brazil

The death of any lovely person is a stressful event and destabilizes families. The death of a son or a daughter is realized as a traumatic and tragic event because its reverses the natural order of life and it brings questions about loss and guilt in the couples' life. The death caused by illness or unexpected, is considered unfair, especially because of the realization of a future that will not be experienced. The object of this study is understanding the trajectory of conjuality after the loss of a son or a daughter at any age. The Couples participating in this study attend the Institute of Mourning and Loss of Intervention Program of Family and Community of Universidade Federal de São Paulo, Brazil. It was esteemed for data analysis the moment of the cycle life of the couple as well sexual and emotional aspects. In the narrative it was found a decreased frequency or absence of sexual relations that were associated to lack of desire, guilt, and difficulties in couple's communication. Mourning is an Individual process. It changes family relationships, therefore marital relationship aspects are modified.

Couples communicating after divorce? An approach to reflective functioning post-separation

Dr Oscar Modesto Ramirez

CatholicCare Social Services Parramatta

Sydney Australia

Couples communicating after divorce? A case management approach to increase parental responsibility and reflective functioning in couples with medium to high levels of conflict post separation. Dr. Oscar Modesto Ramirez ; Fiona Hastings ; David Bunder ; Katie White In Australia the impact of conflict between couples with children after separation has received increased attention from professionals, policy makers and the Australian family law system in recent years. The Keeping Kids In Mind Case Management Service (KKIM CMS) was initially conceptualised in 2005 as a response to the need articulated by the Family Law Court of Australia and the Federal Magistrates' Court of Australia for a simplified referral pathway for couples and their children, following separation, who are experiencing high conflict and/or complex needs. To enhance the existing and varied therapeutic interventions for these couples and families, an innovative approach was developed that increases the level of reflective functioning of parents, enhances attunement to the needs of children and elicits better communication between parents caught up in conflict with each other. KKIM practitioners highlight the impact of parental behaviour on the wellbeing of their children, and support parents to make changes accordingly. The presentation will describe the KKIM case management and education strategies with couples, and illustrate how existing communication models are used in a different and effective therapeutic manner to create an environment where parents are able to understand their own feelings and emotions and increase their parental reflective functioning after separation.

B11G

Family functioning and depression in adolescents :a gender perspectiveUmaporn TrangkasombatDepartment of Psychiatry, Chulalongkorn University
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Objective : To examine gender differences in the perceptions of family functioning in depressed adolescents.

Method : Through multi-stage random sampling 469 students in grade 7 from 7 junior high schools in Ubonratchathani, a northeastern province in Thailand, were recruited. The instruments included the Children's Depression Inventory (CDI) , Thai version, which is a 27-item self-report questionnaire designed to measure the severity of depressive symptoms; and the Chulalongkorn Family Inventory (CFI), which is a 36- item self-report questionnaire designed to assess the perception of one's family. The responses to the CDI and the CFI were compared between girls (n=281) and boys (n=188).

Results: By using the CDI score of 21 as a cut- off for significant depression, 11.0 % of girls and 11.7 % of boys were found to be depressed. The mean CDI score of girls was 12.8 (SD= 6.4) and of boys was 12.7 (SD= 6.0). The difference did not have statistical significance. The mean CFI total score of depressed girls was significantly lower than that of the nondepressed girls, 95.96 (SD 1.39) and 113.69 (SD10.5) respectively, $P < 0.001$. All subscale scores of the depressed subjects were significantly lower except for Behavior Control subscale. The mean CFI total score of depressed boys was 98.95 (SD 10.2) and of the nondepressed boys was 110.0 (SD 10.7), $p < 0.001$. Significant difference was found in all subscale scores except for Communication and Behavior Control. The comparison between genders in the nondepressed group revealed significantly higher CFI scores in girls than in boys, 113.69 (10.45) and 110.01 (10.68) respectively, $p = 0.001$. All subscale scores in girls were higher than in boys. Those with statistical significance included Affective Involvement, Role and General Functioning. The analysis in the depressed group found that the CFI total scores and most subscale scores in girls were lower than in boys. However, the difference did not have statistical significance.

Conclusion: Depressed adolescents perceive their families as function less healthily than their nondepressed peers. Girls rated their families as less healthy than boys in many subscales. However the differences did not have statistical significance.

Is It Over? Extradyadic Involvement and Relationship Dissolution in Dating Relationships

Sesen Negash

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This study examined the role of extradyadic involvement (EDI) in dating relationships among young adults using a sample of 539 female college students. Results from logistic regression analyses supported the general hypothesis that sexual and emotional EDI were significantly associated with relationship dissolution. Such association remained strong even after controlling for participants' age, relationship duration, and relationship quality. The findings also revealed a more complex effect of emotional and sexual EDI on relationship dissolution depending on relationship quality, gender of the actor, and whether it was emotional or sexual EDI. Specifically, compared to participants who reported poor relationship quality, those who reported high relationship quality were more likely to end their partnership if they reported emotional and sexual EDI. Further, females who reported that they or their partner were in a sexual or emotional extradyadic relationship were significantly more likely to experience relationship dissolution. Findings from this study highlight the complex and multifaceted nature of EDI and illustrate its powerful and deleterious influence on relationship dissolution in among young adults in romantic relationships, especially those who report being in good relationships. It also suggests that relationships dissolve more as a function of EDI than underlining preexisting maladaptive relational processes within young adult relationships, particularly in the context of sexual EDI.

Couple therapy with pathological gamblers. A qualitative studyDiana Cunha, Margarida Vilaça

Faculdade de Psicologia

De Ciências da Educação da Universidade de Coimbra

Family and, particularly, couple dynamics are really important to the development, maintenance, relapse and recovery of pathological gambling (Lee, 2009). However, there is a lack of this systemic approaches, both at a conceptual level as an interventional level (Garrido e cols., 2004; Oei e Raylu, 2004). Answering to this failure, we adapted a brief couple therapy protocol for pathological gamblers. This is an innovative protocol, composed by seven fortnightly sessions and two follow-ups (one and four months after the last session). The present study analyzes the therapeutic results of this couple therapy protocol with one couple with a pathological gambler element, using the Goal Attainment Scale (GAS) (Kiresuk & Sherman, 1968). This is a pilot study and the first step to understand the therapeutic potential of this couple therapy protocol for gamblers indicating important guidelines to the systemic clinical work with this population.

Co-constructing “We:” Cohabiting Couples’ Relationship Narratives

Marnie Rogers, Tom Strong

University of Calgary
Calgary, Canada

University of Calgary
Calgary, Canada

While rates of “cohabitation,” for couples living together outside of marriage, have risen dramatically in recent decades, research suggests that people make sense of and participate in cohabitation in very different ways. In this presentation we share results from Marnie Rogers’ Master’s thesis research into how cohabitating couples constructed stories from and about their relationships. While interested in each partner’s story, we were particularly interested in how partners constructed a sense of “we” over the course of their time together. Drawing on discourse and narrative theories, we examined how participants interacted with their partners and with the interviewer as they conjointly told stories of mutuality and ‘we-ness’ about their relationships. Story-telling in these research interviews was viewed as an active and situated practice in which the meanings and stories were co-constructed and negotiated in ways that had identity implications for partners as well as the relationship. The role of the interviewer as an active participant in the co-construction of couples’ shared narratives was also investigated. We discuss our results with respect to how couples therapists elicit and negotiate partners’ as well as couples’ identity stories – as these relate to co-constructing a couple’s sense of we-ness or mutuality.

The Role & Effectiveness of a Psychoed-Support Group for Family Members of Hoarders

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St. Paul, MN, USA

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St. Paul, MN, USA

The Minnesota Hoarding Project (MHP) has begun the exploration of the systemic effects of compulsive hoarding within the family. Compulsive hoarding behavior is a perplexing phenomenon that has been spotlighted in recent media today. A current problem towards understanding compulsive hoarding behavior is that relative to other mental health disorders, such as obsessive-compulsive disorder, compulsive hoarding has received little empirical study despite its increased attention in the media. Estimates project that up to six million individuals in the United States compulsively hoard; when considering the number of family members that are affected by hoarding behavior, the number of people that are affected by hoarding behavior increases exponentially. Hoarding has been found to impact not only those who live with the person who hoards, but also their family outside of the hoarded home. Early MHP studies found that family members of hoarders experience: negative feelings toward the family member who hoards; lack of understanding of hoarding behavior; experiences of loss; internal barriers to seeking support; and internal conflicts. Problems stem from communication with their loved one, and attempts at helping clean and organize the clutter were most often met with defensiveness, avoidance, and resistance from their hoarding family member. Conflict often ensued as a result of these interactions, and that, coupled with the lack of understanding of hoarding behavior and how to effectively deal with it, the participants developed a myriad of negative feelings toward their family member who hoards, such as anger, frustration, disgust, and resentment, leading to increased conflict and emotional disengagement on the part of the participants, leading to feelings of loss and sadness. Most recently the MHP developed a psychoeducational-support group for family members of hoarders. The pilot study found that after the a 6-week long intervention, family members of hoarders had: increased understanding about hoarding and its systemic effects on the family system; decreased levels of negative attitudes toward the hoarder; and improved communication with hoarder around hoarding issues. This brief report will discuss the clinical implications of this research for family therapists working with relationships and families that experience distress related to compulsive hoarding.

21st Century Discourses on Adolescent Love

Carizma Chapman

Loma Linda University

Loma Linda, CA, USA

The following workshop will explore current beliefs about adolescent development in the areas of love and intimacy. The presentation will explore dominate messages circulated in both professional family literature and secular media about love and intimacy and will compare and contrast the narratives. The presentation will explore adolescent negotiation of personal and multi-relational boundaries in the pursuit of connection and love . Specifically, adolescent negotiation of boundaries in three domains will be reviewed: I. How much of a separate self, I, exists in a relationship within an intimate other II. How much of an I and how much of a We is present within intimate partner relationships and III. How much space is permitted for Others outside the context of an intimate relationship (example family and peer relationships). The concepts of love, intimacy, and connection will be explored from Bowenian Theory, Attachment Theory, and Socio-Cultural perspectives. The Twilight Series, novels and film, will be utilized to depict the narratives of adolescent love and intimacy perpetuated in secular media. The presentation will discuss the importance of integrating professional literature and social media in adolescent treatment to address misconceptions and fallacies around love and relationships. Specific strategies and examples will be provided to facilitate the use of social media as curriculum in treatment with adolescents.

B12D

Implications of Couple Therapy Profession On Therapists' Spousal Relations

Dr Hadas Doron

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Galil, Israel

The profession of psychotherapy is included in those occupations that are presumed to have a bi-directional “spillage” on the professional's personal life. Theorizing that experiences and behaviors from people's occupations will affect behavior in life outside work, and the reverse, thirteen marriage and family therapists (MFTs) were interviewed using a semi-structured questionnaire. Responses were examined by analysis of qualitative content. The findings suggest that there is a gap between the ability of the therapist to use professional skills in the treatment room and his or her ability to implement that knowledge in his/her own marriage. Additional findings are described, as are limitations of the study.

B12f

Marital Communication Patterns and Defense Styles

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This study examines associations between marital communication patterns and defense styles. Participants included 124 married men and women working in offices of Tehran city that were assessed by The Communication Patterns Questionnaire (CPQ) and The Defense Style Questionnaire (DSQ). Data were analyzed using regression. The findings of this study showed a negative significant association between immature defense style and mutual constructive communication, also a positive significant association between mature defense style and mutual constructive communication. Furthermore, the data showed a significant positive association between immature defense style and demand/withdrawal communication, and also negative relations between mature defense style and demand/withdrawal communication. Based on the findings of this study, increased use of immature defense style is predictive of decreased mutual constructive communication and increased demand/withdrawal communication, and it is predictable that people with mature defense style use more mutual constructive communication pattern.

Psychoeducational Intervention For Family And Caregivers Of People With Dementia

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Dementia is a clinical syndrome operationally defined as cognitive impairment including memory and at least two domains (aphasia, apraxia, agnosia and executive functioning), interfering with activities of daily living (DSM-IV-TR, 2000). The prevalence of dementia increases with age, doubling every five years. It affects about 7.4 million people in Europe (Alzheimer Europe, 2009) and is associated with significant patients' physical, social and mental disability, as well as with high levels of burden and stress in their family and caregivers (generally the spouses or children). This fact has often been associated with factors such as lack of knowledge about dementia and its care, immature coping mechanisms, lack of social/family support, and behavioral/psychological symptoms in persons with dementia (Waldemar et al, 2009). For this reason, caregivers have an increased risk of psychiatric morbidity, mainly depressive disorders (Bruce et al, 2005). Thus, it is very important to understand the individual needs of dementia patients and their caregivers, providing appropriate support over time (Milicevic-Kalasic, 2009). In this context, psychoeducational programmes, based on a biopsychosocial approach, become crucial for the improvement of knowledge and management of dementia. This kind of intervention is considered one of the most innovative therapeutic approaches in support of these patients and their families/caregivers (Fernandes, 2009). Recent reviews (Sørensen et al, 2002; Pinquart et al, 2006) corroborate the importance of these interventions, improving several parameters, such as subjective well-being, skills/knowledge about care in dementia, as well as decreasing care burden and depression. In this context, the aim of the study is to describe a psychoeducational program for family and caregivers of dementia patients. This is a structured intervention, using educational materials, considering preexisting knowledge, as well as the specific needs of each caregiver (Pinquart et al, 2006) and the priorities of each stage of dementia (Wald et al, 2003). The support component (promotion of social network, experience sharing) and problem-solving (training of coping mechanisms with the disease) are considered in this program (Fernandes, 2009). This project will be implemented by a multidisciplinary team from different fields (psychiatry, general practitioner, nursing, psychology).

Couple and Family Therapy in Taiwan: Challenges and Transformation

Pei-Fen Li

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For the past sixty years, many American family therapy pioneers have developed unique clinical theories and practices that correspond to their specific historical, social, cultural and institutional contexts (Kuehl, 2008). Because couple and family therapy (CFT) has a distinguished and diverse history in America, it has drawn many Taiwanese international students to study CFT in the U.S. However, mental health models, constructed in the Western, individualistic cultural context and mainly serving middle- to- upper class, white clinical populations, might not be applicable in the Eastern, collectivistic culture with non-white clinical populations (Johannes & Erwin, 2004; Patterson, 1996). Mental health professionals have agreed to increase multicultural awareness in training and practice: such as instructing future clinicians to be compassionate with clients' perspectives and utilizing clients' language (Johannes & Erwin, 2004) to understand how clients' cultural contexts have shaped their definition of problems (Pedrotti, Edwards, & Lopez 2008). Therefore, Taiwanese international CFT graduates, continuing clinical practice in Taiwan, will face some cross-cultural challenges and need to transform those western couple and family therapy theories to mold more with Taiwanese cultures. Furthermore, they would need to integrate their own personal cross-cultural experiences and awareness into their clinical practice. This qualitative project studied cross-cultural adjustments and clinical practices of thirteen CFT graduates practicing in Taiwan. Findings suggested that those Taiwanese therapists have experienced both challenges and transformation in their clinical and supervision experiences. Challenges included preparing for a counselor licensure exam in Taiwan, realizing limits of Western therapeutic theories to interpret collective family, relational dynamics, translating Western therapeutic questions into the Chinese linguistic context, and feeling professional loneliness due to lack of a supervision support. Transformation included increasing cross-cultural awareness in clinical practices, utilizing Chinese family values to re-interpret Western therapeutic intervention, and developing a personal cross-cultural integrity in a multicultural supervision. The study contributes to the literature discussing cross-cultural adjustments for CFT returnees in Taiwan and acknowledgements of a cultural factor in therapy. It also helps the CFT field in the U.S. to understand how CFT theories have been applied in another culture.

Helping Trainees to Use their Struggles to Promote a Deeper Therapist-Client Connection

Karni Kissil, Alba Niño

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Most self-of-the-therapist approaches to training and supervision view resolution of personal issues as a necessary means of change and growth that frees therapists to become more effective professionals. Nevertheless, our clients get who we are as people and therapists in the present, not who we would like to be. Harry Aponte's Person-of-the-Therapist approach (POTT) emphasizes learning the intentional use of self as-is. We all carry our personal struggles into our therapeutic encounters, and they color our thinking, emotional reactions and behavior with our clients. However, our personal issues and our struggles can be used to relate to our clients and their issues. The POTT model adopts the concept of the "wounded healer", stating that it is through our woundedness that we can empathize with and relate to the woundedness of others. Thus, our wounds can be powerful tools allowing us to feel our clients' pain, understand their life struggles, and speak to their will to change. In order to be able to intentionally use our brokenness to connect with our clients, we have to be able to consciously reach in to our own wounded places and use what we find to understand and intuit where our clients may be. POTT pivots on the concept of therapists' signature themes, the life-long, ongoing issues that run through the struggles of their personal journeys. Increased awareness and acceptance of the signature themes and continuous reflection on how they manifest themselves in therapeutic encounters translate into a therapist being able to take conscious responsibility for what he or she brings to the therapeutic engagement with a client, and result in enhanced ability to connect purposefully and effectively with clients around therapeutic tasks. Through lecture, a videotaped vignette and an experiential exercise using two of the POTT training instruments, participants in this interactive workshop will: 1. Become familiar with the POTT model 2. Increase awareness of their signature themes and how they play out in their relationships with clients. 3. Learn specific tools to implement the model in their work as trainers and supervisors.

Narratives of Liberation in Appalachia

Suzanne Coyle

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Appalachia is a region of the United States that still is oppressed by many dominant cultural discourses that convey its people as generally lazy and unproductive. Federal funds that have been channeled to this area sadly have often lined the pockets of politicians and local officials without providing the long term educational opportunities that are needed. Oftentimes, short term funds are 'given' to the region without drawing from the richness of its people. This presentation presents the experiences of professor and students in a two week cultural immersion class in eastern Kentucky focusing on mountain stories through the voices of the region's people. Utilizing collective narrative practice, the oral and written stories of the region were used as a resource for both better understanding the region and also identifying strengths of the people that thickened their everyday stories. The voices of liberation through Paulo Freire's educational methodology and related theologies from South America were utilized to bring more voices to the mountain stories of Appalachia. The result is a rich approach to social justice that lifts up the local knowledge of people through stories as well as providing a collective approach to lifting the oppression of dominant cultural discourses to hopeful stories that acknowledge both pain and suffering along with hopes and dreams.

Family Therapy with Refugees: Risk and Resiliency

Ivana Djuraskovic, Jeff Chang

University of Calgary, Family Psychology Centre
Calgary, Alberta, Canada

The mental health of refugees has been a longstanding focus of mental health practitioners, including marriage and family therapists (Bemak, Chung, & Pedersen, 2003). Therapy with refugees has been mostly focused on exploring the effects of trauma on refugees' post-migration adjustment, and the treatment of psychiatric disorders (Davidson, Murray, & Schweitzer, 2008). However, little attention has been directed to how the resettlement and subsequent acculturation affect refugee families, their dynamics, and subsequent adjustment. Refugee families not only experience traumatic pre-migration events, but they also face significant trans-, and post-migration difficulties including a more complex acculturation, intergenerational conflict, familial disconnections, parenting issues, and family violence (Arthur, Merali, & Djuraskovic, 2010). As a result, many refugee families will require counselling in Canada. This presentation will focus on refugee families, their pre-, trans-, and post-migration challenges, and how these challenges relate to their counselling needs. The refugee experience alters family structure, family life cycle development, and family functioning. Applications of several family therapy approaches with refugee families will be described. Suggestions for future research and improvement of family therapy practice will be addressed.

**Working in the expression of feelings in “Home Houses”
on the optics of Paulo Freire**

Otaviano Doralice, Moraes Horta Ana Lucia

Universidade Federal De São Paulo

São Paulo, Brazil

The proposed work is to present a case study of an experiment performed in the home houses in the city of São Paulo, Brazil, with the purpose of recovering the sense of belonging and self-esteem of children living in these homes through the "learning to be, learning to do, learning to live together and learning to know", considering as a theoretical reference the reflection about the "pedagogy of Paulo Freire". This work was carried out from April through December 2010. Participants were 20 children aged 0 to 17 years and social mothers living in these houses. Fifteen meetings were held in the shape of circle of talking and singing, which have been proposes to make easy for the children to express, through music, poetry and writing, their feelings and needs, facilitating the interaction among peers and with the social parents. The children managed through the used techniques to express their needs as the following expressions and words: “friendship”, “collaboration”, “respect”, “harmony”, “knowhow to share” “aletter”, “beauty”, “musicality”, “creativity”, “education”, “strength” and “courage”. This study shows the importance of creating new strategies for working with these individuals and the need to provide them space for their inclusion and respect.

**Clinical Decision-Making In Domestic Violence Scenarios:
The Influence Of Experience, Info**

Charles Jacob, Ph.D.

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What influences the decision to select a specific treatment over another when counseling couples where domestic violence is present? Data from 219 clinicians (counselors, social workers, and psychologists with a final sample size of 182) were gathered from several online listservs and member directories to examine the effects of social context information, experience, emotional contagion, and bias in the likelihood of choosing couples or individual treatment when working with mutually aggressive partners. Findings suggest that past experiences in clinical work have a substantial impact on the decision-making process. Implications for practice and research are discussed, particularly the importance of continued supervision and self-evaluation in clinical practice.

Evolution and Implication of Working with Couples at a University Counselling Centre

Ai-Lan Chia, Rita Knodel

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Jeffery Arnett coined the term emerging adulthood, to define 18 to 25 years of age as a prolonged phase of exploration and change. One of the developmental tasks associated with this phase is the formation of intimate romantic attachments, which relates to other important tasks such as identity formation, role transitions, and recentering of familial relationships. Furthermore, lengthening of higher education, having more adult learners and more students with culturally diverse or international background all contribute to a new face of a contemporary student population within a post-secondary institution. This study begins with reviewing the evolution of offering couple counselling at the Counselling Services of University of Victoria, one of the leading universities in Western Canada. Information will be extracted from annual service data collected by the Counselling Services on various topics, including couple clients' demographic and educational background, as well as each partner's mental health presentation. Input will be sought from in-house clinicians who offer couple counselling from different orientations, including Gottman and Satir's approaches, in relating couple counselling work to the needs of university student population, such as couples dealing with sexuality and gender issues, managing school-work-relationship balance, having commitment issues intertwined with life direction questioning, coping with relationship turmoil due to one partner's deteriorating mental health, and facing family of origin issues by couples with different cultural and racial background. The clinicians will shed further light on benefits of offering couple's counselling (e.g., facilitate discussions among students in early relationship formation; offer services in line with values owned by culturally diverse student sub-groups such as indigenous students; provide training to practicum counsellors from multiple disciplines), and challenges when doing so (e.g., file management; legal complication due to custody access or marital dissolution; clinicians' attempt in balancing their generalist approach serving the whole university population with the need in practicing ethically and competently when offering specialized services). Future directions for modifying the offer of couple counselling will be discussed (e.g., target vulnerable sub-groups such as international student couple; implement screening mechanisms to assist community referring-out procedure for those in legally contentious couple relationship)

The hands of time buried in his soul stopped abruptly. H MurakamiMartine Nisse

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Most of the adult patients who come to the Centre des Buttes-Chaumont have been secret victims of incestuous abuse. Most of them began their love lives shamefully hiding the facts from their partners, despite the identifiable post-traumatic effects on their love lives, and especially on their sex lives. Because of the statute of limitations in France, the victim does not always have the possibility of engaging criminal proceedings against the rapist, thereby obtaining salvation and retribution. Therefore, active identification with the aggressor often continues. Destructive entitlement describes a situation in which a person who has been wronged expects compensation from others in order to redress the injustices of the past. But after having been exploited, the right to receive can turn into a right to take or to receive more, which can exhaust both of loving partners. This psychological exhaustion is a common cause for seeking couples therapy, and for guilt feelings for the victim who does not feel worthy. In our DEVA study (“Devenir des Enfants Victimes d’Abus” or “The Future of Child Victims of Abuse”), we observed that a lack of recognition of the facts by the criminal justice system leads to a sort of porosity of psychological borders, which keeps the trauma alive. This destructive dynamic hinders establishing a stable, secure counter-identification with the aggressor, which enables love of oneself and of others. On the other hand, when recognition is established, world view evolves, countering the post-traumatic time-freeze effects. The patient acquires the ability to engage in a relationship of reciprocal giving, which in turn allows feelings of love, in full consciousness, freed of the chains of an incestuous past that kept him/her from loving and being loved. We will present our therapeutic technique, illustrated by examples from our clinical experience.

CPL: A Manualized Primary Intervention for Couples Regarding Reproductive Decisions

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Choosing the Parenting Lifestyle (CPL) is a psycho-educational program designed to assist couples with making the decision to become parents or not, to address timing of entering parenthood, and to help couples prepare well for the transition to parenthood should they choose to become parents. This program is both suitable for those with cultural and religious beliefs which allow for choice in childbearing and may also be used with couples for whom having childbearing is an expected part of their life path. The fundamental goal of CPL is to help couples to realistically assess their motivations to have children and the personal, emotional, relational, and financial costs associated with choosing the parenting lifestyle. Fittingly, the point of intervention is preventative rather than reactive in that it seeks to help couples think through this important decision, and/or prepare for the transition to parenthood, prior to becoming parents. In addition to seeking to reduce the overall incidence of child maltreatment, CPL seeks to increase the quality of life for both childbearing couples and childfree couples by giving the couple permission to explore goodness of fit and congruence of parenting with their personalities and their lifestyle. CPL is theoretically grounded in attachment theory, theories of family structure (including the critical role of marital quality, parenting style, and Structural Family Therapy), the importance of parental role identification and its relationship to parental satisfaction, and finally, the decision-making process of choosing to parent or not to parent. CPL's therapeutic stance is derived from both couples and individual Emotion Focused Therapies and from an enduring respect for diverse paths to life satisfaction. For couples who identify with cultural or religious groups for whom childbearing is not considered a choice, but a critical aspect of one's life path, CPL is still useful in that it provides a model of important intra and inter-personal topics for couples to contemplate and discuss prior to having children. The psycho-educational, theoretical, and experiential therapeutic aspects of the model used with this population may positively impact their preparation for the transition to parenthood.

Marital satisfaction in binational marriages: A literature review

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Due to changes in political and economic circumstances, and globalization of business after the second half of the 20th century, there is an ever increasing frequency of intercultural marriages. Consequently in Turkey, marriages across national lines have increased. There is much more focus on intercultural families, support systems and researches about marital adjustments, family life in the western countries which have high levels of immigration rates. Increased literature on intercultural couples and marriages indicate that therapists and marriage counselors have become more aware of and sensitive to not only the special issues faced by intercultural couples but also of the impact that their own cultural biases have on the dynamics of their interventions. Marital satisfaction provides a stable basis for family functioning, may decrease distress between couples, therefore it is one of the most used marital outcome by family and couple researchers. For decades, studies have been focused on marriage and trying to identify the factors that link to marital satisfaction. Many researchers have used empirical precedents to the prediction of marital outcomes, and some aspects of the intercultural marriages, such as adjustment to a dual culture marriage (Tseng, et. al., 1977), communication in these marriages, marital satisfaction and communication (Karlsson, 1951, cited in Rohrllich, 1998), social support, acculturation, social support and marital adjustment (Copeland & Norell, 2002). Despite of the clear and expanding presence of binational marriages (McFadden & Moore, 2001), it is the one of the less researched issue of marriages, particularly with respect to marital satisfaction in binational families. This study aims to increase an understanding for binational marriages which exists in highly complex and multifaced environments and the interactions of these environments for the clinical interventions. A study designed to integrate the empirical literature on the associations between marital satisfaction with (a) the milieu within which marriage operates include demographics (age, spouse age, gender, length of marriage, income, education, settlement), received and perceived social support and; (b) interpersonal process that operates within marriage, communication, and, personality characteristics on marital satisfaction, in binational marriages in order to present the gaps in the literature.

A Narrative Approach to Grief with Elder Women

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How do you help your clients deal with grief and loss issues? For many years, the field of marriage and family therapy has incorporated and relied on stage or task models to explain bereavement, grief, and loss, and to help survivors work through their grief, “let go,” and “move on” with their lives. More recently, alternative ways of viewing grief and loss are emerging that do not focus on stage or task models but help survivors incorporate their loved ones into their lives without having to disconnect from their relationships. This qualitative discourse analysis focused on how a narrative approach to grief helped create meaning that allowed elder women to experience an ongoing continuity of relationship with those who have died. **Methods** This qualitative study used discourse analysis of a commercially available therapeutic training film of seven female volunteer participants (77 - 95) living in a retirement hotel in Southern, CA. All women were Caucasian and Jewish and experienced loss between 1 and 32 years ago. Guided conversations explored how individuals who have lost a parent, spouse, child, grandchild and pet, discussed their grief and loss. Videotaped sessions and transcripts were treated as a particular example of discourse. **Results** Questions emerged from the text that focused on creating a discourse and opened up space for alternative kinds of conversations to come forth, differing from modernist therapeutic approaches: **Maintaining Connection** – Questions addressed the on-going connection survivors have with their deceased loved ones. **Generative Questions** - Probing questions generated unexpected subplots in the conversation and helped with the construction of new narratives. **Legacy** - Questions establishing a sense that deceased loved ones lives and their own lives are important. **Strength and Resiliency** - Questions focusing on the ability people have to overcome adversities and hardships they have endured throughout their lives. **Meaning through Narratives** Findings show how language can be utilized to create meanings through grief narratives that differ from linear stage or task model explanations and demonstrate the importance of the use of language in changing the discourse. Implications for practice are addressed.

The impact of parentification on depression and codependence

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With the large societal costs of depression and codependence, the purpose of this study was to examine how parentification in childhood is related to adult depression and codependence in Koreans living in South Korea and Caucasian Americans living in the United States. Gender differences in the relationship between parentification and depression and codependence was also be examined. Based on the literature review of the topic, this study is the first attempt to identify the role different cultural origins and ethnicity play in parentification and its effect on depression and codependence.

Introducing Family Therapy to a community psychiatric crisis assessment & treatment team

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The deinstitutionalisation of mental health services is over twenty years old in Australia. Psychiatric crisis assessment and treatment teams (CATT) have been developed to support mental health consumers in an acute phase of their mental illness in the community by offering support, diagnostic clarification, risk management, psycho-education and symptom relief. This has seen a significant reduction on the reliance of inpatient hospital stays for the psychiatrically unwell. It has also meant that the mental health system relies heavily on families as way of supporting mental health consumers in the community. A psychiatric crisis not only causes considerable disruption to the consumer's well being, but can also cause momentous disruption to the client's family relationships. This can lead to mental health consumers becoming isolated from their families, as these family members become burnt out over a period of time or simply do not understand what is happening and find that they are ill equipped to cope. Family therapy has the potential to offer considerable benefit to mental health consumers and their families whilst they are in the midst of a psychiatric crisis. It seeks to strengthen family bonds through understanding, reducing stress, assist with better communication and to develop greater support from within the family, whilst enlisting the whole family, including the mental health consumer as active members of the treatment team. However, little has been written about using family therapy in this service context. This paper will describe how an integrative single session model of Family Therapy has been developed for use in a CATT setting. The paper will discuss how families have been invited to participate in this approach alongside traditional psychiatric crisis treatment and will offer some evaluative feedback of families' experience of the model. It describes what has worked well and what has been difficult when practicing in this way and how this enhancement of psychiatric crisis work is indeed 'possible' despite resource constraints and service demands. It will then go on to describe the research that has now grown out of this work.

Gender differences in emigration: A South African case study

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Emigration is a stressful life event which affects families and may also place strain on relationships, the marital couple in particular as existing relational problems may become more pronounced. Emigration is also a gendered experience. Traditionally women may have been more isolated upon arrival in a new country as they often did not enter the job market instead they took on more traditional roles related to the household and family. However, as women have begun to play a leading role in the financial sustainability of the family, the ascriptions of roles by gender are no longer restricted and the traditional societal roles of males as breadwinners and females as homemakers are no longer as rigid. In this paper the authors will explore how gender roles and power dynamics may impact on the adaptation of the family in a new country. A case study of an Afrikaans-speaking family which formed part of a larger qualitative research project exploring the impact of emigration on South African family life informs the discussion. The larger study involved interviews conducted with South African families who emigrated and the family and friends they left behind. Thematic analysis of the responses was augmented by the use of genograms in order to gain a more systemic perspective on the phenomenon. The study revealed that the family's decision to emigrate is often based on a job opportunity that presents itself to the woman in the family. The selected case-study highlights such an occurrence. The woman had professionally and socially adapted to the new country. However, the inability of her husband to find suitable employment and the woman's experience of the situation as threatening to their marriage resulted in the family returning to South Africa a few months after emigrating. This paper will highlight how societal gender roles and hierarchies play a role in women's emigration experiences and how these may affect couples relationships in the context of emigration. Such knowledge may assist in predicting the success of family emigration. Suggestions regarding the therapeutic pre-emigration preparation of couples and families will be provided.

Transformational Impact of Cultural Learning on Romanian-Canadian Family Relationships

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Understanding the impact of cross-cultural transition in the context of family life is a matter of appreciative inquiry more so than critique. To continuously cultivate and accept ourselves and other people's humanness, it is important to appreciate what is meaningful. Quantitatively speaking, data collection and statistical exploration often hide qualitative processes, leading to possible abstract and artificial conclusions about meanings that are experiential more so than numerical. As such, what is needed is to re-examine cross-cultural processes within a family framework as embodied interpersonal interactions, dynamic, non-linear, multidimensional, and unfolding within developmental, historical and socio-cultural contexts (Tardif-Williams & Fisher, 2009). Methodologically speaking, it is desirable to revisit the experiential processes of cultural transition. The thesis attempts to address how cultural learning can clarify the links among the processes of enculturation, acculturation, and the quality of relationships among Romanian-Canadian family members involved in cultural transition. By way of interpretive social sciences and from the Satirian transformational model, I utilize the phenomenological and ethnographic process to explore the following three questions: (1) How does the process of cultural learning – prior to, during, and post migration – address the partnership of felt needs and lived experiences of Romanian-Canadian families? (2) How does cultural learning impact Romanian-Canadian families in relation to their sense of self, sense of others and cultural context? (3) How does cultural learning shape the ways people perceive family stress in cultural transition?

On becoming a better couple therapist

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Although most of us like to think that we are getting better over time, research indicates that professional training, continuing education, and even experience does not reliably lead to better outcomes for couples. The fact is that therapists don't really know how effective they are and if they are indeed improving over time. But there is a solution. Subsequent to a large scale couple therapy study demonstrating that client feedback resulted in four times the rate clinically significant change, the Norwegian Directorate implemented a national quality improvement system based on consumer-participation and client feedback. Not only does this system improve outcomes, it gives each therapist the ability to closely follow his/hers own professional development over time. The systematic collection of outcome data in the progress note system allows the therapist to track outcomes and apply strategies to improve based not on wishful thinking but from objective evidence obtained from the most important source—the client. In addition, the quality improvement system includes the ability to track initial relationship goals, which have been shown to predict outcome in couple therapy (improve the relationship, clarify whether the relationship should continue, terminate the relationship in best possible way), Integrating this information not only helps improve outcomes but also allows therapists to more objectively assess their effectiveness via the comparison of couples according to their goals for therapy. With this information, therapists can make an improvement plan that focuses on the couple population with whom they struggle the most and subsequently can examine if outcomes improve. The system also includes a better definition of couple therapy outcomes. Outcomes are evaluated according to: whether both persons in the couple reached the service target, one person of the couple reached target, or neither reached the service target. These outcome indicators have shown to have predictive validity in couple outcomes one-half year after therapy termination. This workshop integrates the known predictors of couple outcome with therapist development, enabling the participant to walk away with a systematic way to put into practice our good intentions to get better at what we do.

Couple therapy with patients with affective disorder

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Depression as an affective disorder can cause difficulties, complicated and stressful developments for the family and involved. The objective of this study is to present the experience of therapeutic care of a couple with complaint about the symptom of depression, compromising the quality of the relationship. Seven sessions were held in 2011 with a therapeutic proposal of active listening and interventions with circular and reflexive questions, psychodrama techniques have been applied to strengthen the couple's relationship. It is possible to identify that, with the use of the proposed system, an intra-psych and bond improvement occurred between couple, leading to circularity of the problems brought within the initial complaint. Psychodramas technics made possible to identify hidden themes and allowed to work other subjects in addition to their speech, considering that the body language was often antagonistic to what they said and felt about themselves and each other. This assistance proposal also allowed the interplay between the therapists and the couple, further releasing them to get in touch with the living reality of marital crises and conflicts. It was possible to understand the attempt to maintain homeostasis and the relationship of codependency that strengthened the couple as, when one got sick, the other also sickened. Ambivalently, self-sabotage attitudes were implicit in this relationship, in the same way as the pursuit of happiness.

Holding on Together – A Family Grief Journey

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Abstract: Therapists who work with families who have experienced the death of a loved one are keenly aware of the profound emotional impact of grief. Walsh and McGoldrick (1991) believe that coming to terms with a loss is the most difficult task a family must confront. Ester Gelcer (1983) presented the perspective that individual family members' difficulties in confronting death and grief can have harmful implications for the whole family and arrest its growth. She argued that because of this, family therapy should be the treatment of choice following a death in the family (p. 58). Social support is one of the most cited factors in bereavement outcome research. However, the majority of the research on the topic has explored this variable from an individual perspective. The research study to be presented utilized a family systems framework to explore the relationship between parental social support and child functioning in bereaved families. It was hypothesized that higher levels of parent/caregiver social support would correlate with better functioning of their dependent children. Strong support was found for this hypothesis, and parent/caregiver level of social support appears to be associated with child functioning in bereaved families. Despite the critical need for quality bereavement support for families, many helping professionals feel ill equipped to work effectively with this population. It is imperative that family therapists are able to facilitate positive bereavement outcome in the lives of families coping with the loss of a family member. This workshop will explore a relational approach to bereavement work, and results and clinical implications of original research conducted with bereaved families.

Working with couples from Culturally & Linguistically Diverse Backgrounds: Australian View

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Australia is recognised as a country with an incredibly diverse multicultural population mix and in recent years, working with couples from Culturally and Linguistically Diverse Backgrounds (CALD) in the family and relationship services of Australia has gained interest. There is however a lack of research, service delivery models and interventions in the field (Sawrika & Katz, 2008) from an Australian perspective. This lack of Australian studies has led counsellors and therapists to search for multicultural counselling models overseas. Butt (2006) and Page, Whitting and McLean (2007) give examples of frameworks for understanding the barriers CALD couples and families experience, although their approaches have been designed to address the needs of their countries of origin such as the United Kingdom and the United States of America. These authors propose models that emphasise therapeutic interventions based on race, ethnicity, gender, and even sexual preference, however, their findings can only be considered as a guide to the Australian population due to our increasingly diverse migration. In the most recent Australian census, it was estimated that 31% of Australians were born overseas and of these, about two-thirds were born in non-English speaking countries (Sawrikar & Katz 2008). This paper will illustrate the implications of working with couples from CALD backgrounds in the Australian multicultural context and will propose a model of working with this community that is significant to the Australian population.

Systemic intervention with families using art therapy techniques in shelters

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Introduction: The proposed challenge was to work on two groups with conflicting situations in interpersonal relationships, considering that these shelters help biological siblings and non biological siblings, however all of them have experienced some similar processes: the legal one, possible adoption, return to their original families, as well as to life cycle, childhood and adolescence. This reality has encouraged us to develop a research work which collaborated with the system transformation process, according to the needs and expectations. Goal: Identifying the challenges related to families who have experienced them in daily life of shelters with the help of art therapy techniques, co-construct actions and practical solutions that would enable a better integration to the group through systemic intervention. Methodology: We have used art therapy resources, narrative techniques and systemic intervention; there have been 14 fortnightly meetings, an hour each, in 7 months, with 28 components. Results and discussion: The group brought lots of information by carrying out the artistic activities and the narrative as issues related to different people (that somehow coexist) themselves. Many complaints, disappointments, frustrations, various feelings of anger, indignation, resentment, sadness, prejudice, and injustice have been reported. Through the systemic intervention and the used techniques there were some building activities which developed skills, capabilities and empowerment. The group through each subsystem has interacted expanding the context and reflecting on the system itself, which have influenced and have been influenced. Final considerations: This research has made us realize the importance of continuing this study, as significant experiences regarding working with groups of children/ sheltered adolescents, as well as the need of reference of families to the formation of identity, as their constitution as a human being belonging to a group, the reason why of so much difficulties in relationships of those systems, to be bound by their own vulnerability, the violence and importance of social mothers at these children's stories. When we allowed a space for listening, there was the construction of a therapeutic space, which favored the re-significations, the communication of the participants and the perception of content that is not otherwise expressly.

Developing the Self of the Therapist through Satir Systemic Transformational Therapy I & II

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Today, many research have shown that the effectiveness of therapy depends mainly on 'the quality of therapeutic relationship between client and therapist'. Thus, therapist's use of his/her 'self' is a critical factor in therapy process. Virginia Satir, one of the first Family Therapy Trainers, emphasized that the humaneness and congruence of the therapist is more important than his/her expertise very important for effective therapy outcome. For this aim, therapist's ability to connect with clients and own self processes, being trustable, being congruent and being in harmony with self can increase through solving unfinished familial issues and therapist's gaining self-awareness and working on his/her own growth. This workshop aims to support the therapist's self-growth, increase the therapist's awareness about own resources, internal processes and the parts of his/her self that is needed to be developed, and gaining family therapy skills through experiential, change-focused, systemic and positively-oriented Satir Systemic Transformational Therapy. The presenter will use the same approach that she uses in her family therapy program: focusing on the growth of the 'Self' of the Therapist and providing a competency and therapist focused training program. Participants will experientially explore their internal processes using Satir Iceberg Metaphor , connect with their resources using the metaphor of Satir's Self-Esteem Maintenance Kit. The purpose is for the therapist to reach congruence and be more in connection with their clients.

**Hear our voices! Review of research and policy
in the child welfare system.**

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In the United States alone there are at least 500,000 youth involved with the child welfare system at any given time and this is only a snapshot of the total youth worldwide that are living away from their parents in out-of-home care. Youth involved in the child welfare system may be at risk of negative outcomes due to their experiences before involvement with the child welfare system as well as during due to separation from their family of origin; accordingly, policies have been enacted in order to keep youth safe and to help them during this transitional period. Over the past few decades there have been many policies implemented to improve the lives of children in care in the United States, such as the Fostering Connections to Success and Increasing Adoptions Act of 2008. Although the creation of new policy has aimed to fill in gaps and improve upon past legislation, there are still inherent challenges to caring for children in the child welfare system that need to be acknowledged and address. Qualitative research has been done to capture the voices of these youth with many of the studies suggesting policy implications based on what the youths have said. The presenters have conducted a qualitative research synthesis in order to integrate recommendations of youth based upon their experiences in the child welfare system, the policy implications suggested by the authors of the original studies, and the current policies that are in place. Our presentation will provide a brief overview of the child welfare system, highlight relevant background research pertinent to this population, and give a short overview of policies currently in place. The presenters will then highlight the overlap between what has been suggested and what has been implemented as well as discuss major themes that still need to be addressed utilizing a systemic and ecologically based lens.

**Predicting improvements in depression across therapies
using romantic relationship factors**

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Depression is a common presenting problem for women, often affecting couple interactions in unique ways. We attempted to predict improvements in depression for women with Major Depressive Disorder who engaged in either pharmacotherapy or combined Emotionally Focused Couples Therapy (EFT) with pharmacotherapy (n=17). We predicted that higher levels of the female client's perception of her male partner as an initiator would lead to worse outcomes in treatment; we predicted similar outcomes for the female client's perception of herself as an initiator and her self-reported attachment anxiety and attachment avoidance (higher levels of perceptions of oneself as an initiator, attachment anxiety and avoidance would result in worse outcomes). Changes in depression were measured using pre- and posttest scores on Inventory of Depressive Symptomatology interviews. The women engaged in either treatment regimen for 6 months as part of a larger clinical trial of EFT. Using pretest measures of our predictors, we found that higher baseline levels of perceptions of one's partner as an initiator resulted in less change in depression (worse outcomes), regardless of treatment type, as predicted. In contrast to our hypotheses, we found that higher reported baseline levels of perceptions of oneself as an initiator, attachment anxiety, and attachment avoidance all predicted more change in depression over time (better outcomes), regardless of type of treatment. We apply Coyne's interactional model of depression and discuss emotion regulation as a critical romantic relationship factor that affects individual treatment outcomes for depression.

Mentalizing in Psychotherapy with Same-Sex Couples

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A recent development in contemporary attachment theory's contributions to clinical practice is the concept of mentalization, as articulated by Peter Fonagy and colleagues. Mentalization is the imaginative perception and interpretation of behaviour representative of intentional mental states such as feelings, reasons, and needs. This concept is readily applicable to psychotherapists' work with couples, as a growing body of literature associates the ability to mentalize with perspective-taking, the regulation of affect, the management of relational dynamics, and the resolution of conflict. This presentation explores issues that are relevant to using mentalization in the psychotherapy of same-sex couples. Clinical material from the author's treatment of a gay couple will illustrate some of these issues. Attachment theory provides a wealth of clinical knowledge about the complex relationships between interpersonal interactions and mental states. The interactions of same-sex couples are uniquely characterized by the impact of societal oppression, discrimination, and invalidation. These evoke distinct mental states, such as shame, alienation, and internalized homophobia, which require particular clinical attention when helping same-sex couples mentalize their experiences. Dynamics idiosyncratic to mentalization in same-sex relationships, such as the function of gender roles, sexual dynamics, and discrepancies in sexual identity formation, will also be explored. The use of mentalization in the therapy of same-sex couples is hampered by a dearth of research about same-sex relationships. The complications associated with the use of literature on heterosexual couples to inform mentalization-based therapy with same-sex couples will be examined. Furthermore, regardless of sexual orientation, clinicians are subject to the same adverse socialization about homosexuality as their patients. This presentation explicates the influences of the clinician's socialization on the use of mentalization through specific therapeutic processes, such as countertransference and transference enactments.

Narrative Change in Post Modern Systemic Couple and Family Therapy

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Narrative change is crucial in systems transformation in post-modern oriented therapies. Assessment System of Narrative Change (ASNC) (Sequeira, 2004) was applied to 23 family and couple therapies (total of 139 sessions) to describe narrative change. Three moments (first, intermediate and last session) were analyzed. Differences between good and poor outcomes were found, in last sessions, in ASNC dimensions: discursive, behavioural and cognitive singularities, nature of the story -time, causality -, telling of the story, and session themes. First sessions narratives are identical in good and poor outcomes. No singularities occur, meaning that no new alternative discourses, behaviors and perspectives about problems emerge, explanation of the events holds linear, subjects perceived themselves as incompetents and session themes are symptoms and problems. In dimension time, good outcomes present a floating perspective, meaning that events are reported and contextualized in their time occurrence -past, present and future. Poor outcomes present a static time, centred in past or present time. In intermediate sessions oscillations in narrative dimensions occur, in both poor and good outcomes, reflecting the perturbation that system suffers in therapy. Although no significant statistical differences were found, in good outcomes, these oscillations are in larger number. More singularities occur and all dimensions suffer oscillations, unlike poor outcomes in which oscillations are sporadic. In last session narratives significant statistical differences were found between groups. Poor outcome narratives are identical to first sessions, implying that no positive changes occurred. In good outcomes all types of singularities occur, family/couple implemented new successful discourses, behaviors and visions about their difficulties. Time of events is assigned and subjects have a diachronic perspective about their lives and problems in past, present and future – floating time. Circular causality is assumed with a more complex perspective about each contribution to problems and role of contexts in their maintenance. In dimension telling of the story, competence perception emerges. Subjects see themselves and others in a more active and successful fashion. Therapy conversation focuses in nonproblematic themes and other important issues. This transformation reveals the process of problem dissolution and their acquired ability to solve problems and enlarge perspectives about family/couple.

Poster Displays

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The Role of Natural Disaster in Individual and Relational Adjustment:

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The prevalence of natural disasters, and the enormous impact they have on the lives of those affected, is significant and far reaching. Previous research focused on adverse effects has indicated that exposure to natural disasters may exert particular consequences for mental health. The relational outcomes of disaster survivors are yet to be fully understood and adequately examined. Furthermore, women, especially in lower income countries, are more likely to suffer adverse financial, physical, mental and emotional outcomes of disaster. Women in developing countries, and familistic or community oriented cultures are primarily responsible for care giving in the home. When a disaster leaves people injured or debilitated in its wake, it is often women who assume the primary care giving role on their behalf. Little is understood about the dynamic of having a child with a physical health problem resulting from a disaster, and how the presence of such a health problem relates to maternal mental health status. The purpose of this study was to examine the associations between maternal mental health, the presence of a child's disaster-related physical health problems and family cohesion over time among Sri Lankan survivors of the 2004 tsunami. Each of these variables was measured using a self-report questionnaire administered four months after the tsunami and again three years later. Path analysis was utilized to examine the relationships between the key variables. Results of the path analysis indicated that mental health and family cohesion four months after the disaster significantly predicted variance in mental health and family cohesion three years later. Clinical and empirical research implications are presented and discussed.

**Home Social Intervention:
Reflection On The Point Of View Nursing Students.**

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Introduction: A major challenge for nursing schools is providing nursing undergraduate students with the required technical skills and professional views of ethics and responsibility. The project of community-extended service “Lá Fora” (“Out There”) - Universidade Federal de São Paulo – aims at providing undergraduate nursing students with some experience in health teaching while assisting families. These students had as theoretical background System Practices in the Family and Community with emphasis in General Theory of Systems, Social Network and Narrative Practices. Providing such theoretical basis intended to enhance the ability of participating nursing students to understand the existing relationships in a social home, and to help focus the participant's performance on prevention and health promotion. Objective: To identify the contribution of a community-extended service project focusing Social Homes to the skills of a graduate nurse. Method: Qualitative, descriptive study with a guiding question - “What was it like participating in a community-extended service project in social home?” Results: The participating undergraduate nurses highlighted that by participating in the project they acquired experience in performing interventions of health promotion and developed team work skills, besides widening their views through assisting families. Conclusion: The participation in community-extended service projects in Social Homes positively contributes to the skills of a nursing graduate student as it helps viewing the patient in a broader context having its family as a major influencing factor. It also provide knowledge of special social contexts, which may help nursing students value their own social context.

Applying Mindful Communication Skills To The Four Stages Of Intimacy

Susan Gillis Chapman MA, LMFT

Marriage and family therapist,

Author of Five Keys To Mindful Communication,

Part time consultant and trainer with Karuna Institute (Germany)

Green Light Institute (Washington State)

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This workshop will present a mindfulness-based communication model that enables couples to experience the paradox of being ‘alone-together’ as a pathway to genuine intimacy. To visualize this paradox, the metaphor of the four seasons is used, referring to turning points that occur on a regular basis within the cycle of relationship: solitude, connection, commitment and letting go. First, workshop participants will learn to identify these points and then pay attention to the mindless communication habits associated with them. In particular, there are two common patterns: heartless-mind, which fosters aggression, and mindless-heart, which fosters regression. By applying mindful communication skills such as silence, deep listening and a ‘we-first’ approach to self-expression, we can restore the natural communication system, the paradoxical state of being alone-together, and enable couples to become more resilient by balancing individual needs with the needs of relationship.

**Theatrical improvisation as a means to engage with theory
in family and couples therapy**

Matthew Selman

Northumbria University

In this interactive workshop I will bring together my interests in improvised theatrical performance and family therapy. Together we will explore an experiential way of engaging with theory relevant to family and couples therapy that will enable participants to live theory through performance. Taking the concepts of positioning theory as an example the workshop will use a theatrical improvisation exercise to provide the experience of positioning and being positioned themselves. This will be followed with a space for reflection on the experience and how this has influenced the participants relation with the theory and then how these ideas fit more generally with engaging with theory in the training of family and couples therapy.

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Family and Schizophrenia: Parenting Styles and MMPI Factors

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The current study aimed to investigate the parenting styles and MMPI factors among schizophrenic patient's mothers and compare them with normal group's mothers. Thirty mothers completed the MMPI (71 items) and Parenting Styles Questionnaire. Data was analyzed by independent T test. Results indicated a significant difference in Schizophrenia, Paranoia, Mania and Psychopathic Deviate factors between schizophrenic patient's mothers and normal group's mothers. Furthermore, analyses revealed that schizophrenic patient's mothers use authoritarian parenting style significantly more than normal group mothers. Based on these findings, it seems that family therapists should consider the parenting styles and MMPI factors in treatment of schizophrenia. In addition, we can suggest preventive psychoeducational programs for parents.

Teaching Research Methods to Students: Traditional vs. Research Informed Approaches

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Many leaders in the field of couple and family therapy (CFT) have noted the increasing gap between researchers and practitioners (Sprenkle & Piercy, 2005; Williams, Patterson, & Miller, 2006). According to the AAMFT core competencies, knowledge and the use of research and program evaluation are an important domain for licensed CFTs. Despite this focus, “many clinicians have been slow to embrace clinical research and use it to inform their clinical practices” (Williams et al., p 17). Karam and Sprenkle (2010) assert that this gap may exist due to the training methods utilized in many COAMFTE accredited master’s programs. They propose that a “research informed” method, as opposed to the “scientist-practitioner” model, may be best suited for clinically orientated CFT master’s programs. In the current study, we investigated which teaching strategy (scientist-practitioner vs. research informed) would best prepare CFT students for meeting the AAMFT core competencies in the domain of research and program evaluation. Participants were master’s students from a COAMFTE accredited master’s program located on two separate campuses. In the first location, a traditional “scientist-practitioner” course was designed and included a focus on creating a research proposal. In the second location, a “research informed” course was developed utilizing the ten suggestions of Karam and Sprenkle. All students were administered two pre- and post-test assessments: 1) a multiple choice assessment of basic research knowledge and 2) a likert scaled self-assessment of AAMFT core competencies. In addition, a likert scaled “check-in” was collected weekly to ascertain student’s perceptions of the clinical relevance of class material. A final exam article critique was given to all students at the end of the semester. A third party reviewer scored the article critiques based on a specific rubric that included ability to apply research to clinical practice. Statistical comparisons will be made between assessments given in both settings, controlling for initial skill level. Results will determine which students obtained more knowledge of research methods concepts and which students displayed increased ability to critique and apply research information to clinical practice. Implications for best practices in teaching research methods will be discussed.

**Motivational Therapy:
Fostering Self-Leadership in Low-Income & Homeless Couples**

Nerlie Clark, Eric Johnson

Drexel University
Philadelphia, PA, USA

Motivational Therapy: Fostering Self-Leadership in Low-Income & Homeless Couples in Therapy The purpose of this workshop will be to highlight the importance of motivational therapy with low-income and homeless the couples in therapy. Amidst the storm of the economic crisis ravaging through our society today, what was once known as the “middle class” is vaporizing. Daily, more people are loosing their jobs, their homes and, most tragically, their sense of worth. As systemic thinkers, we understand that such hardships send ripples of disturbance through what may have been a previously established sense of security between a couple. Many remain hopeless, as they have arrived to unexpected lows in life. This workshop will discuss effective therapeutic practices and interventions with low-income and homeless families via motivational therapy techniques. Attention will be given to motivational therapy methods with low-income couples in therapy. Among the variety of demands that come with “getting back on their feet,” low retention in therapy can be confused with a lack in commitment to change. This workshop will highlight the challenges of this population of couples and will include a call for clinicians to increase individual cultural and class sensitivity in practice.

**Bruised But Not Broken:
The Impact of Homelessness on Couples & Families**

Nerlie Clark, William Clark

Drexel University,
Family Leadership and Empowerment Institute
(FLEI)
Philadelphia, PA, USA

Regent University
Philadelphia, PA, USA

Bruised But Not Broken: The Impact of Homelessness on Couples & Families In 2009, there were 656,129 reported cases of homelessness in America. Of that number, 79,652 of those cases were entire families overcome by homelessness. The purpose of this poster is to identify issues of homelessness in the family in therapy and to promote cultural and class sensitivity among clinicians. As systemic thinkers, we must be aware of the impact that one's context has on one's contemporary state. Today as a result of the changes in our economy, health system and housing market climates, once established senses of identity, connectedness and safety are being challenged more than ever. This poster will explore the influence of homelessness on families and its clinical implications.

Scale Development: Hope Support in Intimate Partnerships

Natasha Egeli

University of Alberta
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Natasha A. Egeli, M.Ed., Denise J. Larsen, Ph.D., & Peter D. MacMillan, Ph.D. Introduction: Hope is believed to be essential when facing life's difficulties. Yet, no research exists on supporting hope in the context of intimate partnerships. One of the reasons this research may be absent is the lack of a valid and reliable measure to assess people's perceptions of the support they receive from their romantic partners in relation to their hope. The purpose of this study was to develop and establish a valid and reliable measure of hope support in intimate partnerships (HSIPS). Methods: Researchers reviewed recommendations made in the literature for fostering hope then created a 25 item survey to assess people's perceptions that their hopes are supported by their romantic partner. Data were collected from 255 participants via an online survey, and analysis of the data included examining the scales' structure, internal reliability, convergent validity, and divergent validity. Results: Researchers used maximum likelihood extraction with oblique rotation to explore the factor structure of the HSIPS. Loading patterns and commonalities supported the view that all 25 items met the criteria to be considered part of an overall construct. The internal reliability of the scale was deemed strong. The HSIPS was found to be a moderate predictor of adult hope and social support, and a strong predictor of dyadic satisfaction. Conclusions: The results of this study indicate the HSIPS is a valid and reliable measure of hope support in intimate partnerships. However, further studies are needed to confirm these findings.

Religious-spiritual attitudes in gay and lesbian Puerto Rican couples: A pilot study

Yahaira Zayas, Jose Rodriguez Gomez, Jaris Delgado

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San Juan, Puerto Rico

The lesbian, gay, bisexual and transgender (referred as LGBT) newspaper community faces a heterosexual society that is usually qualified by the discrimination, marginalization, prejudice and stigma towards them. Given this reality, spirituality and religion may be factors that helps manage discrimination as a sexual minority. The issue of homosexuality and lesbianism in the public requires the concurrence of complex conceptual models, not only because it is a poorly researched theme, but also because these studies have repeatedly identified ambiguities, contradictions and uncertainties (Malave & Nazario-Serrano, 2010). Some segments of the population, whether for cultural, religious or spiritual reasons, express different levels of agreement or disagreement with the statement about the prohibition of homosexuality and lesbianism. This has generated negative stereotypes and discrimination against the LGBT community because of the belief that everyone should be heterosexual. This research responded to a construction design and psychometric validation of an instrument, taking this approach ex post facto or causal comparative study was interested because the possible relationships between variables that occur without the intervention of the investigator. Titled: "The instrument scale to assess attitudes towards religion in LGBT" was developed by (Rodriguez & Zayas 2011). Given this reality, we will use a descriptive exploratory design to explore the religious and spiritual vision of a sample of 150 gay and lesbian couples in Puerto Rico and how these beliefs influence or help them as a minority and marginalized group. This study will have two phases; the first phase was the validation of the instrument developed. The second phase will consist of an exploratory study with a sample of gay men and lesbians couples in Puerto Rico. Participants completed a scale and socio-demographic questionnaire and conducted descriptive and inferential statistical analysis. Likewise, assess whether there are differences between groups.

The Effects of the Telephone Crisis Service and Hotline Helpers' Behaviors

Linna Wang, Wen-Hsien Chiang, Narumi Taniguchi, Liang-Ying Chou

Alliant International University San Diego, CA, USA	Taiwan National Suicide Hotline Taiwan, China	Alliant International University San Diego, CA, USA	Alliant International University Irvine, CA, USA
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Telephone crisis service (TCS) has been an important component of mental health services system and an extended force of crisis intervention. Inadequate attention, however, has been devoted to examining its effectiveness. This study was one of the few studies examining the effectiveness of TCS in improving mental status and reducing suicidal risks. The study also aimed to know helpers' behaviors in responding to different callers. In the present study, participants were derived from anonymous first-time callers of the Taiwan National Suicide Hotline. Callers were categorized into three groups: Acute-suicidal callers, suicidal callers, and non-suicidal callers. The findings of the study demonstrated that TCS effectively decreased all callers' mental disturbance as well as reduced their suicide risk during a call. The findings also showed that helpers used different skills for different callers. TCS helpers with acute-suicidal group performed more skills of crisis intervention than those with the other two groups. With suicidal callers or non-suicidal callers, the helpers utilized similar skills, including active listening, and problem-solving. Finally, this study indicated that a significant number of TCS helpers failed to conduct appropriate suicide risk assessments. Thus, there was a great need to improve TCS helpers' suicide assessment skills. Compared with studies conducted in US, the majority of the callers' issues were family issues, and only a small percentage of them are suicidal. This implies that in cultures where individual talk therapy is not a familiar mental health service modality, TCS is being utilized as a service beyond suicidal prevention.

Silenced Beauty:
An exploration of culture, beauty and the therapeutic alliance.

Senem Zeytinoglu, Renata Carneiro, Florina Hort

Drexel University
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Literature from around the world has documented that the ideal pursuit of “beauty” and perfection has been associated with the development of anorexia, depression, poor self-esteem and even violence against women. Cultural norms shape women’s self-esteem regarding their appearances. Highly sexualized cultures can lead women to view themselves as objects, putting them at risk for mental health issues, interpersonal difficulties, depression and victims of violence. Additionally skin color, beauty and higher status in some cultures can also affect self-esteem among women. Women with lighter complexion are often seen as virtuous and more pure, resulting in the devaluation of women of color. Researchers have explored therapist bias regarding the combination of gender and presenting issues such as anorexia, suicide and sexuality. These findings can then be used by the therapist to understand the client and her experience with society’s expectation of beauty. However, the therapist’s own internalized cultural messages about beauty and how it affects the client-therapist relationship has not yet been researched. The purpose of this poster is to provide the therapist’s perspective on the issues of beauty and oppression using a self of the therapist framework with a feminist perspective. As presenters, we will discuss the cultural messages received regarding beauty, the organizing principles of beauty in our cultures and how they can influence our relationship with clients and the therapeutic process. *References can be provided upon request.

Factor analysis of an instrument measuring spouses' perception of attachment behaviors

Carly Heffel

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The Spouse Observation Checklist (SOC; Wills, Weiss & Patterson, 1974) is a semi-observational questionnaire designed to obtain observational data from relationship partners. Although spousal agreement regarding relationship behaviors was low (Jacobson & Moore, 1981), the SOC distinguished between pleasing and displeasing behaviors (Christensen & Nies, 1980), and was correlated with measures of marital satisfaction (Barnett & Nitzel, 1979). Recent work has supported the importance of understanding an individual's perception of their partner, which has been found to be a more important predictor of marital satisfaction than agreement of partners' reports (Segrin, Hanzal, & Domschke, 2009). Gottman and Notarius (2002) identified the need for a theoretical model to organize the complexity of patterns observed in spousal interactions. Attachment theory is a well-supported theory of lifespan development that had emerged as a prominent explanation for romantic relationship functioning. In 1998, Creath, et al. revised the original SOC, drawing on attachment theory as an organizational framework. The current study expands the work of Creath et al. by examining the factor structure of the Spouse Observation Checklist – Revised (SOC-R; Creath et al., 1998) using a community sample of 92 newly married couples (N = 184). This study further compared the resulting factors with measures of attachment and dyadic adjustment. Preliminary results support a four-factor structure of the SOC-R. The factors that emerged include: independent exploration, support provision, proximity seeking, and sexuality. The poster will present a theoretical basis for the factor structure, factor loadings, sample items representative of each factor, and Pearson's correlations with measures of attachment and dyadic adjustment. The implications of our findings for future research and clinical interventions will be discussed.

Relational ethics as a mediator of depression and relationship satisfaction in couples

Rashmi Gangamma, Erica Hartwell, Suzanne Bartle-Haring, Eugene Holowacz

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Relational ethics, a central construct of contextual therapy (Boszormenyi-Nagy & Krasner, 1986), refers to experiences of fairness in relationships. Emerging studies indicate a significant association between relational ethics and relationship satisfaction in couples (Grames et al., 2008; Gangamma, 2008). A strong association between depression and relationship satisfaction has also been established (Fincham, Beach, Harold, & Osborne, 1997; Rehman, Gollan, & Mortimer, 2008) in addition to a significant relationship between depression and relational ethics (Author citation, under review). Given these findings, the aim of this study is to test whether relational ethics mediates the relationship between depression and relationship satisfaction. If so, addressing relational ethics may be important in the treatment of depression and relationship dissatisfaction in couples. Data collected from both members of 68 heterosexual couples from a university couple and family therapy training clinic were analyzed. The Relational Ethics Scale (RES; Hargrave, Jennings, & Anderson, 1991) which provides a measurement of fairness in partner relationships; the Revised Dyadic Adjustment Scale (RDAS; Busby, Christensen, Crane, & Larson, 1995) which measures relationship satisfaction; and the Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer & Williams, 2001) which assesses levels of depression were used. . Preliminary analysis showed that female partners in this sample reported significantly higher levels of depression ($t(67) = 2.57, P = 0.007$), lower levels of fairness ($t(67) = -3.47, P < 0.001$) and lower levels of relationship satisfaction ($t(66) = -4.16, P < 0.001$) compared to male partners. Further, for both partners, perception of unfairness was associated with relationship dissatisfaction while higher levels of depression and dissatisfaction were significantly correlated for female partners but not for male partners. In addition, we will use the Actor-Partner Interaction Model (APIM; Kenny, Kashy & Cook, 2006) to test our hypothesis of relational ethics as a mediator of depression and relationship satisfaction. The APIM accounts for interdependence of dyadic data and is particularly useful when data from both partners are available. Results of this study will inform couples therapy with those experiencing depression and relationship dissatisfaction. Specific strategies to incorporate relational ethics in therapy will be discussed in the presentation.

Couple Experiences of Intimate Partner Violence: A Network Text Analysis of Conversations

Erica Hartwell

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Intimate partner violence (IPV) is a global phenomenon that affects countless couples, families, and individuals. Several studies estimate that around 25% of men and women in the U.S. experience IPV in their lifetimes. Policy-makers and clinicians struggle to explain, prevent, and mediate violent relationships. The purpose of this study is to understand how IPV functions within and is experienced by a couple using a family systems framework. The sample includes taped and transcribed telephone conversations between 22 heterosexual couples in which the male partner is being detained for a felony-level domestic violence offense against the female partner. The conversations range from 30 to 192 minutes, occasionally include the couple's children, and cover topics such as the violent event that led to arrest, previous violence, relationship history, family dynamics, and life stressors. A frequent item of discussion is the possibility of the female partner recanting her story so that the male partner can be released and the family can be reunited. Network text analysis (NTA) will be used to analyze the transcribed conversations. NTA identifies nodes by counting word frequencies and then identifies patterns among words through co-occurrence. NTA allows the researcher to distinguish themes and relationships through the use of language. For this study, the nodal analysis will identify the most salient topics of conversation and the pattern analysis will reveal how those topics are related to the violence. For example, preliminary analysis suggests that one couple's most frequent topics are imprisonment, their house, their children, and the violent event. However, after exploring the patterns between topics, analysis shows that the topic of drug use, while discussed less in general, is highly related to the topic of the violent event. From this we learn both what the primary stressors in the couple's life are as well as what stressors they connect to the violence. Results can inform conceptual understanding of IPV as well as policy and clinical work directed at violent couples.

How to teach abused mothers for a sense of loving care for children

Chikako Sasaki

private practice

Tokyo, JAPAN

This is all about how to raise up mothers' sense of 'self esteem' for a better childcare, better parenting. This can apply not only to mothers who was abused at childhood, don't have a sense of love or being loved, but also for anyone who still have some difficulties, conflict with own parents in a family. This will teach her how to regain it to start giving out it to children and other family members. This course program is designed by 3 parts. #1 How to love herself #2 How to release anger (This can be her parents or former partner. Children pick up mother's emotion easily.) #3 How to forgive (It doesn't mean that forgiveness means what they did was OK, but releasing the emotion from her.) She is often a victim of own parents who had little sense of loving care, have inherited patterns from generation. It's time to stop this negative pattern in families, offer current abusive mothers how to regain self esteem with no feeling that they are blamed, regaining confidence as human, be able to take care of children. This program will contribute decreasing the number of child abuse, also create 'healthy' families in the world. Hope this program will reach out many women/mothers who are in demand throughout the world. Family therapist (Japan) Chikako Sasaki

Multiculturalism for the 21st Century

Daniel Stillwell

Saint Louis University
Saint Louis, Missouri, USA

Purposeful integration of multicultural competencies is paramount to successful therapy in a pluralistic society. When therapists embrace the necessary stances and interventions, they are able to meet not only a wider spectrum of clients, but also are able to personalize therapy to the unique contexts of each individual client. As therapy moves into an era of integration and common factors, the cultural component of change must be included through a meta-framework model. By developing a multicultural theoretical overlay, therapists can weave their own therapeutic postures and theories to include this pervading construct. The goal of this conceptual model of overlaying and integrating is to allow beginning and seasoned therapists alike to enrich their own understanding of the therapeutic context. This workshop will be focused on helping therapists discover how these areas and questions will be used in their specific mental health contexts so that they will be more effective both in their personalization of therapy, but also their versatility in working with people of varying cultures. I believe there are six primary areas to orient therapists to include pluralistic thinking into their own therapeutic process: (1) Administrative Context, (2) Systems Involved, (3) Function of Therapy, (4) Rules of Power, (5) Theory of Change, and (6) Self of the Therapist. The five respective questions are: (1) What influences do the location and organization have on the therapeutic process? (2) How can we include as many systems already involved into the therapeutic process? (3) What functions do the client system attribute therapy and the therapist in its process of change? (4) Where does control exist and what function does it serve? (5) How can my own theory of change match that of the client system? and (6) How are my own cultural nuances altering the therapeutic process?

**Third Culture Kids' family relations, cultural identity,
and help seeking behaviors**

Elise Cole, Mike Phillips, Alexis Becerra, Gibran Mendez

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Chico, CA, USA

“Third Culture Kids” are persons who have spent some of their growing up years in another country. As the world becomes more global there are an increasing number of children that are growing up outside of their home countries. This population includes but is not limited to: military personnel, international students, and children of parents with international jobs. Many children growing up in multiple cultures feel that they never fully comprehend or adapt to their new culture; they continue to remain on the outside (Pollock & Van Reken, 2001). The purpose of this study was to examine the impact of third culture experiences on family relationships, identity development, cultural adjustment, and help seeking behaviors compared to persons who have not had these experiences. When therapists have a better understanding of clients’ experiences and contexts they are able to help them more effectively and in a culturally appropriate manner (McGoldrick, Giordano, & Garcia-Preto, 2005). Results will be reported, followed by a discussion and recommendations.

Critiquing Evidenced-based Couple Therapy (EBCT) Models from a Diversity Lens

Susan Hawkins, Nanette Tangkeko, Kimberly Ortiz

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Evidenced-based couple therapy (EBCT) has shown to have efficacy over the long-term course of relationships. Often, these perspectives are determined by the dominant culture that consists of white, upper middle-class intellectuals. We compare areas of gender sensitivity, power differential, cultural issues, sexuality, socio-economic status, spirituality, impacts on diagnoses and the levels of minority participation in each of the evidenced-based therapy models represented in the literature. In examining Integrative Behavioral Couple Therapy, Emotionally Focused Couple Therapy (EFCT) and the Gottman Model, we hope to highlight the gap of contextual relevance and diversity in evidenced-based couple therapy. In our critique, we asked these questions: Does the model acknowledge the interplay between the couple-dyad and other systems (workplace, schools, SES, etc.)? Does the model allow for a pluralist systems analysis? Does it recognize that what may be “good” for the couple is not necessarily good for the individuals? Additionally, we attempt to challenge those taken-for-granted discourses prevalent in couple therapy models. These diverse perspectives will either compliment or dispute the existing research on these three models to ascertain whether their efficacy is broad-based and sufficiently diverse to treat couples of different cultures. Systemically, we use (1) theory, (2) values, and (3) therapy practices to guide us in our assessment. Furthermore, these existing couple therapy models often reflect the discourses of what society views as the dominant perspectives on marriage and relationships. Using literature review as a medium to compare and contrast core assumptions on marriage and relationship between these three therapy models, we are able to identify their contextual differences. Overall, IBCT has the highest level of representation pertaining to contextual matters in the literature than EFCT and the Gottman Model. IBCT attends to more in-depth diversity issues than the other evidence-based couple therapy models. In contrast, the Gottman model assumes equal power and ability to communicate amongst all men, women, and people from different cultures. Implications suggest that though couple therapy models provide important frameworks for organizing and directing clinical work, diversity characterizes the great majority of our relationships within our community and has thus added complexity to working with couples.

**From couples to parents:
Overcoming this challenging process in couple's therapy**

Kamila Marrero, Viviana Padilla,

Carlos Albizu University
San Juan, Puerto Rico

The transition from being a couple to becoming parents is a challenging process. These changes have been studied from different perspectives. Studies have revealed that most couples show a decline in communication and experience life adjustments through this stage. Often, couples overcome the challenges and adjust well to their new life as both parents and a couple. Unfortunately, not all couples can deal with the hardships that may arise in the process. Some of these couples decide to get couples therapy from a Marriage and Family Therapist. Applying this piece of information to couple's therapy; we could conclude that it will also affect the dynamic in the relationship of the clients, therefore providing hindsight to their treatment. The main objective of this poster presentation is to illustrate different findings in couple's therapy research concerning couples relationships and parenting. The audience will learn theories, practical strategies and techniques to be used with couples confronting parenting related issues. The presenters will discuss what are the most common challenges for a couple that are also parents. There are various factors to be considered when evaluating if the couple's difficulty consists of the relationship or the parenting dynamics. Once the issue at hand is evaluated, one will be able to provide an adequate treatment. Giving attention to the specificity of the client's needs may include the following: evaluating the couple's behavior towards each other, the coping skills they may have, the attachment between the couple and the rest of the siblings, the age group the individuals belong to, and the cultural variations that exist within this thematic. Couples therapists should be aware of the challenges and changes that couples confront when they become parents. Couples can come to therapy for this reason or any other related situation. Therefore, we as professionals should know how to help them in the best way possible. Through this presentation we intend to provide information to collaborate with the advance of the profession and to improve the skills and knowledge about parenting and couple's relationship.

The use of neurocardiology techniques in couple therapy

Lyndsey R. Hjelmstad, Kayla D. Mennenga

University of Georgia

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Many interventions within Marriage and Family Therapy are insight-oriented and target cognitive domains. However, research on emotion and stress regulation highlights the benefits of using interventions that engage both the brain and the heart in treatment. Intervention studies of neurocardiology techniques show improvements in participants' emotion regulation, stress reduction, and even conflict resolution skills. The Freeze-Frame technique is one intervention used to increase involvement of the heart in decreasing stress, negative emotion, and regulation of the sympathetic and parasympathetic systems. This method has been used successfully with individuals and has resulted in decreases in anxiety, heart rate variability, depressed mood, and blood pressure. While studies with individuals highlight the effectiveness of the Freeze-Frame technique, this technique has not been utilized in therapy with couples. Because of its emphasis on emotional regulation, this intervention is uniquely suited for work with couples addressing conflict resolution. The study presented in this research poster used the Freeze-Frame technique as an intervention in couple therapy in an effort to reduce couple distress and assist partners in more effective conflict resolution. Couples attending couple therapy at a university clinic were presented the Freeze-Frame intervention during periods of couple conflict. Couples were then asked questions regarding their conflictual interaction, feelings toward their partner, and how they might handle the conflict more effectively. Video transcripts of these sessions were analyzed to determine the effect of the Freeze-Frame intervention on agreement and disagreement between partners, affect toward partners, and changes in the way conflict was handled in the couple relationship. The proposed poster will present the results from this study and discuss implications for the treatment of couple conflict in therapy, especially how the Freeze-Frame intervention may be useful in couple therapy sessions.

Utilizing Skype in Couples Therapy

Megan McCoy, Lyndsey Hjelmstad

University of Georgia

Athens, GA, USA

The Center for the Study of Long Distance Relationships estimates that in 2005 approximately 3.5 million people in the US alone were involved in long-distance marriages. Recently, one such couple began attending therapy at the ASPIRE clinic at the University of Georgia. The therapist utilized intensive couple therapy when both partners were in the same place over several months of treatment, but augmented the in-person couple's therapy with a internet communication device called "Skype". Skype allows people to video chat easily. So in this case, the therapist and the wife would meet in a therapy room where the wife would set up the laptop with Skype, and the husband would be transmitted live through the computer. Throughout the session, the therapist, wife, and husband could all see and hear each other despite the fact that the husband was actually across the country from the therapist and the wife. Employing Skype in the therapy room allowed therapy to take place on a more regular basis, yet caused many setbacks. This poster will discuss how the therapist was able to conduct couples therapy with only one client physically in the room. It will address the issues around balancing triangulation caused by the physical presence of the wife but not the husband and the surprising discovery of the healing power of touch in couple's therapy that the therapist discovered in Skype Therapy. Additionally, this poster will highlight some of the legal and ethical concerns that arose how they were resolved due to the nontraditional therapeutic approach of using Skype Therapy. Finally, suggestions for use of Skype and other video messaging programs in the future will be presented.

Couple therapy with pathological gamblers. A qualitative study

Diana Cunha, Margarida Vilaça

Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra , Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra Coimbra, Portugal

Family and, particularly, couple dynamics are really important to the development, maintenance, relapse and recovery of pathological gambling (Lee, 2009). However, there is a lack of this systemic approaches, both at a conceptual level as an interventional level (Garrido e cols., 2004; Oei e Raylu, 2004). Answering to this failure, we adapted a brief couple therapy protocol for pathological gamblers. This is an innovative protocol, composed by seven fortnightly sessions and two follow-ups (one and four months after the last session). The present study analyzes the therapeutic results of this couple therapy protocol with one couple with a pathological gambler element, using the Goal Attainment Scale (GAS) (Kiresuk & Sherman, 1968). This is a pilot study and the first step to understand the therapeutic potential of this couple therapy protocol for gamblers indicating important guidelines to the systemic clinical work with this population.

A Critique of Therapists' use of Attachment Theory and Application with Immigrant Families

Jessica Chou, Rachel Mirecki

St. Louis University
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Attachment has been revered as one of the most profound theories for parent and therapeutic interventions (Rothbaum, 2000); however, it does not necessarily offer room for differing cultural views of family relationships. Therapists working within this framework may not recognize the inherent flaws of the assumed universality of one form of attachment security within the family. Thus, such flaws may inhibit therapists from effectively applying an attachment model to culturally diverse families. This workshop will begin with an experiential activity to explore clinicians' assumptions about parent-child relationships. Following, presenters will provide a critique of attachment theory and offer culturally-appropriate suggestions based on the unique needs of immigrant families. Participants will review a case study to explore how personal beliefs about attachment intersect with clinical interventions for families of migration from their heritage culture. To conclude, presenters will provide the audience with culturally-competent applications of attachment theory for working with immigrant families within a Westernized framework as a necessary step towards achieving best practice in family therapy.

Love and Sexual Intimacy after Prostate Cancer

Megan McCoy, Morgan Stinson

University of Georgia

The ASPIRE clinic University of Georgia

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Relational and intimacy problems are common with couples after surviving prostate cancer. This presentation will explore how to use a systemic lens to illuminate discourses that impede couples' sense of intimacy after cancer. A considerable amount of empirical research has been conducted, generally by the medical profession, either on the individual or their partner. However, what is lacking in the current MFT literature on this population is the relational focus of working with a couple in the aftermath of prostate cancer. Few, if any, have established a theoretical or clinical approach for working with these couples from a systemic and relational perspective. Couples who experience prostate cancer are often faced with covert cultural messages about their relationship that has consequences in their communication, quality of life, and sexual intimacy. For example, the dominant discourse accepted as the norm for older couples sexual intimacy is often deficit based which restricts options for increasing emotional and sexual intimacy. Narrative therapy provides the tools to help couples make these discourses more overt so they can create their new story of love and intimacy. This presentation will begin to shift this discourse and others like it by introducing how to deconstruct these problematic narratives to bring them to conscious awareness. Additionally, it will also help them co-construct new preferred narratives. During the presentation, participants will obtain the following: 1) knowledge of current literature and issues related to prostate cancer and its effects on a couple's sense of love and sexual intimacy, 2) practical guidelines for using narrative therapy as a means to help couples co-construct a preferred relational narrative, and 3) examples of questions integrating current literature with narrative questions assessing a couple's meaning of masculinity, sexual relationship, role change, communication, and self-esteem after prostate cancer.

Relational Nutritional Therapy

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Family therapy changed the face of therapy by introducing family members into the therapy room with the client. Now, the ASPIRE clinic (Acquiring Strategies for Personal Improvement and Relationship Enhancement) at the University of Georgia is breaking the mold again by introducing more professionals into the room with the clients. The most exciting component of having multiple fields represented at ASPIRE is that our sessions are not separate, but rather integrated. For instance, my clients do not see me one week and their nutrition counselor the next, but instead have “relational nutritional therapy” in which we all meet together for treatment. This has opened many opportunities for healing, but there are some unique challenges to this format. This case illustration presents two “relational nutritional cases” that took place with a mother and daughter. The family therapists’ team recognized that the clients had a need to have a healthy and balanced food, and to manage food at home beyond their relational issues. For the daughter, we focused on emotions around food and self esteem in a teenager. For the mother, we focused on her emotional reactions to food, which has been linked her memories of childhood sexual abuse and previous binge eating habits. Family therapists met this mother and daughter individually and conjointly and also had sessions with them companying their own nutrition counselors. This has opened many opportunities for healing, but there are some unique challenges to this format. An exploration of positive changes that took place, as well as highlighting the difficulties that arose in this new therapy approach will be discussed we will discuss the therapy tools, techniques, and strategies that family therapists and the nutrition counselors used in the actual sessions.

Applying common factors when working with families in the child welfare system

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The presentation will provide a brief review of the child welfare system and the implications it has on families involved in that system: ambiguous loss, lack of role clarity, mental health issues, etc. Several evidenced based treatment models for working with families in the foster care system will be discussed: Behavior Analysis Service Program, Family Empowerment Intervention, Oregon Multidimensional Treatment Foster Care Model, and Multisystemic Therapy. Strengths and barriers of implementing these practices in an independent clinician's office will be discussed as a group. The presenter will summarize the suggestions of the audience and state those barriers and strengths depicted in the discussed models: lack of personnel, money, time, etc. The presenter will then offer a model of family therapy that pulls from the strengths and common factors of the Evidence based treatments and the training that family therapists receive to demonstrate how clinicians can work effectively with families involved in the child welfare system. This model includes ways to assess families, suggestions for how to join, interventions to use, and the structure of how therapy should be conducted.

Contextual factors impact on relationship satisfaction in young adult life-cycle stage

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The young adult life-cycle stage is marked by the development of intimate relationships and the process of adaptation to a partner as major tasks. This is a time where challenges on different systems and contexts take influence. The present study follows a systemic and ecological approach in order to better understand the contextual factors impact on the loving relationships of the young adult. Based on post-positivist paradigm, this research adopts a predominantly qualitative approach, combining quantitative and qualitative methodologies. Firstly, we decided to analyze the relationship satisfaction in a sample of portuguese young adults (N=590) that are currently in a loving relationship, where we applied the Relationship Rating Form - Revised (RRF-R) (Davis, 1996; portuguese version, Lind, 2007). Interviews were made to 10 couples from the initial sample using the semi-structured interview method to explore which contextual factors are perceived as the most influent on the couple's relationship. The results suggest that young adults in a loving relationship present high levels of relationship satisfaction. Satisfied couples seem to perceive the contextual factors as more positive than negative, recognizing that even those perceived as difficulties may have a positive impact on their relationship. The academic issues emerge as the most negative impact factor influencing the couple's anxiety and the time available. The family-of-origin and the social network are perceived as the most influent factors at the present moment of the relationship, as well as the most supportive. The emerging data from the couple's perception enhances professional issues, economic resources and habitation issues as contextual factors potentially influent on the future of their relationships. This investigation aims to have real implications foventive and clinical practices. Key-words: Contextual factors, Relationship satisfaction, Couple's perceptions, Loving relationship, Young adult

Perception of strengths and needs of LGBT clients among family therapy trainees in Russia

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Being gay or lesbian in Russia has not been illegal since 1993 but is still considered a "perversion" by the majority of the population. The recent survey of Russian public opinion conducted in July 2010 (Levada-Center, 2010) concluded that homophobia is widely spread in Russia. Considering the existing public attitudes towards sexual minorities in Russia the question of what attitudes towards this population mental health professionals hold arises. We found no data related to this question available. As family therapists we are specifically interested in exploring attitudes towards and perceptions of the LGBT population and clients existing among family therapists. Instructors and family therapy trainees at Systems Family Therapy Training (SFTT) program in Vladivostok, the largest city in the Russian Far East, identified one of the recent issues professionals have started to face in their practice - working with LGBT clients. As a part of understanding this request a brief survey was conducted among trainees. The survey included the following questions: What are the major issues you see LGBT clients presenting with in therapy?; What are the most important things therapists need to know and/or be able to do to work effectively with LGBT clients?; What do you see as the greatest challenges facing LGBT?; What do you see as the greatest strengths of LGBT? Anonymous responses were translated from Russian into English and analyzed as a first stage of the Delphi method with a plan to continue this line of research in the future utilizing a second stage of the Delphi study. The responses were summarized, grouped and categorized by the researchers. Then emerged categories or items were edited for redundancy, readability and non-overlapping items. Findings from this project which will become a basis for a second stage of the Delphi study is a very important first step in starting research aimed at exploration of mental health professionals' perceptions and views of LGBT population in Russia. Studying trainees' perceptions of LGBT population and potential needs of LGBT clients may inform educational and clinical training practice of family therapy training centers in Russia.

Relational justice: A socio-emotional approach to divorce mediation

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The Family Courts have a long history of rendering decisions according to gendered ideas of parenting, such as the belief that mothers are uniquely qualified to care for children. Often newly divorced couples leave the courtroom with a decree that over-burdens the mother, is exclusionary to the father, and triangulates the child an unbalanced dynamic. SERT mediation is an adaption of Socio-Emotional Relationship Therapy (Knudson-Martin & Hunuenergardt, 2010), a model designed to support equality in relationships. SERT mediation represents not just an alternative to litigation, but an opportunity to create unique and equitable agreements. The mediators identify the social discourses in the clients' stories that inform what it means to be divorced, and what it means to be a single mother/father. The model has four key components: (1) helping co-parents examine the meaning of gender and parenting, and the impact of divorce on their cultural identities, (2) dialoging and providing information that expands the available possibilities, (3) helping couples co-author a "conscious" parenting agreement that distributes time and tasks according to desires and feasibility rather than gendered norms, and (4) develop an action plan in the event that collaboration breaks down or when a party requests a revision. SERT mediation has the potential to be an effective family intervention, but also a social intervention. When the resolution of the conflict and re-envisioned family dynamic becomes codified through the agreement, it literally becomes law.

Attending to Self-of-the-Therapist Issues when Treating Sex Addictions

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The prevalence of sex addiction issues appearing in couple's therapy is increasing rapidly. Yet, little educational attention is paid to sexuality and related issues in masters and doctoral level counseling and marriage and family therapy programs. Proactive therapists seek out their own education on this topic post-graduation. However, simply increasing one's knowledge will not prepare a therapist to successfully treat these issues because of the additional layers attached to such issues by cultural stigma and one's own beliefs and values. Therapists, too, are impacted by larger systems, living within families, communities, and the stigmatizing culture. Systemically-oriented therapists assume contextual factors and circular feedback play active roles in our client's lives; but somehow we neglect to evaluate ourselves in the process, becoming complacent in personal growth and complicit in perpetuating shame, particularly, as it relates to sexuality. Our unique families-of-origin and societal contexts have created scripts and rules around sexuality, shaping and affecting our ability to assess and treat sex-related issues in clinical practice. Current research suggests that a combination of supervision and education focusing on sexuality increases the likelihood of therapists broaching the subject of client sexuality. It seems probable that active supervision around sexuality affords developing therapists the opportunity to process areas of discomfort, the mismanagement of personal beliefs, and ethical concerns. Further, therapist-related factors have been found to influence how therapists view and treat their clients' issues related to sexuality (e.g., religiosity, age, gender). In fact, even the way a clinician frames or discusses a client's issue (e.g., labeling sexual behavior an "addiction") impacts the resulting treatment. These issues become exacerbated when multiple people are involved in the treatment, as in couple therapy, where clinicians then have to attend to relational cues and issues as well. The objective of this presentation is to raise self-awareness of therapists working with couples who are facing issues of sex addiction and related behaviors. The goal is to teach active anxiety management skills and here-and-now assessment of the client's perspective of the therapeutic relationship. Group activities will facilitate individual reflection and case conceptualization.

Community in Action: Systemic Assessments as a Vehicle for Community Development

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The unique milieu of communities are shaped by interfacing dynamics that govern and maintain the local practices and lifestyles of peoples. Comprehension of the distinct organization of communal experience is imperative to the employment of culturally sensitive, effective, and efficient community interventions. This presentation will inform of the importance of systemic community assessments as precursors to community development initiatives. Core tenants of systemic assessments community will be reviewed: I. Comprehension of co-occurring and intersecting community issues across multiple domains including health, relationships, environment, and socioeconomic status, and II. Evaluation of local phenomena in context to larger power, structure, and cultural dynamics. The discussion will be broken into four segments in which twelve Marital and Family Therapy theoretical constructs will be discussed: (1) Culture, Intersecting Identities, and Intersecting Phenomena; (2) Wholeness, Interdependence, and Power; (3) Context, Structure, and Development and; (4) Resilience. A case example of an international assessment of two communities will be utilized to clarify and punctuate the significance of core systemic assessments concepts and to demonstrate the critical role of community assessments in fostering community engagement and interdisciplinary collaboration on community development initiatives. Suggestions for integrating assessment findings into collaborative interventions targeting targeting poverty, health and wellness, and environmental sustainability will be provided. The potential benefits of systemic assessments such as healthier familial and and communal lifestyle practices, decreased poverty, and decreased environmental degradation will be discussed.

Evaluation of the Nurtured Heart Approach (NHA) in Group Homes

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The proposed presentation, Evaluation of the Nurtured Heart Approach in Group Homes, discusses the evaluation of the Nurtured Heart Approach in several group homes across Riverside County, California. The presentation focuses on the use of qualitative and quantitative methods of evaluating the success of the program from the perspective of group home staff who were trained to utilize the NHA, and several foster youth who experienced NHA first hand. Focus group interviews with staff and a youth explored participants' perceptions of training quality, receptivity to the approach, appropriateness of the approach to the care context, impact on caregiver-youth relationships, and perceptions of the multisystemic effect of approach utilization in group homes. Quantitative methods evaluated the effectiveness of the NHA by looking at trends of behavioral and interpersonal problems, as well as increases in positive interactions and attitudes among youth in the group homes. The two-year maturation of the evaluation will be discussed, and will include lessons learned and adjustments made over the life of the evaluation. Methods for improving the usefulness of the evaluation results will also be presented. Attendees will gain knowledge and build capacity for evaluation-informed NHA implementation through the two-year story of using the approach with foster youth in group homes. Attendees who may not plan on using the approach in similar settings will still gain important information about qualitative and quantitative evaluation methods for continuing to evaluate the versatility of the NHA in different contexts and to demonstrate the direct impact of NHA on its recipients. This increases the research and evidence base of the Nurtured Heart Approach, giving it further credence to be used in funded programs.

Relation Between Violence and Social Support in Dating Relationships in Young Puerto Rican

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Literature confirms a lack of couple domestic violence research in Puerto Rico when statistics report a significant increase of these cases. Violence is one of the most alarming social and mental problems; it has been estimated that 60% of all puertorican women have been victims of physical and emotional abuse from their partners. Nevertheless, this phenomenon is not limited to Puerto Rico, since United States and Canada studies have also reported a high prevalence of physical aggression in college student couples (Sugarman & Hotaling, 1989). This violence causes the victim psychological problems, homicide, medical costs, etc. Obama, president of the United States, has dictated the need of education and prevention in this population so a healthy couple relationship culture can be developed. The purpose of this investigation is to study the factors associated to this behavior as it is social support, and to address populations in risk. The data obtained will be essential to determine whether not having social support make victims more vulnerable to abuse. It also will be helpfull to develop intervention strategies, and work toward solutions that minimize the obstacles that arise for these victims to seek help. This study could be the beginning of a great contribution to couples therapy since investigation skills help professionals become competent applying their knowledge and abilities and promote a quality of life.

Infusing curriculum on Problem Gambling into masters level clinical training programs

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This poster presentation details results from a study funded to develop and research curricula infusion materials for University students on problem gambling. After studying the impact of such curriculum infusion on pre-service, undergraduate students in criminal justice and community health in 2008 and 2009, this project examined the impact of a two-hour curriculum infusion package on graduate students in marriage and family therapy and social work programs. In all cases, pre/post-test measures were developed based on curriculum objectives to assess students' knowledge and attitudes regarding gambling behaviors and familial impact. Items reviewed included a combination of multiple choice, true-false, and 5-point Likert scale response options. Fifty-eight students were introduced to the Masters CIP in the spring of 2010. Of import was the change in pre-professionals' knowledge and attitudes about disordered gambling behavior and the impact of problem and pathological gambling on individuals, families, and communities. Paired t-tests were conducted in order to determine if attitudes significantly changed from pre- to post-test. Responses revealed significantly different attitudes at post-test for 12 of the 14 items, all representing change in the less stigmatizing direction. Participants were also asked to read four vignettes about individuals engaging in gambling behavior. Responses were significantly different for two of the four scenarios at post-test indicating an overall trend to more likely consider each of the scenarios as portraying problem gambling behavior. Finally, participants responded to eight true-false items that investigated their knowledge of gambling addiction-related information. Results indicate that, as might be expected, a significant portion of the respondents correctly answered most of the items after the training. The findings of these studies suggested that a brief curriculum infusion was effective in increasing awareness and changing knowledge and attitudes related to problem gambling behaviors. These findings supported the production of a 90-minute undergraduate and a two-hour graduate level curriculum infusion package (CIP) that is now ready for dissemination to University programs wishing to enhance their health care and social service training in the area of disordered gambling and treatment for problem gambling.

Differentiation of Self and Emotional Intimacy in Marital Relationships

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Partners' perceived emotional intimacy has been found to be a significant correlate with their relationship satisfaction (e.g., Holt, Devlin, Flamez, & Eckstein, 2009). Thus, failure to establish intimacy in romantic relationships has often been identified as one of the primary reasons for relationship dissolution (e.g., Moss & Schwebel, 1993). In the literature, several studies have suggested that individuals' lack of ability to maintain intimate relationships may be related to their low level of differentiation of self (e.g., Thorberg & Lyvers, 2006). From Bowen's perspective, it is assumed that well-differentiated individuals are more likely to balance a sense of togetherness and separateness in intimate relationships. On the other hand, individuals with low level of differentiation may experience a great deal difficulties with emotion regulation in their relationship with significant others (Kerr & Bowen, 1988). Given that the construct of differentiation of self may be a salient factor for individuals' regulation of emotional distances in intimate relationships, we explored the association between spouses' differentiation level and perceived emotional intimacy in their marriage. The sample utilized in the current study consisted of 336 married couples, who had been married for 18 years on average ($sd=5.24$ yrs; range 2 to 40 years). Each spouse's level of differentiation was assessed using the Differentiation of Self Inventory (Skowron & Friedlander, 1998). Spouses' perceptions of emotional intimacy in their marriage were measured based on the Revised Experiences in Close Relationships Questionnaire (Fraley, Waller, & Brennan, 2000). Preliminary data analysis was conducted using AMOS 19.0 (Arbuckle, 2010), and the Actor Partner Interdependence Model (APIM) was developed to test the non-independence between spouses' differentiation level and perceived emotional intimacy. The model we tested had an acceptable fit ($\chi^2=13.67$, $df=5$; $CFI=.977$; $RMSEA=.072$). The results of preliminary data analysis indicated that both husbands' and wives' higher levels of differentiation of self were significantly associated with higher levels of emotional intimacy with their spouse. However, spouse's differentiation level was not found to affect their spouse's perceived emotional intimacy in our preliminary data analysis.

Emerging Knowledge on Couple Therapy: Vietnamese and Armenian Perspectives

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The U.S. has experienced a wave of immigration that has researchers estimating that the current majority population will become the minority by the year 2050. Historically, mental health services in this country have primarily served the middle and upper class European American population. Recently, the Surgeon General reported that the mental health system in this country is not prepared to serve the needs of people of color. In fact, there is considerable evidence that people of color are much less likely than European Americans to seek therapy. With the increasing cultural diversity in the U.S., it becomes essential for mental health professionals to provide culturally relevant services. To date, only a few research studies have focused on racial/ethnic minority attitudes and utilization of therapy services, and the majority of them were focused on individual therapy. The authors have not found any studies examining racial/ethnic minority perspectives on couple therapy. The current study broadens the focus of past research by interviewing adults on their attitudes, beliefs, and barriers that promote and prohibit the use of couple therapy in minority populations. The focus of this project was on the Vietnamese and Armenian/Assyrian perspectives because these cultures are being underserved in the community. The poster presentation will provide results from a qualitative study informed by a phenomenological approach. Interview data highlight the perspectives from the Vietnamese and Armenian/Assyrian communities. Among other things, our findings reveal preferred methods of dealing with issues in the couple relationship, the steps taken to solve relationship problems prior to seeking therapy, several important factors that impact the decision to seek couple therapy, beliefs about couple therapy, and the function of couple therapy. We also found patterns for identifying and accessing resources in the participant's community. Results from the study will provide implications for developing culturally appropriate practice for these ethnic groups.

Female Same-Sex Couples in Therapy: Get Real, Get Educated

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“Female Same-Sex Couples in Therapy: Get Real, Get Educated” is an interactive presentation designed to engage clinicians in critical thought processes regarding the issues surrounding female same-sex couple relationships in training, research, and clinical practice. Historically, couple and family therapy (CFT) researchers and theorists have focused on heterosexual couples, or in some cases gay male couples, assuming that central concepts and principles would easily translate to the experience of all same-sex couples. It is a common myth that that same-sex female couples show intolerance for distance and difference within their relationships; however, factors of internalized homophobia, homonegativity, and systemic heterosexism are not addressed. The foci of this presentation will be threefold. 1) We will present evidence of same-sex couples’ resiliency and addresses some of the primary areas related to sexual and gender minority (SGM) competence in the field of CFT, including common myths of female same-sex couple relationships and differences that exist between heterosexual and same-sex couple development; relevant issues experienced by same-sex couples today that need to be addressed in systemic couples therapy; and implications for practice derived from Slatter’s (1991) five-stage Lesbian Family Life Cycle. 2) We will address the importance of relationship recognition and present empirical support that exists highlighting the physical and mental health benefits of legal and social acknowledgement of same-sex relationships. This discussion will include an overview of domestic partnerships, civil unions, legal marriage and other forms of relationship recognition that exist and the impact they have on same-sex families and relationships. 3) Finally, we will address some of the barriers to incorporating sexual orientation training into many CFT programs and provide suggestions for how CFT programs can enhance their curricula to be more diverse and inclusive of non-traditional family education. The potential incorporation of SGM competence training within CFT programs will be addressed, as well as the importance of expanding the idea of culturally competence to include SGM’s. This presentation will incorporate the most recent therapeutic developments with same-sex couples and challenge participants’ assumptions regarding same-sex families and relationships.

The role of family narratives in the child and adolescent mental health service

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Introduction: Children as a social being, form their personalities with the aid of attention, care, and values provided by their families and position which they are put in by their families. Their stories derive from their family stories. This practice leads to healthier individuation process and helps them to shape their own identity. Methods and Results: 527 volunteer mothers who brought their children to Istanbul University, Children's Psychiatry Clinic for a psychological problem they have seen in their children answered a survey questioner. In the 56% of the homes TV were on all day, and it has been watched on an off. 58.7% of the mothers have never read or tell tales to their kids. 48% of the parents have not passing the family stories to their children. Telling family stories were found more frequent between higher educated parents. 43% of the mothers agreed on those family problems affected the kids and this group of mothers were more frequently experiencing feeling of helplessness and wants to join family psycho-education sessions. Summary: In our cases, we determined that children have been spending most of their free time by watching TV or playing games. This situation prevents passing the family stories, values and cultural richness to new generations. It also resulted with the loss of healing effect of narrative story sharing. In conclusion we decided to implement systematic family narrative therapy unit in the context of parenting risk assessment service in our Child Psychiatry Clinic.

Marital Satisfaction, Coparenting and Family Life Cycle in a Non-Clinical Sample

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This study aims to analyse the relationship between marital satisfaction and coparenting in different stages of family life cycle, including: families with children in preschool, families with children in primary school, families with children in the middle school and families with children in 3rd cycle. Seeking further to understand how these variables, separately and together, vary taking into account gender differences in the couple. There were 261 married couples, parents of students from a private school in Lisbon, that asked to the Evaluation of Satisfaction in Areas of Marital Life Scale (Narciso & Costa, 1996) and a Portuguese adaptation of the Coparenting Questionnaire (Margolin, Gordis & John, 2001). Results indicate a positive, strong and highly significant relationship among the variables, which remains throughout the four stages of family life cycle, and also significant gender differences for both variables. This study mainly contributes towards clarifying the association between marital satisfaction and coparenting which, up to now, has been scarcely examined. Finally, limitations, implications for intervention and future research are discussed. Key-words: Marital Satisfaction, Coparenting, Gender differences, Family Life Cycle

Couples' resilience:
Unveiling factors that contribute to the stability of relationships
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A recent topic of interest in psychology is the phenomenon of resilience. Several studies have found that resilience refers to people's ability to develop in a psychologically healthy and successful way despite being exposed to adverse situations. However, the phenomenon has not been studied within a context of couples' relationship. The literature indicates that there is an infatuation or "honeymoon" stage where the couple usually reports high levels of satisfaction, but, after 3 years, the relationship tends to take a different turn when confronted with the realities and problems of daily living. For this reason, we developed an instrument that measures resilience within the couple. This instrument measures different factors that, according to the literature, portray the essence of what resilience conveys. These factors include spirituality, mutual and social support, emotionality, shared expectations, sense of humor, structure, independence, self-esteem, and communication. A pilot project was performed to assure content validity and reliability. The instrument and demographic questionnaire was administered to a sample of 75 participants. Preliminary results found a Cronbach's alpha of .86. The current study intends to use the pilot data and administer the instrument to an additional 75 participants, resulting in a total sample size of 150 participants. A reliability and factor analysis will be performed to verify the previous results. We will also measure the correlations between years of relationship and level of resilience. Finally, demographic factors such as religion and socioeconomic status will be taken into account. The study is waiting for IRB approval.

Does Believing Your Relationship Can Grow Relate to Lower Perpetration of Violence?

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Growth belief is “the belief that relationship challenges can be overcome” (Knee et al., 2003). This belief is accompanied by the view that partners and relationships can change over time and that obstacles help relationships grow and develop. The current work tested the hypothesis that growth beliefs mitigate against IPV, possibly due to increased satisfaction with sacrificing one’s own self-interest for the betterment of the relationship. In Study 1 (n = 854 undergraduate students), greater growth belief was related to less physical assault perpetrated in close interpersonal relationships, $\beta = -0.13$, $t(853) = -3.73$, $p < .001$. Growth belief remained a significant predictor of physical assault after controlling for sex and destiny belief, $\beta = -0.10$, $t(851) = -2.92$, $p < .01$. In Study 2 (n = 906 undergraduate students), greater growth belief at Time 1 was related to less physical assault perpetrated in close interpersonal relationships at 12 weeks later, $\beta = -0.18$, $t(900) = -5.55$, $p < .001$. Growth belief at Time 1 remained a significant predictor of physical assault perpetrated in close interpersonal relationships at Time 2 after controlling for sex, destiny belief, and initial levels of relationship satisfaction and physical assault, $\beta = -0.11$, $t(896) = -3.31$, $p = .001$. In Study 3 (n = 166 undergraduate students), satisfaction with sacrifice within a relationship mediated the association between growth belief and aggressive behaviors in that relationship, as measured by the number of pins a person used to poke a doll representing his/her partner. In Study 4 (n = 583 undergraduate students), satisfaction with sacrificing in a relationship mediated the association between initial growth belief and aggressive behaviors in that relationship 6 weeks later, controlling for sex and initial levels of destiny belief, relationship satisfaction, and physical assault. Our hypotheses were confirmed in that greater growth belief was related to less physical assault in close interpersonal relationships over time, and that satisfaction with sacrifice mediated this relationship. These findings provide evidence that the beliefs individuals have about the ways in which relationships grow and develop have important implications for close interpersonal relationships and their development over time.

Therapeutic Practice With Children, Teens And Families In Shelter Situation. Sao Paulo / B

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In Brazil, since the enactment of the Child and Adolescent by-law, children and adolescents have to be looked at as subjects of specific laws due to their peculiar developing condition. When children/teens are in risk in their own family, they are removed to host families or to shelters by social service. This measure has a protective, exceptional and temporary character. This work attempts at strengthening of family ties and differentiation in an attempt to create opportunities, that enable resumption of living as a family in society. It aimed the empowerment of the nuclear and extended families, children/teens in order to overcome the situations that gave rise to host through the qualified hearing of this clientele so as to develop individual and family resources and potentialities. With this goal in mind, in 2011 group conversations were held as a privileged space for sharing experiences, reflections and discussions with families, children and adolescents allowing the understanding of the different views of family relationships and the development of new strategies for conflict resolution. For this matter, the Community Integrative Therapy was used in the listening group as a strategy that assumes the principle of turning pain into growth, the lack of skills into competence, that values the clients speech in a way that assists in the promotion of new acquirements to rescue one's own identity, self esteem and self love, setting boundaries, aiding in the construction of family coexistence, motivating future projects and the idea of a career, rescuing human dignity, with moral and cultural growth of the youngsters. As a result it was observed in the group that they came to believe in themselves, began to express the unspoken, to reveal the secrets they felt comfortable revealing, to validate their own existence, redeem the rights and values of the community they live in, making use of their internal resources to cope with difficulties life brings. This experience demonstrates the importance of creating opportunities for qualified listening and the ability to meet family needs of evolution through moments of coexistence with their members in shelter situation.

Perspectives that help us Understand Parental Coping of Children with Special Health Care

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Parents, who have children with a diagnosis of a chronic or serious illness, have additional concerns in their experiences and different systems with which they interact. This presentation explores this context in looking at parents in this situation and the affects of coping and stress through the theoretic lens of Biosocial Theory, Human Ecology, and Symbolic Interactionism. Each of these three theories can be reorganized into an adaptation of Hill's (1949) ABC-X Model to structure how clinicians can see the interaction of stressors and their influence on coping. It is a way to build a new and integrated way of treating families struggling with the diagnosis process. Along with stress, parents may also have feelings of grief and loss for losing the future they had planned for their son or daughter. In some cases, if a terminal diagnosis has been given, they may begin grieving the future loss they will experience. In a typical grieving process, people deal with losing a person physically and psychologically. However when one of these is present while the other is missing, people must then deal with a loss that has some ambiguity. Concepts of grief and loss will be discussed in terms of Boss's (2000) Ambiguous Loss model, which addresses the conflicting feelings of having a child physically present, but the way the child is viewed may change. Serious diagnoses may have a large impact on the family, routines may change in significant ways to accommodate treatment schedules, dietary needs, and other alterations may need to be made. Clinicians can play a role by helping the family understand their new life with the use of psychoeducation about ambiguous loss and discussions of coping skills. Ideal approaches consist of therapists working collaboratively with healthcare providers to educate families and help them deal with potentially stressful time in their life. This presentation discusses the therapeutic implications of clinicians working with families in this context.

**Advancing the profession:
Family Therapy agency integration of for-profit business practice**

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San Diego Youth Services
San Diego, California, USA

Efficiency in business has long been a focus of for-profit companies to ensure they are economically viable. As such, these businesses have recognized the importance of many companies' chief assets, their staff and staff culture. In nontraditional or Family Therapy agency's, they have long acknowledged staff as the key asset to service outcomes and efficiency; however, there have been few nontraditional/ nonprofit Family Therapy agencies that have employed research on how to create and nurture an efficient and supportive staff culture within professional business practices. During these current struggling economic times, non-traditional or nonprofit Family Therapy agency's have been forced to look at how they conduct business to sustain their economic viability and have turned to examples of evidenced based management practices to increase efficiency, staff morale, and create positive staff cultures. There is a deficiency of literature regarding the research on positive staff culture and business practices within nonprofit, social service, and Family Therapy agencies. This study examines three years of staff surveys that focus on positive staff culture, management practices, and agency culture. The survey was constructed utilizing focus groups and content analysis in order to determine the staffs' primary themes and agency cultural perceptions. The survey has been used for three consecutive years during the economic down turn 2008-2011 in a Southern-Californian nonprofit youth-servicing Family Therapy agency. It was distributed to 192 employees to compare the broader and specific impacts of business practices on staff culture and management in the social service agency. Specifically, these data were separated across administration, management, and Family therapy staff. Analysis of 3-years of data with 100-staff surveys responses per year offers a glimpse into the specific elements impacting staff culture. These study findings can further lend significant evidence that effective Family Therapy agency business practices to remain economically viable can both be efficient and create supportive work environments.

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