24th IFTA WORLD FAMILY THERAPY CONGRESS

OFFICIAL BOOK OF ABSTRACTS

MARCH 30 - APRIL 2
2016
KONA, HAWAII

CO-SPONSOR:

FAMILY PROCESS INSTITUTE

International Family
Therapy Association

KEYNOTE SPEAKERS

DR. TAKESHI TAMURA

Dr. Takeshi Tamura is a child and adolescent psychiatrist and a marriage and family therapist in private practice in Tokyo, Japan, specializing in social withdrawal teenagers (known as Hikikomori in Japanese). Dr. Tamura was a professor in the Education Faculty of Tokyo Gakugei University (1992-2011) and has been a frequent attender at IFTA Congresses beginning in Dublin in 1989 through the Kuala Lumpur Congress this past March. Dr. Tamura interest and the focus of his writing has been in the area of connectedness and separateness in families, examining these issues and the role of father in the context of Japanese families. In addition to being a board member of the Japan Association of Family Therapy, he is also the Chief of the International Committee for the Asian Academy of Family Therapy.

DR. KARL TOMM

Dr. Karl Tomm is a Professor in the Department of Psychiatry at the University of Calgary where he founded the Family Therapy Program in 1973. He is well known in the field of Family Therapy for his work in clarifying and elaborating new developments in systems theory and clinical practice. For many years he was at the forefront of a new approach to therapy that emerged from systemic, constructivist, and social constructionist ideas. This approach is collaborative rather than hierarchical and emphasizes therapeutic conversations to deconstruct problems and to co-construct healing and wellness. In 2006, he received the Lifetime Achievement Award from the American Family Therapy Academy and is the author of the recently published book, Patterns in Interpersonal Interactions: Inviting Relational Understandings for Therapeutic Change (Family Therapy with Sally St George.

PRE-CONGRESS WORKSHOPS

Introduction to Emotionally Focused Couple Therapy (EFT)

JUDITH KELLNER, LCSW

International Case Consultation: Facilitating Culturally Competent Supervision

TAKESHI TAMURA, M.D.

25th World Family Therapy Congress and 30th Anniversary of IFTA
Málaga, Spain
March 16 - April 18, 2017

The 25th World Family Therapy Congress and the 30th Anniversary of IFTA will be held 16 - 18 March 2017 in Malaga, Spain. We invite you to join colleagues from around the world at the Congress' Hotel LUNION, near Malaga's Cathedral.

The 2017 Congress theme, "International Family Therapy: 30 Years of Change" celebrates the evolution of family therapy around the world. The Congress, like all IFTA Congresses, will also feature many approaches to a variety of problems and ways of coping with them. The congress aims to help heal hurting couples and families in various cultures.

Call For Proposals

OPEN NOW UNTIL SEPTEMBER 30
Proposals are sought for the 2017 IFTA World Congress in the following categories:
- Brief Presentations (25 minutes)
- Lectures (45 minutes)
- Workshops (60 minutes)
- Poster Displays

The Official Language

of the meeting is English. All abstract submissions must be in English.

Workshops can be presented in English or Spanish.

Proposal Information:
http://ifta-congress.org/docs/GeneralGuidelines.pdf
http://ifta-congress.org/docs/StudentGuidelines.pdf

Submit a Proposal:
www.ifta-conference.org

Students must send proof of student status (scan of student ID) to info@ifta-congress.org to receive a Promo code in order to register as a student.

More Information: www.ifta-congress.org

Official Venue of the 2017 IFTA World Congress

ILUNION HOTEL
Paseo Maritimo Antonio Machado, 10, 29002
MÁLAGA, SPAIN

PRESENTERS

Florence Kaslow
Founding IFTA President
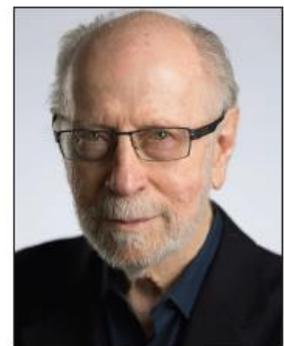
Carlos Sluzki

Healing Opportunity for Muslim Women Engaging In Family Counseling in the Western World

Asmaa Alotaiby- USA

Short Description: Does it fit with her? A question for MFTs to answer and evaluate when counseling Muslim women. Ongoing assumptions need to be challenged in relation to the process of understanding Muslim women in counseling. What do MFTs do to modify their traditional practice in the USA to make it applicable?

Abstract: Islam is the fastest growing religion worldwide, with roughly six to eight million persons in the US alone; of the Muslims in the U.S., 75 % are immigrants and 25 % are US born individuals (Ali et al., 2004; Al-Krenawi& Graham, 2005). Globalization, immigrations, wars, and poverty contribute to the massive increase in the Islamic population in the US (Cook-Masaud, & Wiggins, 2011; Ibrahim, &Dykeman, 2011). The rapid increase of Muslims in the Western world calls for raising awareness to diversity issues, especially in the field of counseling and family therapy. The counseling field is dealing with the growing number of minority groups within the United States of America, challenging the myth of sameness (Natha & Craigb, 1999). Such thing makes it impossible to practice counseling with the mentality of one-size fits all types of individuals. Active dialogue and Culturally sensitive approaches are needed when working with clients that differ from us (Ibrahim, &Dykeman, 2011).

Religious Identity in Transition: Processes of Change in the Religious Identity of Jewish Newlyweds in Israel

Ofra Shalev - Israel

Nehami Baum - Israel

Short Description: A qualitative study reveal how newlyweds in Israel coped with the process of change in their religious identity, as part of the intimate encounter with their partner and as part of the change in their social status. The changes occurring in three dimensions: the individual, the relational, and the collective.

Abstract: In recent decades, the link between religiosity and marriage has attracted researchers, who attempt to understand how the religiosity of individuals is related to their marital adjustment, marital stability, and marital satisfaction. However, the vast majority of these studies dealt with the level of religiosity of each individual member of the couple, and how it influenced the couple relationship. Only few studies have dealt with the interpersonal aspects of religiosity and the couple's joint religious experience. In the present study, we used qualitative tools to examine the transition to marriage and the change in religious identity among 18 Jewish religious couples in Israel, during their first year of marriage. The study exposes the way in which both partners hold a dialogue regarding their religious identity. The change processes are described as occurring in three dimensions, the individual, the relational, and the collective. The individual religious identity is either strengthened or weakened as part of the encounter with the different religious self of the partner. The study participants described how, through this encounter, they were able to become stronger or more flexible in their own religious identity. Regarding the relational dimension, the study participants, described a process of change in identity that emerged out of the need to adapt their own identity to that of their partner. Regarding the collective dimension, the transition to marriage sparked an observation of the participants' position in the religious group to which they belonged, while the transition involved social expectations regarding dress codes and behavioral patterns. The study findings might make couple and family therapists aware that in addition to issues mentioned in the literature regarding role division, creating boundaries with the family of origin, dividing time between work and home, sexual relations, and more, religious couples have to cope with identity formation processes and the construction of a joint religious identity. The knowledge regarding this issue will assist therapists to listen to these themes and to explore them among couples who apply for treatment and advice.

What Every Therapist Should Know About Attachment Behaviors in Couple Relationships

Jonathan Sandberg - USA

Dean Busby - USA

Short Description: The purpose of this presentation is to help family therapists learn how to measure and use attachment behaviors in their work with couples. We will use both recent research and clinical examples to describe why focusing on attachment behaviors can be so helpful.

Abstract: Historically, research on attachment in couple relationships has been built on traditional styles (i.e., secure, anxious, avoidant). Whereas the study of attachment styles focuses on the feelings or beliefs (i.e., the working model) of the individual regarding his/her romantic relationship, the study of attachment behaviors focuses on specific actions taken by a partner in a relationship that influence attachment security. Among common marital behaviors, it appears that those who demonstrate accessibility, responsiveness, and engagement influence relationship quality and stability. The purpose of this presentation is to help family therapists learn how to measure these behaviors and focus on them to build attachment in couple relationships. Specifically, we will 1) introduce an short, simple measure of attachment for therapists to take with them and use in sessions, 2) review research that suggests attachment behaviors predict relationship satisfaction, couple communication, relational aggression, and health behaviors in couple relationships, and 3) describe (with clinical examples) how to foster attachment behavior in sessions with couples. Focusing on specific behaviors within a relationship will help researchers, educators, and clinicians learn how to more effectively foster attachment security for couples.

Using Attachment Theory to Understand Couple Violence

Megan Oka - USA

Jonathan Sandberg - USA

Short Description: This presentation is focused on how attachment theory can help family therapists conceptualize and treat situational and reciprocal couple violence.

Abstract: Violence within heterosexual couple relationships continues to be a significant--although often under-disclosed--problem for couples seeking therapy, and an even larger issue for couples in community settings. Recently, domestic violence scholars have noted that certain couples are more amenable to therapy—namely those where violence is minor, infrequent, reciprocal, and part of a larger couple pattern—assuming that the couple can agree to safety while in therapy. As clinical experience with and theoretical understanding of reciprocal or situational couple violence has increased, family therapists are better prepared to conceptualize and treat this type of violence in couple relationships. In this presentation, we will review the history of theory development and treatment regarding couples violence and discuss how attachment theory may help therapists addressing this difficult issue. Attachment theory may be particularly helpful because it has broad international support in the developmental literature and can be applied cross culturally. We will also present research on the relationship between attachment behaviors in couples, relational aggression, and physical aggression, highlighting how the three variables may be related. Our primary focus will be to help family therapists understand the role relational aggression and physical violence may play in regulating distance (pursue/withdraw) in couple relationships. We will also help therapists conceptualize how to intervene in such situations.

Teaching Medical Family Therapy: Global Experiences

Ileana Ungureanu – USA

Short Description: Teaching Medical Family Therapy will be presented from two cultural and global perspectives. One presenter is an American and the other presenter is Romanian. Both presenters teach and provide supervision to MFT students in Romania and the US. They will discuss issues relevant to cultural aspects in teaching internationally.

Abstract: Medical Family Therapy (MedFT) will be presented from two cultural and global perspectives. The presenters bring differing cultural perspectives: one presenter is American and one presenter is Romanian. Each presenter has taught family therapists both in Romania and the US. The presenters will review key concepts of MedFT and will focus on the care of chronically ill children and their families. The presenters will discuss how culture informs beliefs about illness, health, and the medical community. Each presenter will discuss how her training in MedFT impacts their training and supervision of family therapy students. The presenters will also compare and contrast how training and supervision occurs in Romania and in the US. Finally to provide specific training examples, each presenter will discuss her experiences in working with different childhood illnesses. The presenters will engage participants in an experiential group discussion about ways to culturally shape the teaching, training, and supervision of MedFT.

The Ripple Effect: Impact of the Person-of-the-Therapist Training (POTT) on Trainees' Personal Lives

Karni Kissil - USA

Alba Niño – USA

Short Description: POTT facilitates clinicians' awareness, access and use of self, to work effectively with clients. Helping trainees accept their own woundedness promotes greater compassion towards self and others, resulting in significant personal benefits, which may reduce burnout. Participants will learn about POTT and how to facilitate similar growth with their trainees.

Abstract: Most self-of-the-therapist approaches to training and supervision view resolution of personal issues as a necessary means of change and growth that frees therapists to become more effective clinicians. Harry Aponte's "Person-of-the-Therapist Training" model (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. Further, personal issues and our struggles can be used to relate, assess and intervene more effectively with clients. The POTT model adopts the concept of the "wounded healer", stating that it is through our woundedness that we can empathize with the woundedness of others. The POTT program, built on the POTT philosophy, is a 9-month master's level class implemented in a CFT program. The program is designed to help trainees increase awareness, acceptance and use of their emotional vulnerabilities along with their life experiences and social/cultural locations in therapeutic encounters. This process translates into trainees being able to take conscious responsibility for what they bring to the therapeutic engagement with their clients, and results in enhanced ability to connect purposefully and effectively with clients around therapeutic tasks. Because of the emphasis on the positive use of therapists' woundedness, the training promotes greater acceptance and compassion towards self and others. In addition to the documented professional gains of POTT, trainees consistently report significant personal benefits following the training. Personal gains reported include among others, self-acceptance, being more open and authentic, improved relationships with family and friends, and increased ability to create healthy boundaries and ask for help when needed. These benefits improve therapists' self-care, which may prevent stress and burnout. Through lecture, case vignettes and experiential exercises, participants will learn about the POTT model and program, and about the professional and personal growth trainees experience as a result of this training. Participants will acquire valuable information about how to work with their trainees to maximize the benefits of the training, both professional and personal.

Children Coping with Parental Illness: How Family Therapists Can Help?

Karni Kissi – USA

Short Description: Parental medical illness can impair parenting and negatively affect children. The healthcare system in the U.S. does not routinely support children when a parent has a serious illness. Participants will learn how to intervene with this population using family-centered assessments and clinical approaches in collaboration with healthcare providers.

Abstract: Parental illnesses like cancer, HIV, MS, and diabetes can affect all levels of the family system: the patient, partner/spouse, and children/adolescents. Parental illness can also lead to depressive symptoms and distress in both the afflicted parent and his or her partner or spouse. Parental illness can impair parenting because often the ill parent and partner are understandably less attuned and psychologically available, struggle with open communication and supervision, not as consistent with discipline, and can be more irritable and coercive. This impairment of parenting has been linked to poorer adaptability of offspring, in the form of behavioral, social, and self-esteem problems. Clinical researchers report that children may experience increased physical symptoms, family conflict, and less family cohesion. Older school-age children report their lives are often complicated by their parent's medical diagnosis and treatment. Researchers suggest that among children of all ages whose parents have an illness, school-age children report the highest levels of psychological symptoms and are at most risk for experiencing anxiety and depression. Yet most families coping with parental illness do not seek support. Some children receive support from school-counselors and many parents receive support from social workers at the treatment center. Unfortunately, the U.S. healthcare system is fragmented and does not routinely support families, children, and youth when a parent has a serious, chronic, or life-threatening illness. A family-centered approach to screening and care is often missing from most medical settings; family therapists are perfectly equipped to fill this void. In this workshop participants will learn about the systemic impact of parental illness on the family and especially on children at various age groups. Participants will also learn about how to effectively work with parent coping with illness and their children and adolescents, to promote family resiliency. Finally, participants will learn how to develop interdisciplinary collaborations with healthcare providers and how to navigate the medical system.

Neurobiological Pathways of Chemical Dependency and Eating Disorders: A Treatment Approach

Katheryn Whittaker – USA

Short Description: Primary research surrounding families with chemical addiction and disordered eating has focused primarily on individualized behavioral therapies, concentrating less on applying manualized group treatment models to either population. Originally designed for chemical addiction treatment, this study introduces an adaptation of an evidenced-based manualized group treatment model, the Matrix Model.

Abstract: As treatment modalities continue to evolve and adapt for separately addressing chemical addiction and disordered eating, less work has been done in finding potential connections between treating these two clinical populations. While most research about treating families with chemical addiction and disordered eating has concentrated primarily on individualized behavioral therapies, less study has been given to applying manualized group treatment models to either population. Originally designed for chemical addiction treatment, this current study introduced an adaptation of a manualized group treatment model, the Matrix Model. This evidence-based model in treating individuals and families with chemical addiction was adapted to treating individuals suffering from disordered eating. A rationale for this adaptation included reviewing recent research in the common neurobiology underlying both clinical disorders. Based on this commonality between disorders, the author argued for applying a treatment modality proven to be effective with the first disorder (chemical addiction) to the second clinical population (disordered eating). Practical suggestions were detailed for implementing a manualized group treatment, based on the Matrix Model, for clinical applications to disordered eating.

Brief Group Visits for Overweight Pediatric Patients

Michele Smith - USA

Short Description: The first experience of sex is a significant life event across societies and religions. The presented qualitative study explores the individual and mutual emotional effect of first-time intercourse among Modern-Orthodox newlywed couples in Israel. The findings indicate that first intercourse is associated with emotional and behavioral difficulties.

Abstract: The first experience of sex is a significant life event across societies. Studies investigating first-time sex focus largely on teenagers and rarely conducted in the context of marriage. The presented qualitative study explores the individual and mutual emotional effect of first-time intercourse among Modern-Orthodox newlywed couples in Israel. In-depth interviews with 36 men and women during their first year of marriage revealed unique challenges related to sexuality and to sex experience. The findings indicate that first intercourse is associated with emotional and behavioral difficulties. The participants attributed the difficulties to their cultural-religious background, in which no form of physical contact was allowed, together with education toward modesty and covering their body. The sharp transition from education toward modesty to the removal of the restrictions and full sexual intercourse is one of the barriers for the couple in their first experience of sex. Difficulties were reported among both women and men. The women expanded more on the difficulties, mainly relating to their lack of knowledge and unfamiliarity with their body and with female sexual pleasure, and to the difficulty of being in an intimate situation with a man. In contrast, the men hinted more at their lack of knowledge about sexual intercourse and most of them focused their descriptions on the difficulty of moving in together and in understanding their wife as a woman. This research exposes not only the difficulties faced by religious couples, but also the coping strategies that they employ to relieve these difficulties. Two main coping mechanisms emerge from the findings: One is the appeal to close experienced family or friends for direction and concrete guidance as to what happens during the sexual experience and how to behave. The other way was via the Internet, particularly through forums dealing with this issue. This was usually done in retrospect, after experiencing problems with the sexual act. This strategy met the couple's initial need to check the extent to which others had experienced similar difficulties. The finding may serve as knowledge source for therapists who prepare couples for sexual life.

Protecting Children from the Wounds of Divorce

Melody Bacon - USA

Short Description: Divorce is an emotionally complex experience. As a result the needs of the children are often neglected as divorcing spouses become caught up in the turmoil. This workshop will teach professionals how to assist clients in navigating these challenges in order to mitigate the damage to themselves and their children.

Abstract: Even in the best of circumstances, divorce hurts everyone involved, most particularly the children. Despite its prevalence, divorce is an experience that still catches people off guard and unprepared. As a result, divorcing spouses can easily neglect the needs of their children as they get caught up in the emotional, social and psychological turmoil of courtroom battles. In the worst cases, children are pulled between warring parents in a tug of war that can last for years. As adults, these children experience difficulties in maintaining satisfying intimate relationships, having lost a childhood; they are in danger of losing in adulthood as well. This workshop will teach professionals how to assist divorcing individuals to navigate the challenges of divorce in order to mitigate the damage to themselves and their children. Using insights from the presenter's research as well as her clinical practice, this workshop will focus on the necessity of both acknowledging and experiencing the grief of divorce. Beginning with an overview of the phases of grief and how these are both similar to and different from other types of grief, participants will learn how to assist clients in fully grieving the multitude of losses that come with divorce. In addition, interventions will be presented that address the various challenges of divorce and teach the client to respond out of their own deeply held values and principles. These include exercises designed to explore the social, psychological and emotional needs of the client. Finally, attendees will learn some mindfulness practices that can be employed to help the client become more aware and accepting of their thoughts and emotions so that they, in turn, can be a better resource for their children. This workshop will include a blend of didactic instruction and interactive exercises that are designed to foster knowledge and insight.

Family Matters: A Systemic View of Treating Addiction

Melody Bacon - USA

Short Description: This workshop will present an integrative approach to substance abuse treatment based on the work of Bowen, Jung and Alcoholics Anonymous. This program will teach participants how to effectuate change in the family in order to better support the recovery efforts of the addict.

Abstract: Addiction treatment outcomes have remained at a 20% success rate for decades. Meta-analyses have shown that the number one indicator of a successful course of therapy is the motivation of the client, a characteristic addicts typically lack. As a result, much of treatment devolves around increasing the motivation of the addict to change, while at the same time providing psycho-social education, group process and cognitive-behavioral therapy. While most treatment programs include the family, this is viewed as ancillary and, at times, non-essential to the treatment of the addict. Bowen Family Systems therapy holds that addiction is a symptom of the degree of emotional intensity in the family and, rather than focusing on the unmotivated symptom bearer, treatment would be more effective if therapy focused on the individual most motivated and most capable of making change. Jungian Analytic Theory sees addiction as a need for an inner experience of transcendence and a living spirituality. Alcoholics Anonymous founder, Bill W., based much of the 12-step model on this assumption after corresponding with Dr. Jung. This workshop will present an integrative approach to substance abuse treatment that aims to facilitate change in the family system. Using the work of Bowen, Jung and Alcoholics Anonymous, this program will allow clinicians to effectuate change in the family that will support the recovery of the addicted family member. This presentation will be supplemented by video clips highlighting some of the main points, and interactive exercises will be provided. Participants will be given handouts which will include exercises and worksheets that can be used in treatment.

The Supervisor as Mentor

Dorothy Becvar - USA

Short Description: This workshop will consider the distinctive issues that are critical to effective supervision mentoring. The focus of this workshop will be on the development of meaningful, collaborative supervisory relationships with an emphasis on creating contracts, acknowledging cultural, gender, and socioeconomic issues, and managing legal and ethical issues.

Abstract: The goal of supervision is to develop the trainee's abilities and facilitate the therapy process as well as ensure client well-being. However, providing clinical supervision in our postmodern world is often complicated by challenging ethical dilemmas and heavy legal responsibilities. Indeed, the supervisor is legally responsible for the supervisee's behavior and must pay close attention to all actions of the supervisee. In this workshop the focus is thus on the fact that a supervisor must be able to provide a context for consideration of and assistance to supervisees with moral and ethical dilemmas, must protect both the reputation and public confidence in the profession, and create an ethically aware supervisory relationship (Haber, 1997). As Haber notes further, at a very practical level, ethical issues are constantly present as problems are defined, who is to be seen in therapy is decided, and the focus of discussions is selected, and there must be continual awareness of the impact of each choice of behavior over another. An additional factor deserving recognition is that adherence to cultural values is not always ethical. The issue of conflicting needs between the system as a whole and individual members also must be considered. And a supervisor must recognize the importance of modeling the ethical behavior expected of supervisees, addressing confidentiality issues relative to both clients and supervisees, avoiding inappropriate behavior in the context of unavoidable dual relationships, and maintaining adequate records and documenting what goes on in each supervision session while ensuring that supervisees do likewise relative to their therapy sessions. Finally, supervisor and supervisee must learn to handle the power issues inherent in their hierarchical relationship. Perhaps the most obvious aspect of this dimension is that supervisors are in the position of having to evaluate their supervisees and must be able to handle the responsibility in a caring and respectful manner. Ideally, the supervisor acts as a mentor, an experienced and trusted advisor who appropriately monitors and supports the professional development and competency of a professional newer to the field as he or she gains practical experience.

Beyond the Patient: Family-oriented Brief Interventions in Primary Care

Ruth Nutting - USA

Jennifer Harsh - USA

Short Description: Utilizing brief interventions is an effective way to provide behavioral healthcare in primary care settings. While brief interventions are frequently utilized with patients, the family system is often ignored. Expanding brief interventions to include the patients' family systems can lead to better biopsychosocial outcomes for patients and their families.

Abstract: Individuals with serious physical health problems often have co-morbid mental health difficulties (Kessler, 2005). In fact, as many as 70 percent of primary care visits have a psychosocial component (Robinson and Reiter, 2007). Medical and behavioral healthcare providers have joined forces to integrate behavioral health services into primary care settings to provide comprehensive care for patients' and families' biopsychosocial needs (Collins et al., 2010). Utilizing brief interventions are one way to provide efficient and effective behavioral health care in fast-paced primary care settings. Research suggests that brief interventions are effective in working with people with multiple health difficulties, including neurological diseases, cancer (Shields, Finley, Chawla, & Meadors, 2012), diabetes, depression (Osborn et al., 2010), substance use/abuse (Kaner et al., 2009; Whitlock et al., 2004), and somatic symptoms (Escobar et al., 2007). While brief interventions are frequently utilized with individuals, the family system is often ignored. Expanding brief interventions to include patients' family systems can lead to better overall biopsychosocial outcomes for patients and their families (Campbell, 2003; Chesla, 2010) because systemic interventions can target adjustment and coping at the individual and family system levels (Lister, Fox, & Wilson, 2013; Yorgason et al., 2010). For example, brief systemic interventions can lower anxiety and depressive symptoms among patients and their family members (Chesla, 2010; Lang, 2003), increase individual and family involvement in chronic illness management (Campbell, 2003), improve patient functioning through greater adherence to medical regimens (Shields et al., 2012), and promote positive health behaviors (Campbell, 2003). The proposed presentation will focus on techniques for implementing brief systemic interventions in primary care settings. We will begin by discussing the evidence for using brief systemic interventions in primary care. We will then highlight specific types of brief interventions (e.g., motivational interviewing, behavioral activation) that can be utilized with an array of biopsychosocial difficulties. Finally, we will demonstrate, through case examples and video role-plays, how these interventions can be used in primary care settings.

Growing up in Poverty: The Impact of Poverty on Families and Early Childhood Development

Benton Johnson - USA

Ileana Ungureanu - USA

Short Description: Children raised in families facing various forms of poverty during early childhood confront identifiable risk factors that impact family dynamics as well as early brain development. Through experiential presentations and activities, true life family videos, participants will learn to identify the impact of poverty on families and subsequent appropriate interventions.

Abstract: Currently, 47% percent of all children under 3 years old live in low-income families (NCCP, 2015).). Also, according to the National Center for Children in Poverty (NCPP) there are large disparities in family's economic security based on race and ethnicity. More than 60 percent of African American, Latino, and American Indian children live in low-income families, compared to about 30 percent of white and Asian children (NCCP, 2015). NCCP (1999) stated that poverty has a deleterious impact on brain development in young children, through various risk factors. In this presentation, participants will learn to identify risk factors associated with poverty such as: maternal/paternal depression, insufficient nutrition, environmental toxins, risk of child abuse, risk of trauma, and quality of daycare/early education and how all of them contribute to family dynamics that will influence child development. Issues of multicultural competency in working with low-income families will also be addressed. Considering the high numbers of children in poverty and the negative childhood outcomes associated with poverty, it is necessary that family therapists and mental health counselors in general become more proficient at working with families in poverty and use evidenced based practices to create interventions, collaboratively, with families. The presenters will address cultural, ethnic, geographical and linguistic poverty aspects, as well as developmental domains and impact of poverty. They will exemplify working with poverty in families in several different ways: self- reflection on one's own experience with poverty, learning about the specific developmental challenges caused by poverty, insight on what self-of-the-therapist issues may impact our work with families in poverty, observed family poverty video, and examples of strength-based family interventions.

Neurobiology and its Implications for Parents and Practitioners

Stacy Fogarty - USA

Christi Myers - USA

Short Description: Interpersonal neurobiology explores how relationships shape and rewire neural circuitry. The neurobiological power of play utilized in the therapy room with caregivers and children impacts behavior and feelings. This constructs relationship-building strategies for parents. Horizontal and vertical integration of brain functioning facilitates neuroplasticity allowing for new connections and wiring.

Abstract: The human brain is organized in a hierarchical manner. Stress response occurs in the lower parts of the brain often shutting down higher-level executive functioning processes. Attachment, trauma, life experiences and intrauterine insults cause neurons and neural networks to be dysregulated. Creating new neural networks and pathways by using whole brain strategies and play techniques integrate brain functions horizontally and vertically. Integration of the brain links different parts and functions together in order to be able to function as a whole. Utilizing and teaching elements of neuroplasticity to parents while providing them with skills further develops decision-making, discipline, self-awareness and relationships. Play based interventions draw a significant divide between encouragement, discouragement and praise. When encouragement is used in a safe environment, neurons begin to wire together are they fire together making new associations, feelings and behaviors. Practitioners will learn the neurobiological power of play and play skills to utilize in the therapy room. Utilizing the research of Daniel J. Siegel, Ed. D. and Tina Payne Bryson, Ph. D., education of brain functions and its impact on behavior and feelings will be explored, as will relationship-building strategies for parents.

MFT's Bridging the Medical Field: Facilitating Child Parent Relationship Training for Hospital Settings

Stacy Fogarty - USA

Judith Williamson - USA

Short Description: Children admitted to long-term inpatient care are at risk for attachment injury due to decreased physical proximity. Child Parent Relationship Training is a therapeutic intervention implemented by parents to facilitate relationship connection and communication. Play allows children to express their feelings and unique reactions to stressful experiences.

Abstract: Play is to children as psychotherapy is to adults. A critical area where more deliberate playtime is needed is within an in-patient hospital environment. When a child is admitted to a long term inpatient care unit, there is often an attachment injury to the child due to decreased physical proximity. Child Parent Relationship Training is a special, structured play time where parents respond to their children and attempt to decrease related trauma. CPRT uses parents to facilitate connections and communicate within the relationship so a child feels safe to express their feelings and unique reactions to stressful experiences. If these experiences are not processed, the ability to master feelings of distress significantly decreases. Research shows that play-therapy interventions allow hospitalized children to cope with their illnesses and with hospitalization more effectively. Children's play becomes a record of their memories of hospital experiences. Toys used in CPRT are the words for children and play is their language. Toys are not collected; they are selected based on needs of the family. Selecting toys representative of a hospital setting will facilitate understanding and dialogue between family members at a developmentally appropriate level. MFT's can serve in a collaborative and therapeutic role to help parents regain an active role with their children, teach basic principles for play sessions to reach desired outcomes, communicate corrective measures, and enact limit-setting using the acronym ACT. Working with the family from a systems perspective comforts the non-hospitalized family members while they process their own stressors in order to attune to the needs of the hospitalized child. When families develop self-care behaviors both the hospitalized and non-hospitalized develop positive effects to their physical, emotional, and psychological self. Addressing the systemic needs and the developmental needs will aid the family in their life cycle.

Stress and Wellbeing among Parents of Children with Developmental and Behavioral Disorders

Miika Vuori - Finland

Short Description: This presentation introduces a baseline exploratory study from a prospective observational study protocol (ClinicalTrials.gov: NCT02250339). The study examines tentative effectiveness of a multi-systemic and multicomponent family intervention program for 5-12-year-old children with pervasive developmental and disruptive behavioral disorders.

Abstract: Family life encounters different child- and family-related stressors and events. Parents of children with pervasive developmental and/or disruptive behavioral disorders are likely to experience more stress than parents of typically developing children. Family intervention program is based on family-centered therapy and aimed at a diverse population, which also requires utilizing ecosystem-based approaches such as working with schools. Self-reported questionnaires were collected at the baseline of a family intervention program. 115 mothers and 86 fathers participated in the study at this point. Along with primary outcome measures, participants will be followed up with to measure different child-, parenting- and family-related stressors (27 items). Items – derived from Finnish family population surveys – are measured as severity of worry ranging from 1 ("not worried at all") to 4 ("extremely worried"). Results of chi-square tests indicate that participants expressed more child-, parenting- and family-related stressors at intervention baseline when compared to general population data. Moreover, parents' concerns about their child's learning difficulties and behavioral problems were the most salient child-related stressors. Parents' concerns about difficulties with controlling temper in conflict situations with the child as well as parental guilt were the most salient parenting-related stressors. The prevalence of parental discord was similar among the intervention and population data. After examining the cumulative stressor events at the intervention baseline it was discovered that 55.4% of the parents (i.e. 61.5% of mothers and 47.5% of fathers) were expressing an accumulation of stressors, which associated relatively strongly with self-expressed depressive symptoms, increased loneliness and decreased quality of life. As family-level variations at the baseline may moderate intervention outcomes, tailoring the treatment to a family's specific needs – along with a collaborative relationship between therapists and clients – are the keys to efficient intervention. By the same token, there appears to be a need for child- and parent-specific cognitive-behavioral intervention strategies. Definition of key intervention components may further improve the program implementation. This will require a triangulation of outcome research and process evaluation.

Applying Musical Interventions in Family Therapy

Beth Nemesh - Israel

Short Description: Based on Satir's model and Alvin's Free Improvisation model the presentation describes a family-based musical intervention implemented with 'typical' families. This research examines therapist's perceptions concerning using music in therapy, professional experience and therapeutic outcomes of engaging families in a musical session.

Abstract: This presentation offers participants a better understanding of the potential of music as a family therapy creative technique for typical families; focused on families as a unit, not on a single member, or a member with special needs. Complementing Satir's experiential family therapy is Alvin's free improvisation model based on the philosophy that music is a potential space for free expression, without guidelines and confinements to musical and expressional rules. Free improvisation allows freedom to use any musical activity, play instruments and make any sounds without previous training. Music is neither evaluated nor judged by any musical criteria. Alvin's humanistic approach and developmental philosophy, along with her belief in body and mind connection, corresponds with Satir's humanistic experiential family therapy. This research is based on the premise that music is a natural, common activity, which does not require special skills. It is based on the human inherent communicative musicality and attunement which can be exercised to the benefit of family therapy. This does not to replace the immense body of knowledge needed for conventional music therapy; rather, it intends to add a musical tool to the family therapist's toolbox, based on the family's natural playful activities. Identifying the preliminary hesitation of family therapists towards engaging in musical interventions, they received a workshop on implementing a structured musical intervention addressing family roles. Implementing the session in their clinical settings offered insight into their professional experience and added value of the intervention. Findings revealed the session had a highly potent family assessment quality. The music represented the family dynamics, interpersonal relationships and communication with precision and accuracy, bypassing verbal and habitual defenses. Furthermore, the experiential musical technique was found to contribute to parental functioning, attunement and leadership, enabled families to move beyond their coping stances and behaviors, urging families to find new possibilities in a non-threatening and playful experience. The intervention created opportunities for enhanced family cooperation, improved family communication and attunement, sharing emotions, voicing individual needs, expectations and yearnings, encouraging flexibility and resolving conflicts.

Inspiring Interactions: You, Me, and Creativity

Hee-Sun Cheon - USA

Short Description: Creativity is a cornerstone of the change process in therapy. This workshop will address and discuss the unique role creativity plays in facilitating change in interpersonal interactions, and will provide an opportunity to experience interactive and playful interventions that can foster creativity in therapy process.

Abstract: Creativity is a cornerstone of the change process in therapy. In fact, Frey (1975) defined counseling as a creative enterprise where client and counselor combine their resources to co-create a new plan, a different outlook, and alternative behaviors. Likewise, creativity has been shown to enhance problem solving and to increase flexibility and adaptability-qualities that are often associated with positive therapeutic outcomes. However, empirical literature and training that directly address how therapists can facilitate the creativity within themselves and in their clients is scarce. Furthermore, according to Carson and his colleagues' online study on the role of creativity in family therapy practice (2003), many therapists experience various forms of barriers to creativity ranging from not having enough time to the limitations of the person of therapist (e.g., personal inhibitions, self-doubts or a lack of confidence). When therapists do not detect and address these barriers and fail to invite creativity in their therapy space, the process of change and growth is likely to get stuck or suffer. This workshop has four distinctive goals: 1. Rediscover the importance of creativity in interpersonal therapy space, 2. Understanding why and how therapists get stuck, 3. Learn different ways to foster creativity and 4. Rekindle therapist's capacity as a creator and innovator. To address these goals, participants will be presented with the SCAMPER model (Gladding & Henderson, 2000) as a practical template to understand and cultivate imaginative and creative strategies in the interpersonal space. Also, participants will have a chance to explore the common barriers to creativity through interactional and playful activities. Finally, participants will have an opportunity to learn and experience three categories of experiential interventions (e.g., positive affect, play, and metaphor) that are identified as facilitating creativity in therapists and clients.

War and Disaster: Support and Resilience in Sri Lankan Widows

Alba Nino - USA

Short Description: This poster will display the results of a study examining the extent to which war related family problems and tsunami damages predict variability in social support, family adjustment and efficacy in providing for one's family as reported by Sri Lankan widows affected by the civil war and 2004 tsunami.

Abstract: More than two decades of civil war along with the 2004 tsunami had devastating effects on the people of Sri Lanka. The impacts of war on the minority Tamil ethnic group residing in the Northern and Eastern Provinces were extreme, especially during the final year of the conflict, when tens of thousands of Tamil civilians were killed (UN, 2011). The influence of the war most profoundly affected those fighting, but civilians and families were harmed both directly through war exposure and indirectly through the impacts of war on the culture and economy (Herath, 2013). Substantial demographic changes have resulted from war and disaster related casualties, displacement, and migration. Although many of those who were displaced returned to their villages, not all family members returned and 'outsiders' from other villages have also come into the area which has had an impact on the way that social support is delivered and experienced (K.A.T. Wickrama, personal communication, October 30, 2013). Perhaps most notable is the dramatic increase in female headed households in the Northern and Eastern Provinces due largely to casualties from armed conflict (Silva, 2013). In 2014 the principal investigators of this study collected quantitative, self-report data from 200 research participants in Sri Lanka who represent highly disadvantaged widowed Tamil women living in rural villages in the Eastern Province of Sri Lanka. They exclusively speak the minority Tamil language and are of Hindu religion. Most of these women were living in poverty. The current study employs a cross-section of the data to address the following question: To what extent do war-related family problems and tsunami damages, including death and injury to loved ones, predict variability in the felt-sense of social support in the community, social support of friends and family, family adjustment and family resiliency as reported by Sri Lankan widows? Additionally, do the social support of neighbors and community and family and friends mediate the association between war related family problems and tsunami damages and the outcomes of family adjustment and family resilience related to material welfare?

Using Self of the Therapist Experiential Exploration to Increase Efficacy with Social Justice

Cadmona A Hall - USA

Amy Zavada - USA

Short Description: The purpose of this interactive presentation is to highlight the role of experiential teaching in enhancing Family Therapy trainees' understanding and clinical efficacy related to social justice. Participants will be introduced to a new intervention and develop the skills to appropriately process challenging conversations related to dimensions of culture.

Abstract: The purpose of this presentation is to highlight a specific teaching strategy that promotes family therapy trainees understanding and application of social justice dynamics called the dimensions of culture portfolio. Grauerholz and Copenhaver (1994) state, "experiential teaching methods rely on students' own knowledge, experiences, and life events to enhance involvement, interest, and learning," (p. 319). In the Family Therapy field, experiential pedagogy can enhance students' ability to integrate social justice concepts into their lived experiences. Family therapy educators have highlighted the importance of utilizing experiential tasks to train competent clinicians (Laszloffy & Habekost, 2010). The goal of utilizing experiential teaching methods is to teach cultural diversity and social justice material in a way that facilitates the creation of a dynamic relationship between the student and material. Through the dimensions of culture portfolio social justice understanding is filtered through trainees own self and in relationship to the clients they serve. The value of incorporating dynamic self-exploration in relationship to power and privilege encourages trainees to connect abstract learning and personal experience. This teaching method requires that educators make the learning process overt and actively engage trainees in the integration of their new knowledge into relational interactions. In this session, participants will engage in an experiential exercise to deepen their understanding and commitment to social justice. Participants will learn how to use the intervention, process issues of power and privilege, and engage the trainees in a cumulative learning process. The presenters will discuss key factors that educators need to consider when developing experiential tasks. They will also discuss multiple ways of incorporating experiential exercises in course curriculum as well as suggestions for evaluating a student's experiential work.

Mindfulness and Acceptance with Children and Families

Diane Gehart - USA

Short Description: Mindfulness skills are used increasingly in therapy to enhance the wellbeing of a wide range of clients. This presentation will explore possibilities of using mindfulness and related Buddhist psychology principles with children, teens, and families, including a review of the evidence base and specific interventions for families.

Abstract: Mindfulness-Based Couple and Family Therapy (MBCFT) is a mindfulness-based approach to helping couples and families create healthier and more satisfying relationships. Over the past three decades, mindfulness has been increasingly researched and used to treat a wide range of physical and mental health issues, including chronic pain, psoriasis, cancer, depression, anxiety, personality disorders, alcohol and substance abuse, and attention deficit disorders. In addition, recent studies indicate that mindfulness is associated with greater relationship satisfaction, increased capacity for intimacy, more empathy for one's partner, greater acceptance of one's partner, and better responses to relational distress. Responsive to these research findings, MBCFT provides therapists with a comprehensive model that integrates mindfulness and Buddhist psychological principles with traditional couple and family therapy approaches. This strength-based approach enables couples and families to deepen their connections by developing greater acceptance of self and others, being more fully present with their loved ones, and bringing more compassion into their relationships. In this approach, therapists use mindfulness as the foundation for developing a strong therapeutic presence that sets the tone for a compassionate and fully engaged therapeutic process. Buddhist psychology principles such as equanimity, mindfulness, non-attachment, no-self, and compassion are used to assess couple and family functioning and to develop a thoughtful and comprehensive treatment plan that targets long-term change and sustainable gains. Interventions in MBCFT include both mindfulness training as well as in-session interventions that promote being fully present with loved ones, increasing acceptance, and tolerating difference. This specific workshop will introduce participants to the evidence base and specific interventions for use with children and families, including mindfulness practice for children.

Teaching Family Therapy in the 21st Century

Diane Gehart - USA

Short Description: This workshop provides an overview of common challenges in contemporary MFT education, including external demands to measure competencies, implement evidence-based treatments, and render DSM diagnoses. Participants will learn about options for teaching family therapy using new frameworks, such as Tomm's interpersonal pattern approach and systemic evidence-based treatments.

Abstract: Family therapy educators wanting to teach new therapists systemic and social constructionist concepts face new challenges in the 21st century. For example, many foundational systemic models are no longer practiced in the traditional way and yet they are still the primary resources for teaching systemic and social constructionist thinking. Additionally, many MFT educators are expected to measure student learning and ensure student mastery of pre-defined competencies, a task that is often at odds with the field's pedagogical and philosophical traditions. Additionally, educators must prepare students for modern work environments that have extensive demands for elements not always consistent with systemic/constructionist practice, such evidence, DSM diagnoses, documentation, diversity sensitivity, and inter-professional collaboration. This workshop will provide an overview of common challenges in contemporary MFT education, including external demands to measure student competencies, implement evidence-based treatments, develop cultural competency, and render DSM diagnoses. Participants will be introduced to efficient and theory-congruent options for integrating these elements in MFT education and supervision. Additionally, the presenter will review emerging systemic and constructivist approaches, such as Karl Tomm's approach to interpersonal patterns and systemic evidence-based treatments, and options for using these new approaches to facilitate learning of systemic theories and traditional theories. Participants will leave with several practical possibilities for more efficiently training today's students to effectively learn how apply systemic and constructionist approaches in 21st century family therapy practice contexts.

Conflict - Bullying - Cyberbullying – What's the difference? A Multi-Systemic Approach

Regula Berger – Switzerland

Short Description: Professionals and parents are often confronted with the dilemma in assessing the difference between a conflict and a (cyber-)bullying situation. New directions in research show that internet victimization co-occurs with traditional bullying among teens. Multi-systemic intervention and prevention methods are discussed.

Abstract: How much responsibility lies within the school environment? Is (cyber-)bullying an individual, a school and/or a family issue? What can parents do when their child is being bullied online? Best practice criteria for a multi-systemic intervention and prevention approach and systemic methods in responding to teen conflict, bulling and cyberbullying situations will be presented. The workshop will focus on best-practice criteria for a multi-systemic approach to dealing with the assessment of conflicts and victimization practices among teens. Systemic intervention methods for school personnel (directors, teachers, staff, school counselors, administrators) and parental involvement in responding to acute conflicts, traditional bullying and cyberbullying will be discussed. Three main questions will be addressed: (1) Which are the main assessment criteria in differentiating between a conflict situation, traditional bulling, and cyberbullying? (2) Who should be involved in a multi-systemic counseling approach? (3) How could professionals such as family therapists, school counselors, and social workers involve perpetrators and guide them to take responsibility for their actions, talk with victims and their parents and include other peers and adults who might be regarded as important resources?

"Just" Talk in Interpersonal Interactions

Faye Gosnell – Canada

Emily Doyle – Canada

Short Description: While racism or sexism are more obvious to identify, injustices occurring in everyday family living can be difficult to see. In our workshop we will present a recent project at the Calgary Family Therapy Centre in which we studied how everyday instances of "injustices" were discussed in family therapy.

Abstract: Attending to issues of social justice in family therapy has been a growing concern in recent years. The larger issues of social justice seem to be much easier to identify (racism, sexism, ableism), but those "isms" seem to be understood more on a macro level. Even given that, these acts of discrimination and mistreatment can and do influence families and their members. From conversations with our colleagues, we can see that these areas of injustice are increasingly becoming included in the landscape of family therapy conversations (e.g., Knudson-Martin, Huenergardt, Lafontant, Bishop, Schaepper, & Wells, 2015). However, the more daily kinds of interpersonal injustices that families face seem to be more elusive. Wondering about how families speak about "injustices" in their daily lives and how therapists respond, we will present a recent project at the Calgary Family Therapy Centre in which we studied how everyday instances of "injustices" were noticed in family therapy and "taken up" by the families themselves and the therapists. This project was prompted by a collective concern that talk about social (in)justice is primarily theoretical and abstract, hindering efforts to make these distinctions in therapeutic conversations. Using Research As Daily Practice (St. George, Wulff, & Tomm, in press; Wulff & St. George, 2014), a form of practitioner-centered research that works particularly well in frontline agency settings, we have been paying close attention to the various ways families invite us into talk about their interpersonal troubles in terms of justice/injustice and then attending to the ways in which we, as therapists, join in extending those conversations. We will provide transcript exemplars to look at some of the patterns of language that are oftentimes used by families in therapy to make possible the idea of seeing interpersonal interactions (and more particularly, troublesome patterns) through the lens of justice/injustice. We will also discuss further how the use of this justice metaphor opens up new pathways to understand family troubles and to provide effective help. We will spend 30 minutes in presenting our ideas and leaving 15 minutes for questions, comments, and audience members' examples.

Healing the Traumatized Brain: Utilizing EMDR and Neurofeedback in Family Therapy to Treat Psychological Trauma

Diana Mille - USA

Jeffrey Schutz - USA

Lindsay Higdon - USA

Short Description: This presentation will explore, within a family systems paradigm, the clinical efficacy of integrating Eye Movement Desensitization and Reprocessing (EMDR) and Neurofeedback (NF) in healing the traumatized brain. Relevant assessments, protocols, and outcome measurements, utilized in this integrated approach, will be summarized and evaluated through an illustrated case study.

Abstract: Psychological trauma remains one of the most common psychiatric disorders, the number one cause of suicide, and one of the leading causes of anxiety, depression and many other serious co-occurring mental health diagnoses in individuals, couples and families. While Eye Movement Desensitization and Reprocessing (EMDR) therapy is now widely recognized as the first line of treatment of psychological traumas, (e.g., APA, 2004) and has been shown to be effective in numerous empirical studies, research clearly demonstrates that trauma and trauma-related ailments remain "under-diagnosed" and "under- treated." While Neurofeedback (NF)has also been clinically proven as an effective treatment for ADHD, anxiety, depression, and psychological trauma, there is minimal dialogue exploring the potent combination of this "dynamic duo" in healing the traumatized brain. Although both protocols are exemplary "stand alone" healing mechanisms, our presentation and case study explore the unique power and efficacy of an integrated approach that simultaneously changes the neuro-electrical regulatory patterns of the brain, while removing problematic stored memories. Our presentation and case study demonstrate, for example, how neurofeedback improves concentration and facilitates emotional stability through a process of neuronal self-regulation – a necessary precursor-- for the reprocessing of toxic fear memories and reactivity stored in the brain which takes place in EMDR therapy. The integration of NF and EMDR, which also promotes the brain's inherent ability to learn and adapt as it is trained to allocate its neural resources in new and beneficial ways, will also be considered in our presentation. The positive effects of this treatment in healing the traumatized brain can significantly expand the clinical possibilities working with different levels of family experience and diverse cultural groups. We hope this presentation will open the portal for future research and clinical studies that will impact the ability of family therapists to better serve the ever-increasing and diverse traumatized population in the 21st century.

Understanding and Utilizing Biases in Therapy

Jessica Taylor - USA

Cynthia Penalva - USA

Short Description: Family Therapists all have biases. When we attempt to separate biases from ourselves, we miss opportunities to gain clinical skills. This workshop will illustrate how personal biases show up and challenge therapists. The participants will identify personal biases and takeaway practical ways to understand and utilize them in therapy.

Abstract: Each of us has biases. Whether biases are conscious or not, they inevitably influence the person of the therapist. The person and the therapist come together in the clinical setting they combine beliefs and worldviews. The beliefs and worldviews get challenged from time to time. More often than not, biases are made known in the form of discomfort. Naturally, discomfort is not welcomed into sessions. In the attempt to be neutral and unbiased, therapists avoid whatever is making them uncomfortable. In this presentation we will discuss ways to connect to the discomfort, rather than avoid it. If the context of the discomfort can be different, then the relationship to discomfort can change as well. Rather than looking to avoid the things that bring discomfort the workshop will demonstrate ways in which discomfort can be utilized.

Psychodynamic Possibilities for Systemic Change

Paul Jerry - Canada

Faye Gosnell – Canada

Short Description: Given international trends in immigration, family therapists should be prepared to confront themes of loss and separation. We will offer a dialogue between an intern of Dr. Karl Tomm's, and the Chair of her Master's program on these issues.

Abstract: As a practicum intern at the Calgary Family Therapy Center, Faye Gosnell has been trained in Dr. Karl Tomm's model of family therapy. Throughout her studies at Athabasca University's Graduate Centre for Applied Psychology, she has also been completing her thesis under the guidance of Dr. Paul Jerry, Professor and Chair. Dr. Jerry espouses an integrative psychodynamic-systemic model of therapy. Faye has noticed certain tensions in her work with families that she has found difficult to address within the model in which she was trained. In her work as Dr. Jerry's teaching assistant, she encountered his psychodynamic-systemic perspective and its departure from a purely relational stance. She felt that this perspective might open possibilities in her work with families. Faye has become curious about the effects of immigration, one of the most sweeping international trends today. Loss and separation have been thematic in her work with families who have immigrated. Dr. Jerry's clinical practice includes a semi-rural city where the population swelled from 10000 to 15000 in a very short time due to a factory opening. He was suddenly faced with significant immigration issues from Africa and Asia, as the factory actively recruited Temporary Foreign Workers as part of a government program. His observations of diverse family systems, and the impact of early trauma and deprivation, refugee and war issues, in the context of economically-driven immigration has led Dr. Jerry to re-conceptualize the influences of these factors in assessment and treatment. In an effort to generate possibilities for how psychodynamic theory and technique can be used in systemic work with such families, Faye will engage Dr. Jerry in a dialogue about some key tensions she has encountered as a family therapist in training. Honoring the potentially unpredictable flow of conversation, we will aim to discuss family systems in immigration, the interplay of health and psychodynamic developmental factors in families of young children, and the modernist/post-modernist tensions that underlie this synthesis of theory. We will spend 30 minutes in dialogue and will leave 15 minutes for questions and comments.

The Cross-Racial Therapeutic Relationship: Genuine or Fantasy

Marlene F. Watson - USA

Argie Allen-Wilson - USA

Short Description: Genuine cross-racial relationships, particularly black-white relationships, may be overshadowed by relational fractures and injustices stemming from slavery and insidious racism. This presentation explores the impact of white supremacy and the legacy of slavery on the cross-racial therapeutic relationship.

Abstract: Cross-racial relationships, particularly black-white relationships, are afflicted still by historical trauma and the legacy of slavery. Relational fractures and injustices resulting from slavery and insidious racism frequently serve as the backdrop of black-white relationships, including the cross-racial therapeutic relationship, calling into question whether these relationships are genuine or fantasy. Genuine relationships require openness, honesty and trust. Since race often is an overlooked or ignored topic in therapy, the therapeutic relationship may lack integrity and honesty despite its positive appearance. This presentation explores the impact of white supremacy and the legacy of slavery on the cross-racial therapeutic relationship. You'll learn how to: • Apply the myth of white superiority and black inferiority as a relational frame to expand the perspective of both the therapist and client to enhance the client's wellbeing. • Use historical dialogue to strengthen the therapeutic bond and improve communication. • Recognize self of the therapist issues to ensure that clients feel safe enough within the therapeutic relationship to engage in open and honest communication. • Initiate and remain connected in passionate cross-racial conversations.

Paternal and Maternal Experiences in Caring for Children with Attention Deficit Hyperactivity Disorder in a Chinese Context: Implications for Family Therapy

Joyce Lai Chong Ma - China

Short Description: This presentation aimed to report the results of a study conducted in a Chinese context such as Hong Kong, which aimed to compare the paternal and maternal experiences in parenting children with attention deficit hyperactivity disorder.

Abstract: A biomedical model has been adopted as the major approach in assessment and management of attention deficit hyperactivity disorder (ADHD) in a Chinese context such as Hong Kong, which is symptom-oriented and child-focused. Little has been done to understand and examine the similarities and differences between the paternal and maternal experiences in caring for children with ADHD. In this presentation, the presenter will report on the results of the study conducted in Hong Kong, which aimed to compare the paternal and maternal experiences in caring for these children. Participants in this study were 72 (59.5%) mothers and 49 (40.5%) fathers from 84 Chinese families, who were recruited through nine psychoeducation talks organized by our research team. Data were collected using a structured questionnaire comprising a battery of standardized measures. The results of our study have shown that the mothers perceived the children's ADHD behaviors more seriously than the fathers. The fathers' level of stress was more or less the same as the mothers'. The paternal competence was higher than the maternal competence. Both parents related well to their children but notably 40% of them were angry with their children. Multiple regression analysis has shown that the ADHD behaviors have positive effects on parenting stress but not on parental competence. Implications of this study for family therapy will be discussed.

Psychostimulant Medication and Self-concept of School-aged Children with Attention Deficit Hyperactivity Disorder in a Chinese Context

Hannah Wai Ming Ho - China

Short Description: Psychostimulant medication is the most common treatment to children with ADHD but there is an ethical concern on its influence on self-concept of young children. This qualitative study aims at providing empirical evidence to this concern and it is conducted on Hong Kong Chinese school-aged children with ADHD.

Abstract: Although psychostimulant medication is claimed to be the most common and effective way of treatment for children with ADHD, there is a rising concern on the ethical boundaries of the application of it on the self-concept of young children. This qualitative study is an indigenous pilot study conducted on Hong Kong Chinese school-aged children with ADHD that aims at providing empirical evidence to this concern. A sample of twelve children with ADHD is interviewed with ten boys and two girls and the ages of them range from six to twelve years old. Photo elicitation and scaling questions are used to reveal the subjective experience of medication and self-concept of children with ADHD. Children suffering from ADHD exhibit hyperactive and inattentive symptoms and these symptomatic behaviors are contrary to the Chinese cultural expectations on children. In this study, children diagnosed with ADHD are required to take medication by parents or teachers in order to reduce the symptomatic behaviors in various social settings. They generally report that medication helps them to be more attentive and have better self-control in behaviors. They show little resistance to take medication as it enables them to perform better academically and behave appropriately in class. The emergent theme shows that in spite of the recognition of the helpfulness of medication in managing the symptomatic behaviors, the children perceive themselves to be a satisfactory and acceptable child regardless of taking medication or not. The study shows that medication has improved the self-concept of the children with the improvement of symptomatic behaviors. Yet, the result also demonstrates that there is a core being of the child that the worth of it does not relate to the intake of medication or not. Children's own understanding of their real selves seems to be constant regardless of medication.

Culturally Constructed Parenting Practice: A Journey of Negotiation of Migrant Chinese Mothers Who Parent in Canada

Martin Chung-yeung Lau – China

Ho Wai Ming – China

Short Description: Parenting practice is culturally constructed and it is fully revealed in a migration context. In this qualitative study, Mainland Chinese migrant mothers adopt various strategies to retain the Chinese values and identity while accommodating the western values in Canada. Implications for culturally responsive migrant family service would be discussed.

Abstract: Globalization brings an increasing trend of migration and the acculturation process is filled with challenges for Chinese parents who negotiate between their original and host culture in a western society. Canada is one of the most popular migrant countries to Mainland Chinese and Mainland Chinese rank first in the immigrant population of Canada in recent couple of years. What motives the Mainland Chinese parents to migrate is mostly for the improvement of well-beings of their children such as better education and more prosperous future development. With the interaction between school system, community settings, their families, their own personal and cultural values, the mothers embark on a journey of negotiation in parenting. Expanded from the framework of acculturation strategies that is proposed by Berry (2005), this research finds that the Chinese mothers simultaneously assimilate and separate between the original and host cultures in the process of achieving integration. They experience a dilemma in practicing Chinese cultural values while accommodating the western values in the education and personality development of their children. While Chinese mothers want to escape from the traditional value of control (guan) in parenting, the western education that does not demand intensive homework and open discussion of personal choice on using cannabis paradoxically causes anxiety and worries on them. However, the mothers also appreciate that they can gain back their autonomy in parenting as there is less social comparison and competition in Canada. The immigrant mothers in this study have immigrated to Canada for less than 4 years and the age of children at the time of migration ranges from five to ten. They are from four different cities in the southern, eastern and western part of China, namely Shenzhen, Guangzhou, Nanjing and Kunming. This study addresses the importance of cultural sensitivity in migrate family service. The service should not only work towards the ultimate goal of integration but should also enhance the awareness of the practitioners about how the Chinese specific culture shapes the parenting practice. The negotiation between culture-common and cultural-specific parenting creates equilibrium of the parenting development in the migrant families.

Cinema-Narrative-Therapy: Utilizing Family Films to Externalize Children's "Problems"

Brie Turns – USA

Short Description: This presentation demonstrates the use of cinema-narrative-therapy when working with "problem" children. It discusses engaging families in a narrative conversation about a movie character's problem and the similarities with the child's problem. Externalization allows clients to view the problem separately from the character and child.

Abstract: Parents frequently bring children into therapy with the notion that their child has a "problem." Children can begin to internalize these labels and negative attributes created by others. Narrative therapy has shown to be effective in removing such labels from adults and give them an identity of their own. However, in order to effectively engage and produce change with children and their families, therapists must communicate with him or her in a way the child is most comfortable—play. Communicating through play while using narrative therapy enhances the child's understanding and participation while removing the blame and giving their "problem" a separate identity. Play also provides a metaphorical channel where children can discuss their thoughts and ideas, including self-perceptions by projecting them onto an object. Cinemetherapy, the use of movies in therapy, is built on the notion that individuals identify with movie characters and the similarities they share. Viewing family movies is a form of play in which children project the thoughts of themselves onto characters. Cinema-narrative-therapy is an innovative method that combines cinema- and narrative therapy. This intervention helps children and their family members view "problems" in a different way and provides a new method for conversing about the "problem," which assists in lasting change. This presentation introduces the two-part concept of cinema-narrative-therapy. The first segment of the intervention will demonstrate how therapists are able to engage in a narrative discussion, about the film, with the family. The therapist will help the family externalize the movie character's "problem," discuss instances the character defeated the "problem," and qualities the character demonstrates while overcoming the "problem." The presentation will then review part two of the intervention, which focuses on the similarities between the character and child's "problem," externalizing the "problem" from the child, and times the child overcame the "problem." The presentation will also review how to select appropriate films that can be utilized with this intervention, the common outline of family films, and how this outline compliments a narrative conversation that will promote lasting change.

The Genogram Project

Heather Laird – USA

Short Description: This graduate project seeks to see explore cultural differences and patterns that emerge from collecting information on genograms. This study explores how the relationships within Muslim families are structured, and how they cope with various stressors.

Abstract: This genogram project seeks to answer two research questions: 1) can a favorable view be achieved, and stigma regarding psychotherapy he reduced, through an educational session of what a genogram is and does; and 2) what patterns of cultural differences emerge within a particular Muslim community, (e.g., African, South Asian, Arab, etc.?) and what patterns emerge regarding particular communal or individual mental health issues, (e.g., depression, alcoholism, etc.), based on a comparison of the genograms of the research participants in the interview portion of the project. The information obtained from the research will provide insight into the interpersonal relationships in the studied community and help identify any barriers, e.g., structural, systemic, personal that can be modified or changed to produce a therapeutic change in use of resources for the community as well as common existing issues within the community.

Utilizing SFBT and Play to Assess and Explain Divorce to a Child with ASD

Brie Turns – USA

Short Description: The severity of symptoms in children with an Autism Spectrum Disorder contribute to the divorce rates among parents, which are higher than typical developing families. This poster outlines an intervention that assesses parental coping strategies, the diagnosed child's understanding, and help the system adapt to the new family structure.

Abstract: Autism Spectrum Disorder (ASD) is a growing field of therapeutic focus with diagnosis rates increasing around the world. Researchers have identified several parental outcomes associated with raising a child with ASD, including depression, anxiety, substance use, and financial constraints. Parental relationship strain has also been shown to occur as a result of this diagnosis and its complex symptoms. Current divorce rates among parents living with ASD is reported to be at least ten percent higher than parents raising a child with other developmental delays. Unfortunately, there is minimal literature utilizing systemic interventions focusing on parental separation and the potential impact it has on the diagnosed child. Utilizing Solution-Focused Brief Therapy and play, this poster outlines a framework for working with separated parents of ASD. This intervention provides recommendations for assessing the diagnosed child's understanding of the separation and how therapists can assist the parents with explaining the separation to the child. The two-part intervention begins with the therapist utilizing SFBT to assess the parent's stressors associated with the divorce and then working with the parent to alleviate the stressors. Next, the therapist works with the parents to assess the child's reactions to the separation. Many children with ASD have difficulty expressing their emotions and thoughts and will express their reactions differently than typical developing children. After assessing the child's reactions, the therapist and parents work to create an adaptable co-parenting environment for the child post-divorce. Children with ASD engage in negative reactions to schedule changes, which are unavoidable in a divorce. Special recommendations are provided to assist with these changes. The second segment consists of the parent, with the therapist's support, explaining the separation to the child utilizing play methods. How divorce will impact the child will also be discussed with the child. This intervention provides a foundation for families to grow in their new roles as single providers and equip them to provide the best possible care for their child. This intervention is also able to be adapted for parents who are the only caregiver post-divorce.

Recuperating Her Existence: The Power of Definitional Ceremonies with Survivors of Rape

Alicia Gomez - USA

Short Description: Definitional Ceremonies (DC), open space for survivors of rape to tell their story before an audience of chosen witnesses. Survivors feel more visible as they thicken conclusions about their identity. Therapists will learn the structure of DC's, the power of DC's with rape survivors, and therapeutic responsibility.

Abstract: Abuse, Violation, Invisible, Disempowered, and Fearful are only a few words that can describe the experience of a person who has been raped. A woman seeking to be visible again after her body has been sexually violated could use the assistance of a community to bear witness to her story and validate her journey as she recuperates her sense of existence. Breaking through the glass of secrecy around the topic of rape and sexual abuse further allows room for survivors to take back their power and their space as a marginalized group. Definitional Ceremonies, conducted in narrative practice, provide people with the opportunity to tell or perform their story before an audience of carefully chosen outsider witnesses. The audience then has a chance to respond to these stories with retellings that are facilitated by the therapist in a specific and intentional manner. Survivors of rape/sexual abuse can be seen by an audience, hear how the audience experienced them, and become empowered to be active participants in their story. Through these rich and well-structured ceremonies, survivors are able to feel a sense of visibility as they thicken their conclusions about their identity. This presentation will help family therapists learn about alternative ways they can work with marginalized groups, specifically survivors of rape/sexual abuse, while achieving healing as a community. Therapists will gain knowledge about how to utilize the interpersonal interactions of the members in the definitional ceremonies in order to move toward therapeutic change as a community. Attendees will also learn how outsider witness retellings can achieve what is quite beyond the potential to achieve in the sole role of a therapist. In this presentation, therapists can expect to be taught about the definitional ceremony structure, the power of using this ceremony with survivors of rape/sexual abuse, and also the therapeutic responsibility of a clinician while conducting the definitional ceremony. Through the use of video clips of a definitional ceremony with survivors of rape/sexual abuse, this presentation will bring theory into action, helping therapists use their systemic understanding to conduct effective and powerful ceremonies with clients.

Enhancing Therapeutic Relationships with the Person-of-the-Therapist Training (POTT) Model

Alba Nino - USA

Short Description: In this presentation, participants will learn how the Person-of-the-Therapist Training (POTT) can help trainees develop more effective therapeutic relationships. This presentation is useful for therapists looking to improve their therapeutic connections with clients, and for trainers and supervisors interested in helping trainees develop better therapeutic relationships.

Abstract: Research and clinical evidence consistently suggests that the therapeutic relationship is one of the most important factors in therapy, contributing to positive therapy outcomes for clients. Furthermore, through clinical research, it has been possible to identify specific elements that make a therapeutic relationship more likely to lead to positive results for clients. These elements include empathy, positive regard, management of countertransference, and balance of multiple alliances, among others. It is important to train new generations of therapists so they can promote these specific elements, and thus develop strong and effective relationships with their clients. In this workshop, we will explain how the person of the Person-of-the-Therapist Training (POTT), a training model for the use of self in therapy, can help trainees establish effective therapeutic relationships. POTT is a structured program designed to enhance the therapeutic abilities of trainees by helping them purposefully use all the aspects of their personhood and life experiences in their clinical work. Participants in this workshop will learn how POTT enables trainees to become more aware and accepting of different aspects of themselves, which in turn helps them be more present and able to build caring relationships with their clients. Participants will also learn how the underlying assumptions and class assignments of POTT can help trainees better connect with their own humanity and through it, connect with the humanity of their clients. Participants will have the opportunity to take part in a practical exercise that exemplifies the premises of POTT. This workshop is useful for therapists who are interested in ways to establish better relationships with their clients, and also for educators, supervisors and trainers who are looking for models to train future generations of couple and family therapists.

Applying Strengths Perspective in Promoting the Recovery of Persons with Psychiatric Disability and Their Family Caregiver: From the Perspective of Case Managers

Li-yu Song – Taiwan

Short Description: This study aimed to enhance the recovery of persons with psychiatric disability and their family caregiver. In the presentation, I'll depict how case managers reacted and enacted the principles of strengths perspective. Furthermore, the recovery outcomes of the dyad will be illustrated based on case managers' account.

Abstract: This study aimed to enhance the recovery of persons with psychiatric disability (hereinafter called consumer) and their family caregiver (dual focused approach). A three-year experiment applying Strengths perspective was implemented in Taiwan. Five rehabilitation agencies participated in this study with 26 case managers involved. Fifty eight dyads of consumers and their family caregiver agreed to participate in this experiment. A qualitative approach was adopted to capture the depth and process of changes occurred over time. Case managers were in-depth interviewed twice, six months after the inception of the experiment and 18 months after. Data analysis was conducted in accord with grounded theory. In terms of process, the investigator explored how case managers reacted to the dual focused approach and enacted the principles of Strengths perspective. Concerning the outcomes, changes on the recovery of the dyad were extracted based on case managers' account. In the first interview, the application process of Strengths perspective was like a Taijitu. Case managers expressed affirmation, acceptance, and willing to try on one side, and yet they had doubt, resistance, hesitation, and difficulties in implementation on the other. Case managers agreed and could focus on the growth potential, strengths, and establishing good working alliance. However, they found difficulties in fully enacting self-determination and working with caregivers in the community. In the second interview, their attitude changed toward more positive and they expressed a sense of achievement as they witnessed the positive changes on some dyads. The changes on the consumers included four domains: improved vocational outcomes, social participations, enhanced interpersonal interactions and relationship, and internal growth in power and value. Some family caregivers changed from being negative and pessimistic to thinking positively, became more open hearted, redirected their focus to themselves gradually, and became willing to let go and pursue their own goal. The strengths perspective was conducive to some caregivers. However, for some caregivers, they viewed children as an extension of their own. Thus, the bonding was too strong to let go. The influence of Chinese culture and the implications for future application will be discussed in the presentation.

White-haired Mourning the Dark-haired: The Subjective Accounts of Aged Chinese Mothers in Facing Cancer Death of Adult Child

Kwan Ling Ng - China

Wai Ming Ho - China

Short Description: Aged parents are rarely recognized and involved in medical system when preparing for the anticipatory death of terminally-ill adults in Hong Kong. This study reveals how the aged Chinese mothers interact with different ecological contexts to struggle their way in mothering adult children with cancer from dying till death.

Abstract: Losing adult child to cancer is regarded as an unnatural tragedy for elder mothers. The uncommon scene is portrayed as "white-haired mourning the dark-haired" in Chinese culture. Such experiences are scarcely studied in the cultural context of Hong Kong. Through capturing the firsthand narratives of grieving mothers, their struggles and plight are uncovered in this exploratory study. The narratives showed that the mothering role of aged mothers is reactivated when facing cancer death of their adult child. It contradicts with the dominant medical practice that only nuclear family members are regarded as significant others of adult cancer patients. The unending motherhood of aged Chinese mothers intertwined with adherence to filial piety of younger generations, traditional Chinese cultural beliefs and social perceptions of grieving mothers. Younger generations' filial obligations to protect elders from intense anxiety at times clash with aged mothers' strong urge to be included as significant others in the process. Avoidance in attending deceased child's funeral and reticence of disclosure to nonfamily are common while death-related subjects are still taboo in Chinese culture. Interactions between aged mothers, the cultural stereotypes of perceived vulnerability of elders in facing grief and motherhood in old age co-construct the lived experiences of aged mothers. It is advocated that family-based therapeutic interventions that are culturally tailored would be beneficial to aged mother, the adult dying patient and both the nuclear and extended family in palliative care in Chinese societies like Hong Kong. An enhanced awareness of healthcare providers on elders' needs to prepare and grieve for offspring's cancer death is called for. The complexity and ambivalence in news delivery across generations should be recognized and delicately addressed through constructing a platform for family members' voices to be authentically listened and exchanged.

Transgender Resiliency: A Comparison of Transgender and Cisgender CFT Clients

Anibal Torres Bernal - USA

Deborah Coolhart - USA

Short Description: The current study compared transgender to cisgender clients at a couple and family therapy center on self-reported psychological symptomology and family functioning. Results suggest transgender individuals may develop unique traits or processes allowing them to more effectively cope with stressors, supporting the presence of resiliency in this population.

Abstract: Existing studies suggest transgender people face increased vulnerabilities such as family challenges, sexual and physical violence, poverty, and transgender-related discrimination in healthcare, housing, and employment (Bradford, Reisner, & Xavier, 2013; Grant et al., 2011; Grossman & D'augelli, 2006; Kenagy, 2005; Ignatavicius, 2013; Nuttbrock et al., 2010; Riley, Clemson, Sitharthan, & Diamond, 2013). Possibly due to these unique stressors, many studies indicate poorer mental and physical health outcomes for transgender people such as lower quality of life (Newfield, Hart, Dibble, & Kohler, 2006), increased suicide attempts (Grant et al., 2011), and higher rates of depressive symptoms and anxiety (Budge, Adelson, & Howard, 2013). However, studies are increasingly exploring the resilience of transgender people and factors contributing to positive coping (e.g., Bockting, Miner, Romine, Hamilton, & Coleman, 2013; Reicherzer and Spillman, 2012; Singh & McKleroy, 2010). The current study compared transgender (n=96) to cisgender (n=1,616) clients at a University-based couple and family therapy (CFT) center on self-reported psychological symptomology (53-item Brief Symptom Inventory) and family functioning (Self-Report Family Inventory). Clients were receiving CFT services from CFT trainees. Transgender clients did not differ significantly from cisgender clients on family functioning; however, transgender clients reported significantly fewer symptoms on all twelve subscales of psychological symptomology, despite lower income and lower levels of education when compared to cisgender individuals. Results suggest transgender people may develop unique traits or processes allowing them to more effectively cope with stressors, supporting the presence of resiliency in this population.

Facilitating Change in Single Therapy Sessions with At-risk Minority Youth

Daphney Lundi – USA

Short Description: School counselors are inundated with responsibilities in addition to large caseloads of students to counsel. The mandates of the job can create time restrictions. The speaker will present 3 case examples of facilitating change within single-sessions when working with at-risk minority youth in an urban school setting.

Abstract: The term "at-risk" is often attributed to youth with academic, behavioral, social and economic issues. These risk factors can result in students dropping out of school, economic instability, delinquency and possible future imprisonment. Minority youth are more likely to fall into the "at-risk" category and are in need of therapeutic services that empower change. School counselors and psychologists are frequently faced with large caseloads of students to see with a limited amount of time to do so. This presentation will analyze 3 case examples of facilitating therapeutic change under time restrictions when working with at-risk minority youth in an urban school setting. The presenter will demonstrate how school counselors and psychologists can maximize the time spent in therapy sessions with students, the power of joining with students, building therapeutic alliance and using students' worldview to solve problems. Participants will gain an understanding of therapeutic concepts that will offer additional tools for their work with at-risk minority youth. In addition, participants will gain the knowledge of how cultural competence can still be achieved in a single-session time frame when working with diverse populations.

Premarital Counseling for Muslims: Major Factors to Consider

Heather Laird - USA

Jay Burke – USA

Short Description: This presentation summarizes current research and practice around premarital education and counseling for Muslim populations and makes suggestions for the major factors that should be considered as part of this process. Additionally, a preliminary premarital program based on these factors will be presented and discussed.

Abstract: This presentation summarizes current research and practice around premarital education and counseling for Muslim populations and makes suggestions for the major factors that should be considered as part of this process. Current research details that Muslim populations may have perspectives that differ from general population norms and that may need to be taken into account in premarital education programs specifically tailored for Muslims. These differing perspectives include the value placed on sexual fidelity prior to marriage, the emphasis placed on family involvement in the marriage process, and the importance of religion in the premarital process. Additionally, this presentation will distinguish between premarital counseling for first time married individuals and blended families, within Muslim populations. Finally, a premarital program that takes into account the differing factors detailed for working with Muslim populations will be presented on and discussed.

Translation and Validation of the Arabic-Revised Dyadic Adjustment Scale

Carolyn Tubbs – USA

Short Description: This presentation reviews translation and validation of the Arabic-Revised Dyadic Adjustment Scale (A-RDAS). It highlights the challenges of creating a psychological language for an Arabic/Muslim population, as well as the cultural nuances of defining marital satisfaction in Arab marriages. It also shares results of the validation process.

Abstract: With an increasing number of Arabs migrating to the United States in the recent years and ongoing stress fostered by cultural marginalization, it is imperative for the mental health field to reach and provide help to the Arab American population. Unfortunately, the lack of assessment tools in Arabic makes it very difficult, if not impossible, to provide adequate assistance to individuals, couples, or families who speak Arabic. For Arab American couples, in particular, there are no assessment tools to evaluate the quality of their marital relationships, especially when they are facing marital difficulties. Consequently, the Revised Dyadic Adjustment Scale (RDAS) was translated into the Arabic language and given to Arab couples in order to assess its psychometric properties. The results suggested that the Arabic Revised Dyadic Adjustment Scale (A-RDAS) effectively measured the quality of Arabic-speaking American couples' relationships and could be a useful assessment tool for mental health professionals when working with an Arab population.

I Honor the Place: A Collaboration of Narrative and Contextual Techniques for Strengthening Black Male Youth

Danielle Moye – USA

Short Description: Black male youth are given an unfair advantage of transgenerational transmission of unfairness. This presentation focuses on how contextual and narrative therapies observe a person within the context of their reality, while giving respect to diversity and opening the lens for a wider perspective.

Abstract: The dominant narratives in our society disempower large numbers of people by excluding them from a significant voice in particular areas of discourse (Freedman & Combs, 1996). Particularly, in today's society black male youth have been the center of that voiceless mass. As recent as 2015 there still remains a dark cloud of discrimination, dichotomized perceptions, and injustice within the realm of communities. Experiencing discrimination has been shown to have a range of deleterious effects on black male youth (Hope, Skoog, & Jager, 2015). The journey of therapy should allow black male youth to find inner strength, highlight potential, and develop an increased awareness of their behavioral responses. In the early phase of adolescence black male youth refine their own personal identity, level of functioning, morality, and social relationships, which inform future decision making and behavior (Steinberg & Morris, 2001; Hope, Skoog, & Jager, 2015). Black male youth stand a chance at being empowered, if therapists continue to build them up in a society that fails to do so. Consistent with this need contextual therapists pay close attention to the social and political contexts of the family (Nagy, 1991) and narrative therapists attend closely to social issues (Gehart & Tuttle, 2003). This presentation considers the frameworks of both Contextual Therapy and Narrative Therapy as strength-based approaches for working with black male youth and their families. It highlights both similarities and differences of the two models, while applying some of their key practices to a case example from the presenter's therapeutic work.

The International Accreditation Commission for Systemic Therapy Education (IACSTE) Workshop I

Dorothy Becvar – USA

Abstract: In this workshop members of the International Accreditation Commission for Systemic Therapy Education (IACSTE) will provide an overview of their history and goals as well as the standards and requirements that must be met in order to be designated as an accredited program.

International Accreditation Commission for Systemic Therapy Education (IACSTE) Workshop II

Dorothy Becvar – USA

Abstract: In part II of this workshop, members of the International Accreditation Commission for Systemic Therapy Education (IACSTE) will focus on the process of completing an application for accreditation. Participants will have an opportunity to ask questions and receive guidance relative to specific aspects of the application process.

Latino Skin Color: The Role of Discrimination, Racial identity, and Parental racial Socialization on Self Esteem and Depression

Ana Hernandez – USA

Short Description: Latinos are a minority group in the United States who are steadily growing (USA Census 2010). Using three racial identity models, this study examined the associations between self-reported skin color, racial discrimination, racial identity, parental racial socialization, self-esteem, and depressive symptoms in a sample of USA born Latinos.

Abstract: Latinos are a minority group in the United States (USA) who are steadily growing (USA Census 2010) and who come from different countries in Latin America including Peru, Honduras, Brazil, Costa Rica, and Puerto Rico (Santiago-Rivera, et al. 2002). Using the Cross Racial Identity Model (Cross, 1991), Multidimensional model of Racial Identity (Sellers, et al. 1998), and Helm's White Racial Identity Model (Helms, 1995), this web-based quantitative cross-sectional survey study was designed to examine the associations between self-reported skin color, racial discrimination, racial identity, parental racial socialization, self-esteem, and depressive symptoms in a convenience sample of 205 USA born Latinos (ages 18-25). Participants first completed a demographic questionnaire and then 5 valid and reliable self-report surveys to examine their skin color, racial identity, perceived racial discrimination, parental racial socialization, self-esteem, and depressive symptoms. Results suggest that racial identity is a significant mediator between perceived racial discrimination and self-esteem and depressive symptoms. This dissertation study has important clinical and research implications for family therapists who are working with young adult USA born Latinos.

Parent-Child Bonding and Suicide for Individuals Diagnosed with Body Dysmorphic Disorder

Armeda Wojciak - USA

Short Description: Body Dysmorphic Disorder affects more than two percent of the general population. This exploratory study proposes an alternative way to view BDD; through a Family Systems lens. More specifically, examining the relationship between parent child bonding and the frequency of suicidal ideation and suicide attempts for Individuals Diagnosed with BDD.

Abstract: Body Dysmorphic Disorder is a debilitating condition affecting more than two percent of the general population. Typical age of onset is between 12 to 13 years of age with two thirds of individuals with BDD experiencing symptom onset before age 18, when children and adolescents typically still live in the familial home. Despite the alarming rates of suicide and suicidal ideation among children and adolescents diagnosed with BDD, it is given little attention in the adolescent literature and there is virtually no research evaluating how familial relationships play a role in the development and maintenance of this disorder. This exploratory study proposes an alternative way to view BDD; through a Family Systems lens. More specifically, examining the relationship between parent child bonding and the frequency of suicidal ideation and suicide attempts for Individuals Diagnosed with BDD. The current report fills a gap in literature as the role of parent child bonding and suicidal ideation and suicide attempts associated with BDD has not yet been evaluated. Authors evaluated the following hypothesis: individuals who report their Parental Bonding Styles with their parents as affectionate constraint, affectionless control, or neglectful parenting (insecure attachment) are also more likely to report a higher incidence of suicidal ideation and suicide attempts before and after the age of 18; and individuals who report a Parental Bonding Style of "Optimal Parenting" (high care and low protection; secure attachment) are more likely to report a lower incidence of suicidal ideation and suicide attempts before and after the age of 18. These hypotheses were evaluated using the University of Iowa's Qualtrics software to distribute the Parental Bonding Instrument to adults diagnosed with BDD. This instrument assesses the participant's relationship with both their mother and father. Questions were asked about the presence and frequency of suicidal ideations and attempts both before and after the age of 18. Initial findings indicate a relationship between parental control and suicidal behaviors, however data collection has not yet concluded. The study will be completed by the time of the conference, and the findings will be presented with implications regarding clinical practices.

New Home. New System. New Family?: The Place of Family Therapists in Group Home Settings

Mishelle Ortiz-Velez - USA

Melina Rodriguez - USA

Short Description: This presentation explores the benefits of implementing systemic ideas typically applied in family therapy, working with female adolescents transitioning from high-risk environments, within the group home setting. Specific systemic techniques are discussed in terms of how they can be implemented with this population to decrease resistance and improve outcomes.

Abstract: This presentation explores the short-term and long-term benefits of implementing systemic ideas typically applied to family therapy within the group home setting. Adolescent females placed in group homes are faced with unique struggles as they transition into new emotional systems. Many transition from unstable environments where they were at risk for physical, emotional, and sexual abuse. They often have no meaningful interpersonal connections and turn to substance abuse as an alternative for comfort. The extensive systemic training family therapists obtain, provide them with a unique perspective on how to approach counseling with these young women and within these new systems. Group therapy for housemates, approached with the same philosophical stance one applies to therapy with families, can indirectly encourage the development of meaningful connections necessary for the healthy development of adolescents. Specific systemic techniques are discussed in terms of how they can be implemented with this population to decrease resistance and improve outcome success.

High-Conflict Post-Separation Parenting: De-escalating Volatile Patterns and Building New Directions

Jeff Chang – Canada

Short Description: High conflict post-separation parenting negatively affects children and adults. Family therapists may be conflicted between the needs of distressed children and risk management with difficult and potentially litigious parents. This workshop will help family therapists to de-escalate the volatile patterns and assist them to develop a new direction.

Abstract: High conflict post-separation parenting has deleterious effects on children and adults. Children of high conflict divorces experience elevated incidence of alcohol and drug use, difficulties in school, behavioral problems, earlier sexual activity, antisocial behavior, higher incidence of anxiety and depression, poorer relationships with parents, lower quality of life, and a feeling of obligation to choose one parent over another. Long-term, they experience: lower academic achievement, poorer psychological well-being, and difficulty maintaining their own intimate relationships. Parents preoccupied conflict with a former spouse are embroiled in litigation and have less time and energy to devote to their children, and fewer financial resources. With parental time, energy, and resources diverted to litigation, children typically pay the psychological price. Practitioners who work with high-conflict parents are often conflicted: While children of high-conflict parents are among the children in greatest need for therapy, and one parent's compelling narratives of the misdeeds of the other parent is inviting, high conflict parents are often the most litigious, and child custody matters lead to more ethical complaints than any area of practice. Accordingly, the risk management strategy of many practitioners is to avoid these types of families. In this workshop, Jeff applies his twenty years of experience with high conflict divorcing families and thirty years of experience as a therapist influenced by solution-based, narrative and collaborative approaches. Participants will learn: • Prevalence and effects of high conflict parenting • Ethical hazards with high conflict parents • Family patterns in high conflict divorcing families • Effects of high conflict on practitioners: sucked in, scared off, or both? • How to structure family therapy with high-conflict co-parents to give yourself maximum maneuverability • Methods for maintaining a collaborative solution orientation • Therapeutic techniques to interrupt volatile patterns • Therapeutic tasks to assist families to start in new directions.

Male Breadwinners, Trailing Wives and Third Culture Kids: Expat Families and What Lies Beneath

Lucinda Willshire - Australia

Short Description: A 'trailing wife' for more than 25 years, Lucinda supported the 'breadwinner's' U.N. career, raised 4 'third-culture kids' and cobbled a portable career family counselling in many expat communities. She wants to raise awareness of systemic issues that remain hidden to mainstream society.

Abstract: Abstract 'Male Breadwinners, trailing wives and third culture kids: Expat families and What Lies Beneath'-Lucinda J Willshire Research and documented experiences of expatriate family life is limited. Some work has been done on the effects of nomadic lifestyles on kids from the viewpoint of adults reflecting back (ref David C Pollack). However few studies look systematically at expat lifestyle, the rigid roles for family members, power imbalance between husband and wives and kids and some of the complex issues that can arise for families. My presentation aims to raise awareness of particular vulnerabilities for these families, through 'snapshots' from clinical work as well as from my lived experience raising family in Malawi, Australia, Vietnam, Indonesia, China and the U.S.A for over 25 years. I will also brainstorm recommendations. Expat life is often perceived as 'glamorous' and on the surface it can be. However underneath the gloss, the lifestyle can take its toll on families. There can be a kind of disenfranchised grief for expat families in mainstream society.

Developing a Cultural Advisory Board: A Qualitative Inquiry

Desiree Seponski - USA

Ashley Davis - USA

Short Description: Cultural advisors can act as advocates for clients. This poster presentation provides emerging findings from one Master's program's use of a Cultural Advisory Board. An in-depth description of how advisors were chosen, invited, and utilized is provided. Suggestions for future research and implications for therapy are outlined.

Abstract: Traditional marriage and family therapy (MFT) models reflect Western values and norms and may be inappropriate for use with many non-Western cultures. MFTs must examine how they can make these models culturally responsive to minorities, immigrants, and refugees in the United States (US). Culturally responsiveness and competency are similar in intention, but diverge theoretically and conceptually in regards to the acquisition of knowledge, the distribution of power, and the role of the expert (Carlson et al., 2004). It is important to emphasize that culturally responsive therapists rely on the local knowledge and are accountable to the local community and their unique needs, whereas culturally competent therapists assume they can acquire cultural knowledge and act as an expert in that community. Cultural advisors can be utilized to provide an emic, local, approach, provide an insider expert and consulter role to the therapists, and act as advocates for the clients; an advisory board of locals can consult on the therapeutic setting and format (e.g. Carlson et al., 2004). Previous studies have addressed program type, delivery, and content, the use of cultural advisory boards and cultural consultants, recruitment strategies, and social service delivery, and found that responding to the clients' cultural needs increases the positive outcomes of therapy (Carlson et al., 2004; Lu et al., 1991; Powell, et al., 1990; Waites et al., 2004.). However, none known to the authors have outlined how cultural advisors/advocates are recruited, qualified, and chosen or provided therapists' reactions to working with them. This poster presentation discusses emerging qualitative findings from one COAMFTE program's use of a Cultural Advisory Board. Data were analyzed by two research assistants and a professor and coded using constant comparative analysis (Charmaz, 2004). An in-depth description of how advisors were chosen, invited, and utilized is provided. Participant experiences, including desires for the CAB, needing help with specific ethnic identifies, seeking help managing self-of-therapist biases emerged and are supported with rich quotes. Suggestions for future research and implications for therapy are outlined.

Reflections of MFTs' Experiences in Recruiting Minority Clients

Desiree Seponski - USA

Ashley Davis - USA

Short Description: This poster presentation discusses emerging qualitative findings on the experiences of MFT Master's students (N = 22) in recruiting minority clients. Participant noted developing and increasing their knowledge of ethnic recruiting and confronting emotional barriers and biases. Suggestions for future research and implications for therapy are outlined.

Abstract: Traditional marriage and family therapy (MFT) models reflect Western values and norms and may be inappropriate for use with many non-Western cultures. MFTs must examine how they can make these models culturally responsive to minorities, immigrants, and refugees in the United States (US). Culturally responsive approaches are intentional in their recruitment and retention strategies by addressing factors such as poverty, language barriers, structural racism and segregation, social isolation, and distrust towards institutions (Seponski, et al. 2012; Carlson et al., 2004). Previous studies have addressed recruitment strategies, program type, delivery, content, the use of cultural advisory boards and cultural consultants, and social service delivery, and found that responding to the clients' cultural needs increases the positive outcomes of therapy (Carlson et al., 2004; Lu et al., 1991; Powell, et al., 1990; Waites et al., 2004.). Few studies have outlined how recruitment strategies have been research-informed, evaluated, and assessed by minority clients. This poster presentation discusses emerging qualitative findings on the experiences of MFT Master's students in recruiting minority clients. Students (N = 22) were from one COAMFTE accredited MFT Master's degree program's in a large, culturally diverse city in the United States. Data were analyzed by two research assistants and an assistant professor (the PI) and coded using constant comparative analysis (Charmaz, 2004). Participant experiences, including 1) successfully and purposefully choosing gatekeeping sites, 2) developing/increasing their knowledge of ethnic recruiting, 3) experiencing challenges with gatekeeping sites, and 4) acknowledging emotional barriers and biases are supported with rich quotes. Suggestions for future research and implications for therapy are outlined.

Community Therapy as an Intervention in Chemically Dependent Family Doctoral Thesis Presented at the Institute CAIFCOM- Porto Alegre - Brazil in July 2015

Doralice Otaviano – Brazil

Short Description: This research it is a PhD thesis defended recently and aims to understand what the impact of integrative systemic community therapy in drug addicts family groups studied and identify the familiar profile researched and what happens in the family careful and propose an intervention with systemic integrative community therapy.

Abstract: THEME Community therapy as an intervention in chemically dependent family Doctoral thesis presented at the Institute CAIFCOM- Porto Alegre - Brazil in July 2015 Doralice Octavian; Blanca Morales LongDescriteS This research it is a PhD thesis defended recently and aims to understand what the impact of integrative systemic community therapy in drug addicts family groups studied and identify the familiar profile researched and what happens in the family dynamics regarding the problem of substance abuse and co-dependency. As these people have gone through this process of disease, considering the family as a system that also need to be careful and propose an intervention with systemic integrative community therapy. In systemic perspective addiction is a symptom that involves the whole family, so the importance of work covering the families of chemical dependents. The participants of this research were six women, responsible for children attending an educational institution, located in the central region of São Paulo which has a chemically dependent member in your family. They have monthly income of a minimum wage and living in social housing (slums) located near the institution and had participated in the TCI wheel in the respective institution. Were held 10 community therapy sessions with families from July to December 2013 to collect the data was used the technique of focal group, with the theoretical support Minayo (2009). For data analysis the Collective Subject Discourse, Fernando Lefevre, whose technique is based on the theory of social representation and their sociological assumptions. The method used for this study was Qualitative descriptive. The results of the research have provided knowledge about the functioning of a family system with addiction and dynamics of codependency. It is perceived that by knowing the complexity of family relationships in drug addiction cycle, its system has been strengthened, empowered and sensitized on their actions. The TCI can be a resource to be used with these families to host, relief of suffering, raise self-esteem and reframing the family system.

Taking a New Awareness of Drug Addiction Relatives - Recomeço Family Program- São Paulo – Brasil

Doralice Otaviano – Brazil

Short Description: This study aims to adapt the model CRAFT (Community Reinforcement in training in family support and prevention of chemical dependency) cognitive behavioral instrument used therapeutically by Recomeço program to systemic family model of care this work was developed in a suburb of the city of São Paulo.

Abstract: Authors: Psychologists Doralice Octavian, Lucas Chacom Program coordinator Recomeço Family Romina Miranda Resumption Family "is an action of Recomeço program that takes care for family members of addicts to the periphery of São Paulo and other municipalities, Meets the 13 posts of citizenship Integration Center (CIC), Department of Justice program and defense of citizenship and CRATOD (Alcohol Reference Center, Tobacco and Other Drugs), next to the Light Station. This study aims to adapt the model CRAFT (Community Reinforcement in training in family support and prevention of chemical dependency) cognitive behavioral instrument used therapeutically by Recomeço program to systemic family model of care this work was developed in a suburb of the city of São Paulo. The family is another of universes where the drug use phenomenon moves, and is necessarily unifying a set of important variables. Family members are usually the care network that more frequent health services for reasons of physical illnesses with emotional psychological background because the situation experienced indoors, but do not heal using drugs by the big question the lived relations is connected with addict. Horta (2008) this study is a qualitative source, descriptive, held in conversation wheel format, all sessions were recorded and transcribed and the free informed consent form signed by everyone involved. The research subject was group of 10 female relatives of chemical dependents was held eight sessions from July to August 2015. The following topics were developed: Positive Communication, Motivation for treatment, recognizing signs of intoxication, rewarding sobriety, family taking care of themselves, allowing negative consequences. We conclude that the families of drug addicts recognize in many of the speeches made and can feel less lonely in their problems and solve welcomed when talking about themselves, listening and identifying, talking and being welcomed in their anguish.

50 Shades of Pathologizing: Becoming Kink Competent and Culturally Sensitive Therapists

Alyssa Carangan - USA

Shaundra Olson - USA

Short Description: The presentation will introduce the dynamics of relationships within the kink community and discuss existing literature to highlight the importance of increasing competency among therapists. Confronting transference and countertransference experienced during therapeutic sessions will be accented to produce awareness of verbal and non-verbal communication disturbances within the therapeutic relationship.

Abstract: Over the last 25 years, the popularity of kink has increased dramatically while the amount of kink-aware professionals (KAP) has not increased enough to accommodate the complexity of kink relationships (Taormino, 2012). Kink is an intimate experience between two or more consenting adults that can be physical, spiritual, sexual, erotic, psychological, or a combination of these (Taormino, 2012). Kink is also used to describe the people, practices, and communities that explore sex beyond traditional and normative ideas. Kink includes BDSM, dominance and submission, fantasy, fetish, role-play, sadomasochism, sex games, and other alternative erotic forms of expression. Kinksters, people into kink, consider themselves to be lifelong learners and sex nerds by devoting a lot of time, resources, and energy into continually learning about kink in respect to their own sexuality. Understanding the kink culture provides insight into how therapists can deliver necessary therapeutic interventions without pathologizing sexual expression. With verbal communication during the negotiation and consent process in kink relationships being regarded as a highly important principle amongst the kink community, knowing how to navigate this process systemically as a therapist can create a deeper understanding of the communication style and dynamics between partners within the kink relationship. Unfortunately, the recognition and competence of kink relational dynamics by therapists is not as advanced as hoped for by those within the kink community. The presentation will concisely introduce the dynamics of relationships within the kink community and discuss current existing literature in order to increase competency among therapists. A focus on transference and countertransference during the therapy session will be discussed in order to provide insight on current therapeutic practices as well as the need for necessary improvements in verbal and non-verbal communication by therapists. Presenters will provide information about the unique concerns of kink clients and communication styles within kink relationships. A general understanding of such concerns may help clinicians to interact more effectively with their clients verbally and non-verbally. Relevant therapeutic recommendations will be provided during the presentation.

The Realities of Autism: Adjusting Systemic Approaches to Accommodate Interventions for Families on this Spectrum

Claudia Gomez-Walsh – USA

Short Description: This training will bring a new perspective to therapy for the rapidly growing autism population and their affected families. Utilizing case studies, the presenter will explore the diverse needs of these families. Professionals interested in the autism population will expand their choice of systemic treatment interventions.

Abstract: Autism, among other developmental disorders, is approached as a disability by many other disciplines; systemic thinkers, however, take responsibility for their exclusive reality. This presentation is an invitation to learn about various challenges families experience daily with members on the autistic spectrum. We will explore different treatment options that can benefit every individual family, and help them to acquire the necessary skills to modify their perception on this lifelong condition. The presenter will expose the audience to realistic examples in the lives of these families. Participants will develop specific skills to understand the specific criteria of this wide and diverse spectrum; additionally, they will expand their understanding of the general characteristics these individuals share. Our systemic perspectives approach the treatment of autism more inclusively of all family members during treatment sessions. Similarly, as we develop more sensitivity to other diverse cultural or social groups, autism should also be considered a different kind of community whose interactions are influenced by neurological difficulties in a unique way. Attending to the social difficulties experienced by all people on this spectrum, and with these case studies, the presenter will give a detailed explanation on sensorial issues, communication challenges, and lack of appropriate social skills, allowing the audience to be more competent to serve this growing community.

'The Sandwich Generation': Intergenerational Dynamics Between Older Adults and Caretakers

Naveen Jonathan - USA

Farhat Chaudhry - USA

Short Description: Children of aging adults may find themselves 'sandwiched' between their children and their parents. The dynamics of this intergenerational exchange between three or more generations within a family unit is crucial for mental health professionals to note. A framework for working with clients experiencing 'the sandwich generation', will be proposed.

Abstract: It has become common that individuals are experiencing being "sandwiched" between their children and their parents, often providing care for both. The 'sandwich generation' is defined as "those mid-life adults who simultaneously raise dependent children and care for frail elderly parents" (Gundry & Hendretta, 2006). The dynamics of intergenerational exchange between three or more generations within a family unit is crucial for mental health professionals to note, specifically regarding the possible positive and negative impact on members of the family system. The acceptance and understanding of filial maturity between the generations is an issue that may be difficult for the family system to accept. In many cases, the 'sandwich generation' may experience issues related to the negative dimensions of aging. These issues include, but are not limited to: declining health, chronic illness, changes in financial or socioeconomic status, and loss of independence. The effect that the presence of one or more of these issues may have on the intergenerational relationship is important to explore. When examining the family system, it is crucial to identify factors that may be attributed to the family dynamic in relation to the culture of origin. By examining the family unit on a global level, mental health professionals must identify the cultural connotations that impact the family system. Collectivistic and Individualist cultures may vary on their ideas of caretaking in the family, based on their cultural norms. Identifying which culture the client most closely identifies with may provide a larger sense of the intergenerational exchange within the family unit. Use of therapeutic techniques, such as genograms, timelines, and authoring narratives, may be useful in gathering information regarding cultural backgrounds, the intergenerational exchange, and family norms. Utilization of techniques from various therapeutic modalities, coupled with current research, will also be utilized in providing a framework for the best therapeutic practices for working with this population.

The Good, the Bad, and the Ugly: Integrating Behavioral Health into a Community Clinic

Rachel Hughes – USA

Short Description: This presentation will explore the experience of Marriage and Family Therapists and medical students integrating behavioral health services into a community clinic managed by medical students. Collaborative solutions to challenges will be described from both the medical and behavioral professional perspectives.

Abstract: This presentation will explore the process of integrating behavioral health in a community health clinic managed by medical students with minimal behavioral health exposure. Both the perceptions of the behavioral health, medical students, and community patients will be explored in relation to the integration process. In addition, responses to specific challenges (e.g., medical student resistance and avoidance, screening processes, forms of collaboration, etc.) that occurred while integrating services. Behavioral health professionals can provide multiple roles and benefit from further training in order to better join in the medical environment. Furthermore, healthcare professionals can benefit from additional training and education in collaboration to provide the most comprehensive health care for the patient. Increasing the scope of care in community clinics can provide positive health and emotional outcomes for patients.

Using 'The Tree of Life" for the Growth of Family Therapists

Amy Zavada - USA

Cadmona Hall - USA

Short Description: The Tree of Life is a drawing activity with ties to Narrative Therapy and the Dulwich Centre. In this interactive session, participants will engage in the basics of drawing a Tree of Life. Participants will also learn specific ways to transform the activity into a supervision tool.

Abstract: The Tree of Life is a drawing activity with ties to Narrative Therapy and the Dulwich Centre. The activity was originally designed to aid African children affected by HIV/AIDS share stories about their lives in way that strengthens their personal narratives. The Tree of Life utilizes the symbol of a tree, and all of its parts, to engage individuals in exploring areas including their background, values, skills, hopes, challenges, and relationships. While created to work with youth, the activity can be adapted to be a useful tool in the training of family therapists. When utilized in the early stages of supervision training groups, The Tree of Life can be a structured way for trainees to start identifying and sharing a breadth of Self of the Therapist related information. Supervisors can return to this foundation of information as they conceptualize and support their supervisees' Self of the Therapist growth and evolving relational therapeutic work. Additionally the process of sharing and responding to one another's trees can be a format to build trust and cohesion in a developing supervision group. In this interactive session, participants will engage in the basics of drawing a Tree of Life. Participants will also learn specific ways to transform the activity into a supervision tool and areas to consider when facilitating the activity in supervision.

Expediting Growth: Therapeutic Change through Intensive, Experiential Family Interactions

Tony Issenmann - USA

Kendall Smith - USA

Short Description: Adolescence and young adulthood are times of immense developmental and emotional transformation that may require creative family therapy approaches to navigate successfully. Presenters will discuss intensive family therapy interventions that contribute to clinically significant treatment outcomes for the child and family. Comprehensive qualitative and quantitative research will be reviewed.

Abstract: Adolescence and young adulthood are times of immense developmental and emotional transformation that prompt many families to seek therapy. Often the adolescent or young adult is the identified patient, and the family is not encouraged or given the opportunity to change with the individual in treatment. During these times of transition in the family system, intentional, intensive family therapy is often the most effective option. Participants in this research study were enrolled in a wilderness therapy program due to family duress. Results indicate that upon intake the student (adolescent or young adult in the family) is commonly experiencing the same degree of impairment as one requiring psychiatric hospitalization. While the student presents with depression, anxiety, self-harm, substance dependence, process addictions, eating disorders, and/or personality disorders, the family system is experiencing an inability to break homeostatic patterns to support individual and familial growth. The interventions in this research emphasize family treatment and utilize interactional methodologies to create change within the family. Utilizing the Youth Outcome Questionnaire, this research demonstrates a clinically significant change in the mental health of students enrolled in the program. Results from this mixed methods research study (N=818) indicate that intensive, experiential family therapy (Family Quests [FQ] and Wellness Weekends [WW]) is paramount to family change. Researchers will present both qualitative and quantitative results. In short, family functioning improves 11.5%, and individual and family gains are clinically significant. Eighty-seven percent of participants report that FQ is a positive experience, and 86% strongly agree or agree that FQ is beneficial to growth of family. Ninety-two percent of parents report that WW is a positive experience, and 92% strongly agree or agree that WW is beneficial to growth of family. Presenters will describe the aforementioned integrative and experiential family therapy interventions: Family Quests (therapeutic wilderness adventures for the whole family), and Wellness Weekends (intensive skill-building, mindfulness practices, and counseling sessions for parents). Through an interactive discussion illustrating the key therapeutic components of each of these interventions, participants will learn how to incorporate intensive, holistic, experiential family therapy interventions into their own organizations/practices.

A Collaborative Approach to Using Protected Listening Spaces in Clinical Supervision

Lana Kim - USA

Martha Laughlin - USA

Short Description: This brief presentation describes an approach to supervision that uses reflecting team tenets, namely the protected listening space, to shift focus away from evaluation and reduce learner anxiety. Presenters will describe the praxis and application of this approach in their graduate program.

Abstract: Clinical supervision can inspire new ideas, highlight perspectives that were previously unseen, and nurture new therapeutic approaches. As family therapy trainees advance, they are often eager to demonstrate their skills - seeking affirmation from their supervisors for their work. Consequently, supervision can inadvertently carry a sense of evaluation. The anxiety associated with being assessed can create the feeling of vulnerability and defensiveness, which can interfere with learning. With the desire to move away from evaluation and instead, place a greater focus on learning, the marriage and family therapy faculty and clinical supervisors at Valdosta State University developed and piloted a unique approach to clinical supervision that used reflecting team tenets to advance the practice of supervision. As is well known, reflecting teams, first developed by Tom Andersen (1987), revolutionized the way that therapists worked with clients by allowing them to listen in on therapists' private conversations that were made public through the use of a "protected listening space" (Robert, 2002, p. 335). A consultation team comprised of family therapists would switch places with the clients and comment on the clients' strengths, and share their musings and impressions. Since the consultation team members would speak to one another and not directly to the clients, the clients were protected from the pressure of having to respond. This shifted the focus from clients to the consultation team therapists. The VSU MFT faculty wanted to provide their MFT trainees the opportunity to advance their understanding of therapy and saw protected listening spaces as one way to accomplish this. Once a month, we would host a brown bag lunch for all students, invite a trainee to present a case, and then ask him or her to sit back and listen as the faculty shared their ideas with one another about how they might work with the case as well as how they were curious, perplexed, and challenged by it. This brief presentation will describe how we used protected listening spaces in clinical supervision, paying particular attention to the way in which this approach worked to shift the focus away from evaluation to reduce learner anxiety.

Using Master's Series Conversations as an Adjunct to Clinical Supervision

Lana Kim - USA

Martha Laughlin - USA

Short Description: This brief presentation will use videotaped examples to demonstrate how protected listening spaces are used as part of an innovative approach to clinical supervision. The presenters will discuss ideas for how faculty in MFT programs can implement this approach to provide advanced supervision and learning opportunities for MFT trainees.

Abstract: Drawing from the reflecting team tenets of Tom Anderson (1987), the faculty and clinical supervisors in the MFT program at Valdosta State University (VSU) implemented protected listening spaces in clinical supervision to highlight for trainees the process of learning, and shift them away from their focus on being evaluated. Protected listening spaces were part of the larger project known as, "The Master's Series" conversations. The objective of the project was two-fold. First, it was designed to bring faculty together to collaboratively consult on challenging cases. Second, it was intended to enable trainees to listen in on faculty conversations that they would otherwise not have the opportunity to witness. By hearing faculty members share varying viewpoints, conceptualizations, curiosities, and areas of ambiguity, trainees could better bridge theoretical ideas they learned in various didactic classes with clinical application; thus, expanding their overall understanding of the therapeutic process. Protected listening spaces enabled faculty to shift the focus away from trainees' work and instead engage in the process of collaboratively learning from one another, while inviting trainee observers to listen in on their conversations about a case. Faculty have come to regard these conversations as a meaningful aspect of their on-going professional development, and trainees have been noted to discuss and apply the ideas they gleaned from faculty conversations in subsequent sessions they have with their clients. We have found that this process has invigorated both faculty and students' interests around the art and science of therapeutic change. This brief presentation will briefly outline the format that was used to run the "Master's Series" conversations and will demonstrate the use of protected listening spaces by showing video examples of live work. The presenters will also discuss ideas for how these ideas might be implemented in other MFT training programs for purposes of providing advanced learning opportunities for trainees.

International Collaboration & Applications for Family Therapy

Hugo Kamya - USA

Elise Cole - USA

Short Description: How can we collaborate internationally and share family therapy practices in a culturally sensitive manner? The presenters will share their experiences collaborating between the United States and East Africa, including the personal impacts of global awareness.

Abstract: How can we collaborate internationally and share family therapy practices in a culturally sensitive manner? The presenters will share their experiences collaborating between the United States and East Africa, including the personal impacts of global awareness. Discussion will include an awareness of the impacts of colonization, cultural, historical, and technological influences, the importance of indigenous healing practices, and the adaptation of family therapy models and techniques. Learning about family therapy work in other countries is a rich resource to understanding and collaborating with people from a range of backgrounds in the United States as well as internationally (Roberts, 2005).

Integrating Sandtray Therapy into EFT with Couples

Daniel Sweeney - USA

Michelle Engblom-Deglmann - USA

Short Description: Couples therapy is most effective through creative processes that encourage communication. Emotionally focused therapy and sandtray therapy both involve creative decoding of intrapersonal systems and collaborative inquiry. Sandtray therapy is a safe expressive avenue to explore the attachment dance that EFT seeks to promote. This workshop explores this exciting combination.

Abstract: Couples therapy is frequently challenging. Presenting issues are frequently complex and entrenched, as most couples delay seeking treatment until a crisis develops. Often, one or both partners are reluctant to participate in the therapeutic process. Emotionally focused therapy [EFT] addresses these challenges through its collaborative and attachment-based approach. This combines well sandtray therapy, which is a creative and projective intervention that provides a safe and expressive avenue for couples to present and process therapeutic issues. The expressive and projective nature of sandtray therapy, a cross-theoretical intervention, offers clients the opportunity to process painful issues without having to directly verbalize them. When couple partners are unwilling or unable to verbally express themselves, providing a nonverbal means of expression is a welcome therapeutic tool. Additionally, for couples experiencing crisis, verbalizing painful issues may not only be difficult, but also neurologically hampered. An expressive and projective means of therapeutic expression such as sandtray therapy could thus be essential. EFT also recognizes neurobiology, through the lens of attachment – equating the fundamental strength of attachment with safety. The 'therapeutic distance' of expressive therapies, through the projection of emotional and relational issues onto the medium [e.g. sandtray, art, drama therapy], can enhance the exploration of couples' connection and disconnection. The three-phase, nine-step model of EFT can be partially or fully integrated with sandtray therapy. Sandtray therapy allows couples to create 'world' pictures in the sand tray, giving the therapist and client's opportunity to view relationship and communication dynamics. The contribution to the process may reflect the investment that couples have in the relationship. The frequent 'dancing' that clients engage in to avoid core issues emerges, creating opportunity for a new waltz to begin. This workshop will provide an introduction to the use of sandtray therapy with couples, and integration with the theory and practice of EFT.

Family Play Therapy: Honoring Children in Systems Therapy

Daniel Sweeney - USA

Richard Shaw - USA

Short Description: Family therapy recognizes that the systemic perspective of treatment has significant benefit for troubled families. Children in these families are often forgotten in the process, or compelled to participate in "adult" verbal therapy. This workshop will cover family play therapy, focusing on family dynamics and various family play therapy interventions.

Abstract: The increasing use of family therapy and the systemic perspective of treatment has been a significant benefit for troubled and hurting families. The children in these families and in these family sessions, however, are all too often forgotten in the process, or compelled to participate in the adult world which play therapy seeks to avoid. The marriage of play and family therapy includes all members of the family, especially the youngest members, who often have the potential to make the greatest contribution to the therapeutic process. In addition to the primary issue noted above, the use of play in family therapy has other advantages. First, many of the aforementioned techniques may provide the therapist with a wealth of information about the covert communication and relational dynamics in the family. The use of play methods enables those in the family who have a difficult time articulating their issues to express themselves, and reaches past the verbal defenses of those in the family who use words to hide issues or protect themselves. The use of family play therapy "levels the playing field" for all members of the family, particularly children. Children are and feel honored when they are treated as equal members of the family, and the use of play in family therapy enables this to happen. The valuable contribution that children can make to the family treatment process is lost when they are not given the opportunity to participate. The creative and pleasurable elements of play not only provide a family with a new way to communicate in session, but also build relationships skills that the members can take with them outside of the therapy process. Communication may occur in family sessions through the use of play that have never before been possible. Family therapy and systemic thinking has proven a true blessing for countless numbers of families. Bringing play therapy into the treatment completes the process.

"The Aftermath of Trauma, Repeated Losses and Ongoing Social Oppression: Facilitating Therapeutic Healing Among Diverse Families"

Matthew Mock – USA

Short Description: The experience of repeated losses and trauma are ongoing concerns of many urban families. Family therapists are key in providing culturally-responsive therapeutic healing processes. Parents may best respond to the pervasive losses among children by focusing on reaffirming family wholeness, encouraging expressions of pain, and generating meaning sustaining hope.

Abstract: The experience of repeated losses and trauma are ongoing concerns of many urban youth. Healers in the community including family therapists are in key roles to intervene providing culturally sensitive outreach, competent services and engage in therapeutic healing processes. Economically disadvantaged, socially marginalized families living in urban neighborhoods experience an inordinate amount of trauma and losses. A good deal of research has focused on the experiences of adolescents in these families, finding correlations between exposure to pervasive trauma and loss, and a multitude of negative outcomes. Family and relational therapists are better equipped to support these families when they understand experiences common to parents as well as children. According to parents, pervasive trauma and loss disrupts a sense of individual and family wholeness across generations. The negative impact of historical trauma has been well documented. When pervasive loss is combined with daily indignities, micro- to macro-aggressions, social oppression and more parents believe children to be at risk of making despairing meaning from their experiences and abandoning healthy ambitions for their lives. The research suggests that parents respond to the pervasive loss in the lives of their children by focusing on reaffirming family wholeness, encouraging their children to release their pain, and generating meaning that sustains hope. This workshop will help participants enhance clinical work with this population in multiple ways. First, participants will gain insight into what it is like to work with children and their parents in context through pervasive loss and trauma by hearing parents' first-hand accounts. Second, the self-of-the-therapist in working effectively with socially oppressed families will be discussed. Third, the workshop will generate ideas for facilitating therapeutic rituals to support families in working through trauma and loss. Fourth, the workshop will offer a framework for facilitating strength-based conversations with parents and children about grief. This framework includes ways of inviting cultural themes of ethnicity, gender, social class, sexual orientation and religion into these strength-based conversations. Clinical examples and materials will be presented throughout the workshop. Reflections from participants will also be invited.

Teaching Asian American Family Therapy and Social Justice: The Effectiveness of Cultural Community Immersion and Reliving History

Matthew Mock – USA

Short Description: Optimal teaching about Asian American family therapy and social justice is best through strategies infusing, integrating content, processes into practice. This is a prime opportunity teaching history and social justice then committing to advocacy with a focus on AAPI communities. 20 years of teaching AAPI psychology classes will be summarized.

Abstract: Optimal teaching and learning about Asian American psychology, family therapy and social justice may be best done through strategies of embedding, infusing and integrating content, process into clinical practice. This may also be a prime opportunity to teach and learn also about social justice, historical injustices and the need to commit to social justice advocacy professionally with a focus on Asian American and Pacific Islander (AAPI) communities. The presenter has access to over twenty years of data teaching a specific Asian American sociocultural and psychological class to several hundred doctoral psychology students. The course is uniquely taught by immersing each participant in activities, events, and cultural history that intensely exposes them to AAPI information steeped in psychologically-relevant content. The analysis of data and results garnered across years will show the effectiveness as well as the unique ways psychological content, process and culturally responsiveness clinical practices for AAPIs are taught through this course. The ramifications of this unique teaching will be presented. In the presenter's uniquely taught graduate course for doctoral psychology students attendees learn succinctly about some of the history, cultural influences, diversity and experiences of Asian Americans underlying historical injustices. Using this as core, foundational reference attendees then review the multiple issues and concepts related to the psychology of Asian individuals, families and communities in moving towards a more socially just society. Cultural competence and responsiveness in working with Asian Americans means not only understanding others, but also understanding ourselves and the communities around us. Cultural competency, cultural responsiveness and cultural humility have become imperatives in clinical and service practices in working with Asian American individuals, families and groups. Recommendations from nationally recognized mental health experts as well as evidence-based practices, practice based evidence and effective practices are discussed throughout as they relate to social justice for AAPI communities. Social justice for one in this case Asian Americans and Pacific Islanders is also a movement for all.

"Embracing the unexpected" – Improvisation and Systemic Therapy

Matt Selman – United Kingdom

Short Description: This presentation will explore ideas on how we can actively develop a position where the unexpected and unplanned for become resources to weave into therapy. It reviews the role of improvisational responsiveness and offers ideas from theatrical improvisation training to enhance collaborative interactions and creative possibilities.

Abstract: Therapists working with families or systems of people will know well Donald Schön's distinction between the 'high hard ground' of theory and the 'swampy lowlands' of actual clinical practice. The latter being 'messy' requiring an improvisational responsiveness informed by knowledge, experience, and the 'here and now' needs of those involved. Working with multiple people - with differences of views, conflict, power issues, and so on – brings more unpredictability to practice and chances for the unexpected. Throughout the development of family therapy the recognition of a need for an improvisational stance has featured. Examples include the early work of Carl Whitaker with his rejection of theory for the immediacy of what is happening, Salvador Minuchin's identification of the need for spontaneity to work in the 'here and now', Bradford Keeney's development of "Improvisational Therapy" and recent developments of dialogical approaches from practitioners such as Harlene Anderson where "in the moment" responsiveness is the focus. Improvisational theatre has been used as a metaphor for practice and also as a source of technique in family work. In this presentation I will explore ideas on how improvisation training offers practical means to further develop this interactional responsiveness and also invite creativity in practice. It is offered as an adjunct to therapist's current practice to enhance the skills needed to navigate the swamp.

Undocumented Hispanic Families and Their Perceptions of Marriage and Family Therapy

Maria Isabel Ramos – USA

Armeda Stevenson Wojciak – USA

Jacob Christenson - USA

Short Description: Undocumented Hispanic immigrants are faced with a number of challenges in the United States. This qualitative study sought to identify barriers to mental health services for this group, as well as to investigate their perceptions of marriage and family therapy. Findings highlight a need for increased exposure to MFT services.

Abstract: Undocumented immigrants currently face a plethora of mental health issues. This unique population faces higher rates of anxiety, depression, and acculturative stress than is seen in their documented counterparts. The purpose of this qualitative phenomenological study was to identify barriers and perceptions undocumented Hispanic immigrants have with MFT services specifically, as well as the barriers they feel inhibit them from accessing mental health services generally. Past research has looked at help seeking patterns, as well as accessibility among the Hispanic population residing in the U.S. legally, while little research has been focused on undocumented Hispanic immigrants. The study participants were eight low SES immigrants from Central and South America. The participants were interviewed in their homes through use of open-ended questions, and responses were recorded in painstakingly kept field notes. The participants were also left a paper copy of the interview questions to record any additional insights gained after the interview was concluded. The data was reviewed thoroughly in whole, then coded and broken down into topic groups. The topic groups were furthered reviewed to generate the study themes. One prominent theme was that participants only knew of psychologists, and were generally unfamiliar with MFT as a unique profession. However when the systemic view of MFTs was explained participants showed enthusiasm. This enthusiasm was concurrent with participant views that therapy is only for severely disturbed individuals. This stigma inhibited seeking services, and instead participants indicated social support and relying on 'God's will' as primary avenues for managing problems. Language was another barrier and participants indicated they would not feel comfortable with a translator. Another substantial barrier was fear of deportation and lack of transportation to attend sessions. Implications include a need for increased exposure to MFT services and changes in public policy that encourage outreach instead of marginalization.

The Relationship between MFT in a University Training Clinic and Health Care Use

Jacob Christenson – USA

Short Description: Despite efforts to control health care spending, costs in the United States continue to rise. One overlooked method for reducing medical services is to provide mental health care to those with emotional concerns. This presentation will provide results from a study of the medical offset effect in a training clinic.

Abstract: In the current health care market, families and managed care organizations alike are faced with difficult decisions regarding the cost of services. The most common way that managed care organizations have addressed cost concerns is to limit access to certain types of care, most notably mental health services. However, it has been shown that participation in mental health services is actually related to decreased health care use overall. This phenomenon has been referred to as the medical offset effect and has been studied extensively by proponents of individual psychotherapy. Nevertheless, there is a paucity of research addressing this effect with marriage and family therapy. In this study, health care use and relationship functioning of 56 participants from an MFT training clinic was analyzed. Measures of relationship functioning and health care use were gathered for three distinct time periods that included six months prior to initiating therapy, six months after therapy had begun, and 12 months after the initiation of therapy. The results showed some participants benefited from treatment; however, participation in therapy at the training clinic did not result in long-term significant improvements in relationship functioning for this sample. When only health care use was considered, it was found that those who participated in MFT reduced general health care use 33% by 12 months after beginning therapy. Finally, in order to determine whether improvements in relationship functioning are related to decreased health care use, only those whose scores improved in terms of general family functioning were selected out. The analysis of this sub-sample revealed a significant 58% decrease in health care use 12 months after the initiation of therapy. This research supports the presence of a medical offset effect with MFT, and provides useful data to argue for the place of MFT services in the greater health care market.

The Cost Effectiveness of Individual and Family Therapy for Schizophrenia in Managed Care

Jacob Christenson – USA

Short Description: Studies have recently been conducted to determine the cost effectiveness of family therapy. The purpose of this current study was to extend these early efforts to those with schizophrenia. Mental health care use for more than two thousand individuals was examined and family therapy was more cost effective.

Abstract: The purpose of the current study was to examine the cost effectiveness of individual, family, and mixed therapy for schizophrenia in outpatient practice, as administered by Cigna, a large health care administrator in the United States. Six years of outpatient data (2001–2006) and more than 2,100 unique outpatients with schizophrenia were investigated. Research questions addressed the total treatment costs, the cost effectiveness, the return to treatment rates, and the dropout rates of individual, family, and mixed outpatient psychotherapy. Findings suggest that family therapy was a more cost-effective treatment than individual or mixed therapy, as evidenced by lower total treatment costs and return to treatment rates. However, family therapy also had higher dropout rates than individual therapy.

Treatment Outcomes in a University Based MFT Training Clinic

Julia Jones - USA

Jacob Christenson – USA

Short Description: Very few studies have looked at services provided in an MFT training clinic. Determining the effectiveness of such services can aid in the development of more effective education and training. The current study examined treatment outcomes for 288 individual who received services in an MFT Training clinic.

Abstract: Although there is substantial research documenting the effectiveness of marriage and family therapists within the profession of marriage and family therapy, little is known about the effectiveness of services provided in training clinics. This study was a pre-experimental quantitative investigation using data collected from clients seeking therapy at a university based marriage and family therapy training clinic. Client were administered a number of measures at the beginning of therapy, and again 12 months later. The total number of participants in the study was 228, the average age was 30.8 years old, 61% were female (n = 140) and 39% were male (n = 88). Of the total sample, 119 participated in conjoint therapy and 103 participated in individual therapy. The data were analyzed using repeated measures analysis of variance, which allowed for the detection of changes in functioning over time. For the sample as a whole, results showed statistically significant changes in depression, hostility, and overall symptomology for those who participated. Additionally, there were statistically significant improvements in marital satisfaction, communication, and general family functioning. Although there were a number of statistically significant improvements, none of these reached the level of clinical significance.

Healing Stories and Stories that Heal

William Scott - USA

Short Description: The collaborative therapist as an audience to clients' stories, empowers them to become author-ities, and more involved in the construction of their own healing stories while also using storytelling principles to construct and share stories that heal. Key elements in the use of narrative practices will be covered.

Abstract: The collaborative therapist both shares potentially healing stories and as an audience to client stories participates in the co-construction and re-authoring of potentially healing stories. Key elements in the use of narrative practices will be covered. After the narrative metaphor is introduced, guidelines for a narrative informed practice will be shared that assist in the healing and re-authoring of client stories. First, the counselor understands the client as a narrative or story, and as an audience to the client's unfolding story affirms and validates the existence of the client, and then through curiosity opens possibilities for new stories through solution-focused principles that look for and thicken exceptions to the client's problem story that build on client strengths, resources and resilience. Next, more structured narrative practices that outline the externalization, mutual influence, and remembering processes of White and Madigan; the tree of life, teamwork and life as a journey practices of Denborough; and the dignity therapy interviewing principles of Chochinov will be covered. Finally, storytelling principles for constructing healing stories will be discussed. The use of improv to improve stories and the Lankton's story construction using embedded metaphors (a story within a story within a story) will be shared with participants who will be invited to construct their own healing stories Drawing on stories and experiences, utilizing slides which contain quotes from multiple sources (family therapists, poets, literary works), drawings, graphics etc., this workshop will present guidelines for a therapeutic stance, key elements for re-authored stories, while inviting participants to contribute and explore additional resiliencies. This presentation can be presented in back-to-back time slots and can be tailored to fit into a 45 minute session, although more time is preferred. The presenter has presented at international conferences in Poland, Finland, the Netherlands, Portugal, Orlando and Panama, has worked with children and families for over 30 years and has been involved in clinical supervision, training and consultation for over 25 years. His presentations are usually compassionate, entertaining, academically vigorous and practically applicable.

Neuroscience and Narrative in Trauma Treatment

William Scott - USA

Short Description: New developments in the trauma treatment field continue to dramatically expand and inform our work. While verbal processing in trauma treatment remains an important aspect of this work, advances in neuroscience point to the need for a "bottom-up" approach that addresses traumatic experiences in the body, and affect regulation.

Abstract: New developments in the field of trauma treatment continue to dramatically expand and inform our work in trauma treatment. Verbal processing remains important while advances in neuroscience point to the need for a "bottom-up" approach that addresses affect regulation and traumatic experiences in the body. Cognitive behavioral methods and exposure protocols remain atop the list of evidence-based practices. We know that talk is not enough and that a top-down approach is inadequate. Helping traumatized clients develop a narrative that creates meaning for their experiences while important, is secondary to the need to focus on the manifestation of trauma in the "body" as the empowering narrative is erased when the client is triggered, re-experiences the event, and has the same or similar debilitating thoughts reinforced. We know that some degree of exposure is important, but this can be determined by the client, and movement can be at the client's pace once a "grounded" place is established. Focused attention and mindfulness help create associational cues to self-soothing and past attachment history play key roles in establishing a foundation for emotional regulation that may first be externally cued, and later internalized through an earned secure attachment. Polyvagal theory proposes that social engagement is the first level of coping. If social engagement fails, our nervous systems are prepared to mobilize and take defensive "flight/fight" measures. If mobilization is to no avail the parasympathetic system is wired for immobilization. We need to help clients listen to their bodies and discharge and release the F/F/F responses which leads us to somatic experiencing models and sensorimotor methods. We need to focus on healing the body, calming the amygdala, balancing and integrating the hemispheres, and the upstairs and downstairs brains. The therapeutic relationship provides the "container" for this work as we tap into self-healing, and help clients re-author stories of resilience and post-traumatic-growth. Non-traditional, body-focused forms of healing have a key role, and self-care is essential to avoid compassion fatigue and secondary traumatic stress.

Multigenerational Family Therapist Professional Genogram Process: Insights of Diversity, Intersectionality and Social Justice

Matthew Mock - USA

Short Description: As family therapists key individuals have played primary roles in our thinking, training, and contributions to the field. These sources of inspiration are "family" in our professional genograms. Our development has also been impacted by different social contexts and intersecting multiculturalism. This innovative awareness contributes to enriching family therapists.

Abstract: From longstanding family psychologists to mid- to early career to family therapy graduate students, we each have had influences in our multicultural development, including key individuals who have played primary roles in our thinking, core interests, training, and contributions to the field. These mentors, wise advisors, and sources of inspiration and challenge are "family" in our professional genograms. Our development in the field of multicultural family psychology has also been impacted by different social contexts and the intersections of race, culture, class, sexual orientation, gender, and more. As it is essential for family therapists to do their own genograms reflecting on their personal as well as professional development. Our multi-generational professional genogram provides a conceptual framework that can clarify and inspire our work in multicultural psychology. The process of doing a professional "cultural genogram" or "ancestry of influences" provides content and process for narratives as avenues for insight, ways of connecting with others of diverse backgrounds, and an evolving roadmap for where one has been and future intended "travels" in psychology. A structure for constructing a professional genogram around significant influences, contexts, and values, and share narratives enhancing professional development will be shared. The presenter will share his professional influences while involving participants in their own growth and discovery. The process of doing a professional "cultural genogram" or "ancestry of influences" provides content and process for narratives as avenues for insight, ways of connecting with others of diverse backgrounds, and an evolving roadmap for where one has been and future intended "travels" in psychology. Participants will gain grounding, clarity, vision and inspiration for present and future work honoring, illuminating, and furthering the legacy of multicultural psychology. They will also become more aware of their own social justice influences and understanding of intersectionality and multiculturalism. In this dynamic and engaging poster process presentation, we can explore and examine how these influences to our multicultural development have informed and even transformed our professional work in teaching, mentoring, research, and practice, including those that have called us to action as change agents.

The Characteristics and Care Needs of Families of Stoma Patients in Aging Societies

Midori Nagano – Japan

Short Description: The aim of this study was to describe the characteristics and care needs of families of stoma patients in aging societies. The medical records of stoma outpatients at an 800-bed hospital were examined. Elderly ostimates and one- or two-person households require support and planned care.

Abstract: The aim of this study was to describe the characteristics and care needs of families of stoma patients in aging societies. Japan is a developed country with an aging society and the largest elderly population in the world, in which those aged 65 years or older account for 25% of the population. By describing the characteristics of and support required by the families of stoma patients in Japan. [Methods] The medical records of stoma outpatients undergoing twice-weekly stoma care at an 800-bed hospital were examined. Stoma patients who used outpatient stoma services after formation of a stoma for rectal cancer between January 2008 and July 2014 were surveyed regarding their treatment visit status. [Results]The 101 ostomates comprised 69 men and 32 women aged 33 to 93 years with a median age of 64. Colostomates numbered 57 while ileostomates numbered 44. Fifty-four ostmates had received adjuvant chemotherapy, and eight weeks after surgery 51 subjects had developed peristomal skin disorders, such as erosion, and 30 subjects required assistance replacing their stoma appliance. Forty-seven (47%) ostmates lived together with a spouse, six (6%) lived together with one other individual who was not their spouse, 38 (38%) subjects lived together with at least three other individuals, and 10 (10%) subjects lived alone. Of the 54 ostmates aged 65 years or older, 28 (52%) lived together with a spouse and six (11%) lived alone. Elderly individuals aged 65 years or older often required assistance replacing appliances and frequently used outpatient stoma services. One- or two-person households also used outpatient stoma services often. Elderly ostmates and one- or two-person households require support and planned care, such as outpatient stoma services and home-visit nursing. We must act in order to develop local home-visit nursing provision systems and outpatient nursing at hospitals in anticipation of an aging society and increase in single-person households and households that require elder-to-elder nursing care.

How to do an Interactional Pattern Analysis: Truly Relational Diagnosis

Warwick Phipps – South Africa

Short Description: This presentation explains how to do an interactional pattern analysis, a truly relational diagnostic approach. Following a person-centered interview, the patterns of interaction are described along 15 dimensions and then linked with the presenting problem/s. An integrative treatment plan targets these dysfunctional interactional patterns to effect rapid resolution.

Abstract: In recent years a new approach to diagnosis within the field of family therapy has emerged, known as the interactional pattern analysis (IPA). An advancement of the interactional approach and developed by the late Charl Vorster, the IPA is a truly relational approach to diagnosis that systematically identifies patterns of interaction in the family system that are directly linked to their presenting problem/s. In setting out how to do an IPA, the first step is to perform a person-centered interview, which is audio-recorded. The patterns of interaction between the members of the system are systematically observed and described along 15 distinct dimensions/variables. Next, the link between the patterns of interaction and the presenting problem/s is identified. Finally, an integrative treatment plan is developed that systematically targets dysfunctional patterns of interaction; thereby effecting rapid resolution of the presenting problem/s.

Interactional Pattern Analysis: Stepping Ahead with Relational Diagnosis in Family Therapy

Warwick Phipps – South Africa

Short Description: This presentation introduces one of the most significant developments in the interactional approach in recent years, as it relates to diagnosis, namely the interactional pattern analysis (IPA). The IPA, pioneered by the late Charl Vorster, is a relational diagnostic approach integrating developments in the humanistic, communication, and systems approach.

Abstract: One of the most significant developments in the interactional approach in recent years, as it relates to diagnosis, involves what is referred to as the interactional pattern analysis (IPA). The IPA, which was pioneered by the late Charl Vorster, is an application of the integrative, interactional approach in family therapy that draws on developments in the humanistic, communication, and systems approach. The basis of the IPA is that mental well-being is related to the nature and quality of the individual's interactions with others. To the extent that the individual's interactions are dysfunctional within a given context is the extent to which he or she will exhibit subjective distress and symptoms of psychopathology. The IPA psycho-diagnostic procedure requires that the therapist observe and describe the individual's interactions with other members of the primary system along 15 dimensions, ranging from, for example, clarity of presentation, definition of relationship, empathy, unconditional positive regard, confirmation, congruence, expression of needs, degree of flexibility, degree of control, and the potential to elicit acceptance or rejection. Following this, the therapist identifies in what way these ineffective or dysfunctional patterns of interaction may be precipitating or maintaining the subjective distress or presenting problem/s. Depending on which dimensions of the individual's pattern of interaction require improvements, the therapist develops a comprehensive, integrative treatment plan. As treatment continues, additional IPAs are compiled to review progress and further adjust treatment plans.

Prevalence and Manifestation of Mental Issues in South Asians

Rajeswari Natrajan-Tyagi - USA

Farhat Chaudhry - USA

Short Description: South Asians tend to approach their primary health care physicians for their mental health needs. Data regarding prevalence of mental health issues within this population is limited. Results from qualitative interviews with health care providers about prevalence and manifestation of mental health issues among South Asians will be presented.

Abstract: Data regarding prevalence of mental health illnesses exist for the Asian American population, a group that typically includes people originating a whole range of countries and cultures in the Asian continent that significantly differs from each other. Research specifically on the South Asian population regarding prevalence of mental health issues and their participation in psychotherapy is limited. South Asian individuals have been reported for being at risk for suicide, depression, anxiety and domestic violence. Due to significant social stigma attached to mental illness, there is a tendency for South Asians to somatize their problems. They are more likely to go to their health care physicians for care rather than to a mental health provider. A qualitative exploratory study was done to understand the prevalence of mental health issues and its manifestation in the South Asian community in Southern California. Twenty five physicians, nurses, physician's assistants, and medical school residents who were currently seeing South Asians in their practice were interviewed. The participants were asked to report on their perception of prevalence of specific mental health issues among the South Asians and the common symptomologies presented. They were also asked if mental health referrals were provided to those who were diagnosed with mental health issues. Participants reported a variety of mental health issues including depression, anxiety and acculturative issues such as stress, loneliness etc. Various symptomologies were also associated with particular mental health issues, such as anxiety often being manifested as 'tension,' 'worries', 'sleeplessness' etc. The presentation will include a list of the mental health issues reported to be prevalent in the South Asian community along with a description of how these issues are commonly manifested. Themes regarding referral practices of health care providers will be presented including a discussion of implications for the mental health service delivery for this population.

Transforming Frustration into Possibility: Helping Families to Navigate Complex and Evolving Systems

Daniel Patterson - USA

Nicole Allen - USA

Short Description: As the infrastructure for delivery of care evolves, the ability to operate effectively within systems is increasingly important for families of people with serious mental illness. Trainees developed this curriculum in parallel with a trainee curriculum based on learning to work within systems and overcome the associated challenges.

Abstract: Multiple complex systems are involved with people diagnosed with serious mental illness. At a time of rapid transitions in healthcare reform, consumers and families often feel powerless to have an impact. Loved ones are expected to navigate multiple systems of care that function separately and, frequently, in opposition to each other. The challenges they confront include understanding the overall healthcare delivery system; advocating for their family members; coping with the uncertainty and bureaucracy of the forensic system; confronting ethical dilemmas of beneficence versus autonomy in addition to their own complex emotions; and dealing with the pain and anger generated by mental illness and with failure to have an impact on treatment. Further, as the integration of medical and psychiatric services becomes the standard of care, understanding how to fit into the new structures becomes essential. As the recovery and medical home models become more prominent, the ability to operate effectively within complex systems is increasingly important for families of people with serious mental illness, especially in the public sector. While some family members become activated to fight for optimal care and services, others feel overwhelmed, fearful, and hopeless. Psychoeducation focuses on learning to live effectively with serious mental illness by providing information about the illness and teaching skills for management. In parallel, we propose that families are empowered by understanding how systems work, knowing who is involved in the decision-making process, how to understand the obstacles to solutions, and how to access available resources. To that end, we have developed a manual accompanied by sessions for training families about systems based care in the new healthcare environment. Included in the training are important questions families should ask upon considering or entering into an inpatient service, outpatient clinic, vocational program, medical, or residential system. Information includes funding sources and constraints on administrators and staff; organizational lines of responsibility and hierarchy; nature and limitations of services provided including transitions of care; and alternative services. Most of all, it provides a forum for discussion of the frustrations and a way to consider the possibilities for change.

Trauma Informed Practice in Elementary School: Changing Interpersonal Interactions

Armeda Wojciak - USA

Short Description: Majority of youth have experienced adverse childhood experiences. This presentation details a trauma informed care practices intervention, delivered to teachers in an effort to change interactions between adults and students in an effort to improve student experiences. Preliminary results of the intervention will be presented and implications for clinicians discussed.

Abstract: Since the results of the Adverse Childhood Experience (ACEs) study has been released, researchers have demonstrated a clear relationship between ACEs and a variety of health behaviors and outcomes in adulthood, including premature mortality, alcoholism, drug abuse, depression, mental illness, suicide, heart disease, obesity, cancer, and chronic lung disease, among others. One of the most notable findings of this study is that, traumatic childhood experiences are far more common than what most people think. On a societal level, the results strongly suggest that to effectively ameliorate the challenges of preventative illness, intervention needs to begin with children. Elementary school provides one such opportunity for intervention since it is a universal system that serves the majority of children. Our goal is to present the findings of a trauma informed care intervention we co-created with an elementary school. This intervention took into account the system with which the children are in and implemented the intervention to all school personnel in order to change the interpersonal interactions between all school staff and youth in an effort to improve student experiences and ultimately their success. Providing all school staff with an understanding of how ACEs and trauma influence the children in their day to day lives and equipping them with ways they can interact with students to help improve outcomes for these youth is important. This mixed methods study will examine the influence of trauma informed care trainings, provided to all school personal throughout the fall semester, on the use of trauma informed care practices in classroom settings on the climate and culture of the school. Pre and posttest data will be discussed from the intervention and control school. Preliminary results will be presented as well as implications for how family therapists can work with youth, their families, and the school system to provide an environment that could be most supportive for the youth.

Finding Your Way: the Implementation of a Systems Curriculum for Psychiatry Residents

Christopher Aloezos - USA

Bridget Mccoy - USA

Olga Briklin - USA

Short Description: Multiple complex systems are involved in the care of people diagnosed with serious mental illness. This poster presents a curriculum created by psychiatry residents and for psychiatry residents that teaches systems-based thinking. This curriculum can be applied more broadly to other clinicians, families, and consumers.

Abstract: Multiple complex systems are involved both for people diagnosed with serious mental illness and for the clinicians caring for them. At a time of rapid healthcare reform, consumers, family, providers, and trainees often feel powerless to have an impact. Psychiatry residents in training who are beginning to learn various treatment modalities do so with little formal knowledge of those systems. In the past, the lack of understanding has frequently led to frustration. Consequently, some residents who might have chosen a career in working with this population choose alternate paths. However, as the recovery and medical home models have become more prominent, the ability to navigate complex systems is increasingly important for clinicians in whatever setting they decide to practice. Providing a forum for discussion about systems issues for staff and trainees will have an effect on their ability to advocate for consumers and families. Our premise is that treatment personnel are empowered by understanding how systems work, knowing who is involved in the decision-making process, how to understand the obstacles to solutions, and how to access available resources. To that end, we developed a model for training about systems based care in the new healthcare environment. Over the past year, a group of senior residents taught the curriculum based on the model to junior residents rotating for six months in an intermediate care public psychiatric center. The modules included sessions on organizational systems, transitions within or between systems, ethics, forensics, family systems, team dynamics, and community systems. The curriculum is now continuing and we have developed a survey to determine if, and in what ways, the training has had an impact on residents' understanding, empowerment, and ability to navigate through the transitions in mental healthcare delivery that are rapidly occurring. In this poster, we will present our training curriculum. A vignette illustrating multiple systems concerns will highlight barriers and possible solutions. We also include results from pre- and post-curriculum surveys completed by the residents who were taught the modules. It is our hope that this curriculum can be applied more broadly to other clinicians, families, and consumers.

Filial Therapy with at-Risk Children in Turkey and the USA

Volker Thomas – USA

Short Description: This session presents an evidence-based approach to working with at-risk children and their families using Filial Therapy and Structural Family Therapy principles to improve child behavior and the parent-child relationship. Research and clinical experiences from Turkey and the USA will be offered.

Abstract: Filial Therapy (FT) is an evidence-based approach that combines non-directive play therapy techniques, parent education, and systems oriented Structural Family Therapy techniques. Research has shown that FT increases parents' acceptance, self-esteem, empathy; children's behavioral adjustment and self-esteem. Parents are taught four primary skills: structuring, empathetic listening, child-centered imaginary play, and limit-setting. Structuring involves the parent setting the stage for play, providing the boundaries for play, and explaining the boundaries to the child. Within the context of a warm and inviting atmosphere, the parent explains the rules for "special play time", and announces when play will begin and end. Empathetic listening involves observing the child during play and reflecting out loud what the child is doing and may be experiencing. This demonstrates parents' interest in their children, and their understanding and acceptance of their child as an individual. Child-centered imaginary play involves allowing the child to take the lead during play time, while the parent "follows". The parent learns to refrain from directing the child's play, does not ask questions or make suggestions during play, and assumes any "role" assigned to them by the child. Limit-setting involves learning to enforce consistent and developmentally appropriate standards for behavior. Therapeutic goals of FT have been delineated in terms of the parent, the child, and the family. Through the medium of play, parents are expected to gain greater understanding of their child's development, and become better able to set realistic expectations in regard to their child's behavior. FT allows the parent to provide structure within the context of a warm, trusting, and accepting relationship, and parental confidence is expected to increase as the parents become more understanding of their children's emotions and begin to communicate more effectively with them. The sessions compare clinical experiences and research data using the approach in Turkey and the USA.

Beyond Journals: Using Whole Brain Activity in MFT Training and Supervision

Julie Liefeld – USA

Short Description: Beyond Journals will explore mixed media expression of self of therapist in training, supervision and therapy. Participants will explore concepts, case examples and benefits of applying creative expression in supervision and therapy.

Abstract: Artistic expression is described to "live in the twilight zone between cognition and emotion, where defenses are not on the alert" Lowenstein & Sprunk, (2010,) and to "real what is hidden and to create what has not yet been. Use of mixed media expression not only facilitates deeper awareness in the self of therapist but can offer a medium to deepen the dialogue about therapist process between supervisee and supervisor. "Beyond Journals" is designed for supervisors and therapists to examine, experience and evaluate the application of artistic processes to access to the "preverbal" (Harter, 2007, Kelly, 1955/1991), countertransference Gil& Rubin, (2005), O'Conner, (1991) and to travel below content level of client/supervisee verbal report Cheon & Murphy, (2007), Sayles, (2002), Satir, et al., (1991). Such uses in training and supervision promote richer expression, vibrant understandings and "a ha!" moments more easily than verbal report or even video clips "beyond where they are limited by language and defenses", Lowenstein&Sprunk,(2010). "Beyond Journals" is an interactive workshop where attendees will explore and experiment with methods for applying creative expression therapy, training and/or supervision. Attendees will evaluate and discuss potential benefits, challenges and possibilities in supervision and therapy by integrating the mixed media experience to access the "meta verbal expression" (Harter, 2007). This workshop/institute will use lecture, examples case presentation, discussion and individual and group participation, specific and spontaneous approaches to use of mixed media "assignments" in training, supervision and teaching. Participants will experience and process the topic through creating and sharing of their own mixed media story(Cheon& Murphy, 2007,Gil&Rubin,2005, Harter 2007). Attendees will be using nontoxic artistic media such as paints, gluing agents, and other art tools, please come with dressed to express, experiment and get a little messy-*Note: media may contact skin notify instructor of need for gloves.

An Exploration of Hawaiian Ethnic Identity and its Link to Well-Being

Trina Popowich - USA

Rajeswari Natrajan-Tyagi - USA

Short Description: For Native Hawaiians, ethnic identity is a complex issue shaped by factors such as history, cultural trauma, multi-ethnicity, and out-migration from the Islands. This phenomenological study provides insight into the ethnic identity of second-generation mainland Hawaiians living in Southern California and the connection between their identity and wellbeing.

Abstract: The link between ethnic identity and wellbeing has long been established. However, for Native Hawaiians, ethnic identity is a complex issue shaped by the unique history of the Hawaiian Islands, cultural trauma as a result of colonialism, the propensity towards interracial marriage and thus high rates of multi-ethnicity, as well as out-migration from the Islands. Little is known regarding how Hawaiians experience their ethnic identity and how this impacts their sense of wellbeing. Even less is known about experiences of Hawaiians living off-island. This phenomenological study provides insight into the ethnic identity of second-generation mainland Hawaiians living in Southern California and the connection between their identity and wellbeing, with consideration towards multi-ethnicity and indigenous methodology. Ten participants participated in semi-structured interviews regarding ethnic group experiences and personal experiences of being Hawaiian. A cultural genogram was developed with each. The interview transcripts and cultural genograms were analyzed for themes regarding ethnic group experiences, personal experiences of being Hawaiian, and the relationship between ethnic identity and wellbeing. An essence was provided as a representation of the participants' experiences. Findings show that a strong identification with a Hawaiian ethnic identity and a sense of Hawaiian pride were common experiences regardless of one's multiethnic makeup. Furthermore, concerns regarding social acceptance, access to Hawaiian cultural knowledge, and the underutilization of Westernized healthcare services were also raised. Overall, Hawaiian ethnic identity was found to greatly impact one's sense of wellbeing in a positive manner. Participants' personal definitions of wellbeing were consistent with Hawaiian concepts of wellbeing, and therefore practicing their Hawaiian ethnic identity (e.g. participating in cultural activities, sharing aloha by helping others, managing struggles with prayer and guidance from elders, etc.) had a positive effect on their wellbeing. Implications for clinicians hoping to better serve this population were discussed. They include: 1) Having awareness of salient issues and organizing principles of the population to promote more therapeutic conversations and enhance treatment success, and 2) Understanding the mental barriers Hawaiian clients face when deciding to start or continue services so that those barriers can be addressed and overcome.

Development of a Scale to Measure Balance of Fairness in Relationships

Rashmi Gangamma - USA

Tatiana Glebova - USA

Short Description: This study developed a systemic measurement of balance of fairness in relationships from a contextual therapy theory perspective. Phase one of the study included item development in consultation with five experts. Phase two involved administration of the survey with a clinical population. Preliminary analyses revealed satisfactory psychometric properties.

Abstract: This study sought to develop a systemic measurement of balance of fairness in family and partner relationships. Fairness in the framework of Contextual therapy approach (Boszermenyi-Nagy & Krasner, 1986) refers to a reciprocal process of balance of give and take in relationships. To date, there is only one measurement of fairness – the Relational Ethics Scale (RES; Hargrave, Jennings, Anderson, 1991). The RES has been studied in different populations and is shown to have good reliability and validity. However, a major drawback of the scale is that it does not assess the systemic aspect of the process. This study was conducted in two phases. In the first phase, items were developed using existing theoretical and operational definitions of balance of fairness. The survey was then sent to five experts in contextual therapy theory and then revised using their feedback. A final survey was developed with three subscales (Balance of Fairness Questionnaire – BFQ) with ten items each. Subscale 1 asked participants to report on their own perception of fairness in their partner relationship (BFQ -S); subscale 2 asked about their perception of their partner's experience of fairness (BFQ- P); subscale 3 asked about balance of fairness in their family of origin (BFQ-F). In the second phase of the study, the survey was administered to clients seeking therapy at a University-based Marriage and Family Therapy training clinic. The Relational Ethics Scale was also administered to assess concurrent validity and the Revised Dyadic Adjustment Scale (RDAS; Busby et al., 1995) to assess relationship satisfaction. Most of the sample (N = 49) were Caucasian (78%), heterosexual (75%), and currently in a partner relationship (65%). Preliminary analyses revealed Cronbach alpha of 0.92 indicating high internal consistency. Scores on both BFQ-S and BFQ-P were significantly and highly correlated to the partner subscale of RES and relationship satisfaction scores; scores on BFQ – F were significantly and highly correlated to the family of origin subscale of RES indicating initial adequate psychometric properties. Factor analysis results of the scale will be presented along with implications and recommendations for use.

The Reflecting Team Without a Team: The Use of Polyphony and Multiple Voices in Private Practice

Monica Sesma Vazquez – Canada

Short Description: Students and trainees in reflecting teams (Andersen, 1987) in Mexico commonly ask "why do I need to study, practice and be trained in a model of therapy that I cannot use in my private practice? I will not have a team". This presentation aims to respond to this concern.

Abstract: One of the approaches used in systemic family therapy and postmodern therapy training is the reflecting team proposed by the Norwegian psychiatrist Tom Andersen (1987). The reflecting team, besides being used as a therapeutic approach, facilitates the practice, training and supervision of different models and interventions in psychotherapy within academic and supervision contexts. This proposal allows a small or large team of therapists, in training or supervision, to develop and enhance their skills, abilities and strategies for therapeutic practices. In this context, the question that students/trainees commonly ask is "why do I need to read, study, practice and be trained in a model of therapy that I cannot use in my private practice? I do not have a team". This presentation aims to respond to this concern. The presenter will share how Grupo Campos Eliseos' students/trainees and supervisors have taken the reflective team's premises to their private practice in Mexico, even when they do not have a reflecting team. Some ideas such as creating a polyphony, inviting inner dialogues, co-constructing with the other, being guided by genuine curiosity, using a tentative language, and talking about what is said instead of what is not said, among others, are presented as possibilities in this work. Authors: Mónica Sesma-Vázquez, Martha Gómez-Pananá, Elena Fernández, Selma Olivares, Mónica Campero, Adriana Herrera, Silvia Jiménez, Josefina Lozano, Vanessa Manassero, Patricia Noriega, Julia Panizo, Dulce María Rangel, & Nora Rentería.

County Based Intensive Residential Treatment for Adolescent Trauma Victims

Ashley Davis - USA

Disiree Seponski - USA

Short Description: A county-based juvenile detention facility teamed up with an organization specializing in treatment of dual-diagnoses adolescent trauma victims in hopes to reduce the rate of adolescents returning to juvenile detention facilities as well as empower young girls in their journey toward healing. Case illustrations will be provided.

Abstract: In the southwest United States, a county-based juvenile detention facility teamed up with an organization specializing in the treatment of dual-diagnoses adolescent victims of various traumas, in hopes to reduce the rate of adolescents returning to juvenile detention facilities as well as empower young girls in their journey toward healing. A year after implementation that will be discussed in this presentation, the program has proven successful and is receiving praise statewide. The program's clientele is comprised of incarcerated female adolescents ages twelve to seventeen. Client statistics change often, yet the program maintains a 95 percent or higher minority rate at all times, with the majority of the adolescents being of Hispanic or African American descent. Nearly all residents have a history of trauma and human trafficking or risk thereof. The clinical team is multi-racial, multi-lingual and multi-faceted, with two Licensed Masters of Social Work, two Licensed Marriage and Family Therapy Associates and a Licensed Chemical Dependency Counselor on site full time. Each week the youth receive upwards of fifteen hours of group therapy, one hour of individual therapy, and subject to parental and family involvement, one hour or more of family therapy. The program combines intensive therapy with a levels system involving therapeutic consequences and rewards. The use of Dialectical Behavioral Therapy and Trauma Focused Cognitive Behavioral Therapy in a detention setting sets a precedent as it aids in the treatment of dual diagnoses clients, in the reduction of emotional distress, and in reducing return rates of adolescents into the juvenile justice system. Despite facing challenges in integrating a residential therapeutic treatment program into an otherwise punitive jail environment, the program has received accolades from across the state of Texas. It is rapidly becoming the blueprint for residential treatment programs and is slated to soon be a multi-regional facility. This brief presentation will cover that blueprint, describing the collaboration, facility, treatment, and challenges. Highlighting the conference themes, interpersonal interactions of clients will be addressed and therapeutic changes will be described in detail.

Siblings and Adolescent Mental Health

James Harper – USA

Short Description: A longitudinal study examining how sibling relationships are related to anxiety, depression, and aggression in adolescents over 5 years will be reported. Results showed that siblings have a unique influence even after controlling for parent and peer relationships. Implications for family therapy interventions with siblings will be explored.

Abstract: Siblings are an important context for adolescent development, but they are often ignored in research on mental illness. This presentation will report the results of a longitudinal study examining how hostility and affection in sibling relationships are related to anxiety, depression, and aggression in adolescents over the course of 5 years. In addition, the study also controlled for the quality of interaction with mother, father, and peers because we wanted to show that relationship with a sibling accounts for variance in mental health beyond that accounted for by the quality of these other family and peer relationships. Unique aspects of this study were the use of five waves of data, use of observational data, and comparing the influence of parents, siblings, and peers in the same study. Families were randomly selected using targeted census tracts that mirrored the socio-economic and racial stratification of reports of local school districts. Because the study focused on sibling relationships, only those families who had at least two children were eligible for the study. Of the 353 original families, 327 had at least two children, and of those 327 families, 308 (94%) were still participating at the last wave used in this study. Adolescents completed the affection and hostility subscales of the Sibling Relationship Inventory, the Warmth/Support scale of Parenting Styles Inventory, Association with Peers Scale, Child Depression Inventory, and the Spence Anxiety Scale. They also participated in a taped problem solving discussion with their families which was later coded using the Iowa Family Interaction Scales. Latent Growth Curve Modeling was used to examine how mother and father warmth, peer relationships, and sibling relationship in the first year are related to anxiety, depression, and aggression measured over 5 years. Results showed that on average anxiety, depression, and aggression changed over the course of the 5 years. Hostility and affection in sibling relationships were uniquely related to the quality of adolescent mental health and changes in mental health over time. Implications for family therapy interventions with siblings will be addressed.

Using Mindfulness to Encourage Neurological Development: 10 Ways to Nurture a Healthy, Mindful Child

Rachel Hughes – USA

Short Description: Mindfulness can utilize neuroplasticity to create a well-balanced and introspective child. This presentation will explore ten ways to encourage the neurological growth and development of a healthy and mindful child.

Abstract: Despite the prevalent history in eastern cultures, mindfulness has become an increasingly significant topic in western society for individuals and now mental health professionals. Neuroscientists have documented a change in overall brain activity and even brain morphology in mindfulness practitioners. If adult's brains are still able to change by way of mindfulness, this effect could be exponential, considering the neuroplasticity of a child. Using mindfulness with 5 to 7 year-old children can promote the development of empathy, affect regulation, and cognitive flexibility. This presentation will explore ten mindful ways to encourage the neurological development of a healthy and mindful child in ways that you might already be using (and didn't even know it).

Gender as a Moderator of Relational Ethics and Romantic Attachment Orientation

Rashmi Gangamma - USA

Deborah Coolhart - USA

Jennifer Coppola - USA

Short Description: This study explores adult romantic attachment (RA) and relational ethics (RE), for transgender and cisgender individuals. Exploration of the relationship between attachment and fairness in family of origin and current relationships will assist clinicians in designing interventions that more accurately meet the needs of family systems that include transgender individuals.

Abstract: Recent research has suggested a link between adult romantic attachment (RA) and relational ethics (RE) (Coppola, J. 2015), indicating that attachment style (anxiety and avoidance) may be related to individuals' perceptions of fairness in their family of origin and in current adult relationships. Specifically, Coppola's study found greater attachment anxiety or avoidance was associated with lower perceptions of fairness in partner relationships. Additionally, the study found a negative correlation between perceptions of fairness in male's family of origin relationships and females' perception of fairness in the partner relationship. However, little research has been focused specifically on adult attachment experiences for the transgender population. Transgender individuals' attachment orientation and their appraisal of fairness in their family of origin and adult romantic relationships may be more complex because of experiences of marginalization and stigmatization that may influence family relationships and interactions. The current study seeks to extend the previous study's findings by exploring the influence of gender (including individuals identifying as transgender) as a moderating variable. Exploration of the relationship between current attachment styles and perceived fairness in family of origin and current relationships for transgender individuals and their partners will assist clinicians in designing therapeutic interventions that more accurately meet the needs of family systems that include transgender individuals. Data for this study is collected from individuals seeking services at a university clinic in northeastern United States. Instruments for this study included the Experiences in Close Relationships Revised Short Form (ECR-R-S) and the Relational Ethics Scale (RES). Majority of the 62 participants in the sample were Caucasian (74%) and in partner relationship (75%); 12% of the sample identified as transgender. Preliminary analyses using Moderated Multiple Regression in SPSS revealed that impact of gender as a moderator variable was not statistically significant in the association between relational ethics and attachment avoidance or anxiety. Implications of these findings will be discussed in the presentation.

Experience of Transgenerational Trauma among Second-Generation Cambodian-Americans

Korlany Chhun – USA

Short Description: This study seeks to find how second-generation Cambodian-Americans perceive transgenerational trauma of their parents' experiences during the genocide and Khmer Rouge regime. In-depth interviews will be conducted to explore participants' experiences and meanings related to their parents' trauma. The data will be analyzed utilizing the phenomenological approach.

Abstract: The late 1970s proved to be a difficult time for Cambodian natives as the Khmer Rouge regime wreaked havoc by killing more than 1.5 million Cambodians in one of the most significant genocides in the 20th century. Studies have found a rather high prevalence rate of PTSD among survivors of the Khmer Rouge, accounting for approximately 14% of the survivor population (Sonis et al., 2009). Thus, a fair amount of survivors' offspring will have grown up with parents who suffer psychologically from the effects of the Khmer Rouge regime. However, there is scant research on the phenomenon of transgenerational trauma in second-generation Cambodian-Americans. Previous studies have explored parental trauma on depression among Cambodian American college students, the relationship between trauma and psychological distress among Cambodian refugee adults, and the impact of parental styles in intergenerational transmission of trauma among mothers and their teenage children (Field, Muong & Sochanvimean, 2013; Field, et al., 2011; Han, 2004). There is a current gap in knowledge of how second-generation Cambodian Americans perceive transgenerational trauma of their parents' experiences, as well as the interactions of intergenerational and current systemic factors in second-generation Cambodians' psychosocial functioning. This specific population is under-represented and -researched in the mental health field, and the clinical implications would be useful for family therapists in working with trauma and family systems. The purpose of this qualitative study is to find how second-generation Cambodian Americans perceive transgenerational trauma of their parents' experiences during the genocide and Khmer Rouge regime. In-depth interviews with 10 male and female second- and third-generation Cambodian Americans, ages 18-30residing in California, USA, will be conducted to explore the meanings and subjective experiences of the participants. Additionally, the researcher hopes to find how participants perceive the resilience factors transmitted from their parents, as well as other factors that may influence their current functioning. The data obtained will be analyzed utilizing the phenomenological approach, in which a description of first-generation Cambodian-Americans' lived experiences will be constructed.

The Red Queen Hypothesis: Through the Looking Glass of Couples Therapy

Rachel Hughes – USA

Short Description: The Red Queen Hypothesis describes the evolutionary arms race between co-evolving species. This presentation will apply the hypothesis to couple therapy as a means to reduce burnout in high conflict couples.

Abstract: "Now, here, you see, it takes all the running you can do, to keep in the same place," the Red Queen tells Alice in Lewis Carroll's Through the Looking Glass. This simple but profound statement was adopted by evolutionary sciences as the Red Queen Hypothesis and has been used as a metaphor for the evolutionary arms race competing species constantly face for survival. Using Bertalanffy's biologically-based General Systems Theory can be enhanced with the understanding of the Red Queen Hypothesis and how it manifests in the therapy room in the dance between couples. This presentation will expand on GST using Red Queen Hypothesis and apply the theory to couple therapy. Utilizing the Red Queen Hypothesis when conceptualizing couple therapy could allow more efficient therapeutic interventions and reduce therapist burnout in high conflict couples.

Finding Purpose through Healing Mother Earth: The STARRS Program

Holly Carbone - USA

Ida Dahkoshay - USA

Meriel Goklish - USA

Short Description: In this interactional workshop, we will present information regarding our ABHS STARRS Program (Project Venture). We will share client reports, video interviews, and program details. Workshop participants will be asked to engage in activities that we use with the Native youth. Presenters will discuss program details, implementation, and lessons learned.

Abstract: The White Mountain Apache people place great value on family connections, traditional spiritual practices, and community involvement. Culturally, all life experiences center on family relationships. Intergenerational cultural exchange provide learning and healing opportunities. For teenagers living on the reservation, life is full of video games, television, and computers. Twitter, texting, and Facebook have taken over their lives and face-to-face relationships have become extremely limited. These experiences leave teens feeling disconnected from peers, community, and family. Many native teens find it difficult to function in an environment where suicide rates are high, drugs and alcohol are readily available, and unemployment is sky rocketing. As service providers, we must be open to indigenous and traditional opportunities for engaging clients in a healing journey. Project Venture is a strength-based program that was developed for native communities. The objective of this program is to provide traditional activities that reconnect youth to the natural world, service leadership, strengthening family, and spiritual awareness. At Apache Behavioral Health Services (ABHS), we have adopted Project Venture and adapted it into our STARRS Program (Strong, Traditional, Respectful, Reservation, Students). We combine traditional Apache activities with academics, therapeutic programming, and mentorship. This partial language immersion program assists Apache youth in reconnecting to family and community through offering traditional experiences. We create an environment where healing can occur through the connection to Mother Earth. For example, while working on a river restoration project one of the teenagers reflected that as he helped the river to heal, he felt the river was healing him. These powerful experiences provide Native youth with purpose and hope. In this interactional workshop, we will present information regarding our ABHS STARRS Program (Project Venture). We will share client reports, video interviews, and program details. Workshop participants will be asked to engage in activities that we use with the Native youth. Presenters will discuss program details, implementation, and lessons learned. It is our hope that workshop participants will gain concrete information on how they can implement similar programs in their communities.

Current and Potential Family Therapy Treatments for Eating Disorders in Canada: Looking for Evidence Based Practices or for Expanding the Possibilities?

Monica Sesma Vazquez - Canada

Short Description: In Canada, institutional treatments for eating disorders include family therapy within their multidisciplinary interventions. Despite the AAMFT presence in Canada that promotes a wide variety of family therapy models, it is the Family Based Treatment that dominates clinical settings. Current and potential family therapy approaches for eating disorders are discussed.

Abstract: Family therapy is considered a key component of a comprehensive treatment plan for an individual with an eating disorder (APA, 2011), particularly when struggling with anorexia nervosa (Eisler et al., 2007; LeGrange & Eisler, 2008; Robin, Siegel & Moye, 1995). Researchers found that family therapy was more effective than individual therapy particularly with clients with anorexia and bulimia nervosa whose illness was not chronic and the problem started before the age of 19 (Russell et al., 1987). Since then, other researchers showed small differences between family interventions and individual therapy (Robin, Siegel & Moye, 1995), but affirmed family therapy is still more effective (Robin et al., 1999). Up till now, a large number of family therapy outcome studies with eating disorders have been done mainly by the Maudsley Approach or Family-Based Treatment (FBT) founders, researchers, and practitioners (Eisler, et al. 2000; Lock, Couturier & Agras, 2006). Most research articles mention the efficacy and/or effectiveness of family therapy with eating disorders, but in fact mostly refer to the Maudsley Approach or Family-Based Treatment without mention of other approaches in the field of family therapy. As such, we need to be careful to not generalize the Maudsley Approach to account for the whole variety of family therapy interventions (Becvar & Becvar, 2000; Gladding, 2002; Ng, 2003; Nichols, 2012). Given that the literature seems to have used 'eating disorders' to describe research with people with 'anorexia nervosa', and 'family therapy' when describing a particular model, namely 'Maudsley approach,' further exploration of family therapy treatments for eating disorders is warranted. In Canada, institutional treatment approaches include family therapy within their clinical multidisciplinary interventions, particularly with anorexia nervosa. Despite the American Association for Marital and Family Therapy presence in Canada that promotes a wide variety of family therapy models and internationally recognized Canadian systemic family therapists, it is the Family Based Treatment Model that dominates clinical practices and settings. The presenter discuss current and potential family therapy models for working with eating disorders in Canada and explore expanding therapeutic approaches that can intervene with disordered eating practices.

Adolescent Human Trafficking Victims in Juvenile Detention

Ashley Davis - USA

Desiree Seponski - USA

Short Description: The presentation highlights clinical issues of adolescent human trafficking victims in one juvenile detention center in the southwest United States. Clinical issues of dual-diagnoses, complex traumas, repeat offenses in the judicial system, and culturally responsive treatments including person-centered, DBT, psychoeducation, ITCT-A, TFCBT, and grounding will be covered.

Abstract: Global awareness of human trafficking as an international problem is becoming more mainstreamed, yet few are aware of the trafficking within the United States. The presentation highlights the clinical issues of adolescent human trafficking victims in one juvenile detention center in the southwest United States. Many of these victims have dual diagnoses (drug and alcohol dependency, BPD, attachment disorders, emotional distress) and have endured complex traumas. For most of the victims, being involved in human trafficking is not their initial trauma as most of the girls involved have experienced or witnessed physical, emotional or sexual abuse as children. Their home lives are unstable due to various reasons such as abusive or neglectful caregivers, drug use in the home or death of immediate family members or caregivers. In addition, some experience immigration issues such as trauma of "getting into the country" and anxiety of knowing that at any moment they or their loved ones could be deported. Gang violence, pregnancy and related complications, and adoption or loss of own childhood further add to the complexity of their traumas. Oftentimes, the victims are of ethnic and sexual minorities including multi-racial, Hispanic, African American, and LGBT community members. The girls leave home due to the instability and support themselves by making money on the streets, selling sex or drugs and sometimes both. When they enter the detention center, they are often brought in on violations of probation and have previous charges such as theft, assault, truancy, and drug use or possession. Sociohistorically, these girls have experienced social frailty and resource poor contexts, and now face the judicial system, and the stigma of prostitution. Successful clinical interventions including person-centered, DBT, psychoeducation, ITCT-A, TFCBT, stabilization, and grounding will be covered. Specific components of cultural responsiveness, including greeting families in native language, therapist disclosure, and relating to pop culture, will be highlighted. Finally, challenges of cross cultural work and non-shared experiences will be shared.

"Faraway Fathers": Thriving in the Face of Paternal Absence

Jeff Chang - Canada

Simon Nuttgens - Canada

Emily Doyle - Canada

Short Description: The oil and gas industry in Alberta, Canada requires many employees to leave home for extended periods of time, creating requiring them to develop creative ways to adapt. We used interpretative phenomenological analysis to distinguish themes of strength and resilience, and make recommendations for families, clinicians, and employers.

Abstract: Work-related parental absence is common in contemporary family life. Industries such as aviation, fishing, logging, mining, and petroleum extraction can involve regular and periodic absences from family. In the province of Alberta, Canada there are many sites for petroleum extraction. The industry's locations in Northern Alberta have become the work site of many employees who leave their homes for extended periods of time, and return home for extended days off. This requires families to develop creative ways to manage the stresses created by such a work schedule. There is ample research on the effect of military deployment on families (e.g., Kazmarek & Sibbel, 2008), some information on how mining families are impacted by such a work schedule (e.g., Wray, 2013), and a small number of studies exploring the impact on British and Norwegian offshore oil workers and their families (e.g., Ljoså, & Lau, 2009; Parkes, Carnell, & Farmer, 2005). However, there is no research currently available that has investigated the impact of paternal absence on families in Canada. In this study, we interviewed eight heterosexual couples who have children living in the home. We used interpretative phenomenological analysis (IPA) (Smith, 2004; Smith, Flowers, & Larkin, 2009) to develop thematic analyses within, then across, cases to derive a picture of the strengths and helpful strategies that couples used to thrive in while navigating this family schedule. Themes we distinguished include: • Exercising trust • Using technology for communication • Making regular contact • Managing unpredictability We conclude by making recommendations for: • Families with this work schedule; • Clinicians working with these families; • Community agencies seeking to develop services; • Employers who wish to care for and retain employees.

The Intersectionality of Culture: Systemic Treatment of Interracial Couples

Alexander Hsieh - USA

Laradanielle Davis - USA

Short Description: Interracial couples have increased exponentially in the last decade. These couples experience various challenges. Therapists must navigate through the complexities of interracial couple relationships. This workshop presents the challenges interracial couples face, offers a crucial perspective to view culture, and suggests a treatment model from a multi-dimensional standpoint.

Abstract: Interracial couples have increased exponentially in the last decade and will continue to grow. These couples experience various idiosyncrasies including several challenges. Therapists must navigate through the complexities of interracial couple relationships in addition to fundamental marriage therapy treatments. This workshop presents the challenges interracial couples face, offers a crucial perspective to view culture, and suggests a treatment model from a multi-dimensional standpoint. Acculturation should be best understood as a bi-dimensional model rather than a unidimensional one. The bi-dimensional model configures our patients into four acculturation patterns (assimilation, separation, marginalization, and integration). Awareness of our clients and understanding the various gradients of the bi-dimensional approach is key to acknowledge our various biases. Assessment clinicians can then begin to understand the various processes which our diverse clients struggle with. When we work from a bi-dimensional framework, we open the possibility to culturally sensitive treatments as an assessment clinician. Methodology becomes multidimensional because we have a multidimensional perspective into the acculturation dynamic of our couples and patients. Treating couples from the bi-dimensional approach to acculturation gives clinicians a better understanding of patient's acculturation range but clinicians also need to understand how various diversity patterns intersect for our clients and how those intersections affect the couple system. Basic diversity characteristics are gender, race, and class but should also be extended to sexual orientation, ability/disability, religion, language coherence, and age. The intersection theory introduces the ideal that minority groups experience various discriminations based on multiple traits creating a multitude and exponential diversity barrier. In a similar fashion, the multi-dimensional model takes into effect how partners' intersectionality of one's own culture interacts with his or her partner's. The intersection theory paints a more complex identity model for patients. Identifying the various diversity characteristics and their various points of intersection would be critical in understanding our clients in identity and cultural development. We must take into account how these individual characteristics impact our patients on a horizontal and vertical level as well as how these intersecting points create the complexity; our patient presenting for therapy.

Absent African American Father's Impact

Ashley Frazier - USA

Short Description: The purpose of this study was to understand the essence of the experiences of African American women who identified as having an absent father and how that absence shaped their lives in the past and presently.

Abstract: Past research has highlighted the importance of the father-daughter relationship. However, little research exists exploring the experiences of African American young women identifying themselves as having an absent father during childhood, and the impact this had on their views of themselves and their intimate relationships. The purpose of this study was to understand the essence of the experiences of such women, as well as how these experiences were felt throughout childhood and adulthood. A qualitative research design was used and data were collected through interviews with five unmarried, college-educated, African American females who self-identified as having an absent father. During the semi-structured interview, questions were asked about participants' relationships with their fathers, as well as their current and past intimate relationships with other men. Results showed a number of themes reflecting the participants felt torn between conflicting emotions regarding their fathers. Furthermore, the participants recognized feeling distrust toward their father and the negative effect of him on their self-esteem, but still felt a strong desire to connect and excuse their father's absence.

Writing for Publication in Marriage and Family Therapy

Jake Johnson - USA

Short Description: This workshop will focus on how to be successful in writing for publication in the field of marriage and family therapy. Particular attention will be paid to navigating the process of publication as well as current scholarly trends in MFT.

Abstract: The process of getting one's work published in scholarly journals can be complex, confusing, and, at times, disheartening. The purpose of this workshop will be to unpack the publication process, paying special attention to how to build the skills and attributes necessary for becoming a successfully published author of scholarly MFT work. Attention will also be paid to current scholarly trends in the field of marriage and family therapy in order to provide participants will a broader sense of what types of scholarly work are getting published more frequently than others.

Changing Modalities after Therapy Has Begun: Moving from Individual to Couple and Family Therapy

Jake Johnson - USA

Short Description: This workshop will discuss why family therapists may want to move from working with one individual in treatment to including other members of the family as part of the therapy process. It will also provide strategies for how therapists can turn individual therapy into couple or family therapy, when indicated.

Abstract: For many family therapists, at least half of the cases they see in therapy involve individuals without other family members or loved ones present. However, in many instances these clients could benefit from moving from individual treatment to couple or family work for at least a portion of their time in therapy. As such, the aim of this workshop will be twofold. First, it will help MFTs to assess whether or not couple or family therapy may be indicated for various individual cases in their caseloads. Second, when couple or family treatment is deemed to be beneficial, it will offer strategies family therapists may employ in their attempts to turn individual therapy into couple or family therapy. Finally, for those instances when couple or family therapy is indicated but the client (or his/her loved ones) is unable or unwilling to participate, brief examples of how to do couple and family therapy with only one individual in therapy will also be provided.

The Alpha Female: Perceived Attachment in Couple Relationships Across Gender and Ethnicity

Katherine Kelly - USA

Joshua Mason - USA

Jonathan Sandberg - USA

Short Description: This study examines gender and ethnic differences in perceptions of attachment behaviors within couple relationships. Results suggest females perceive themselves demonstrating more attachment behaviors than males. Results suggest the importance of assessing which behaviors within couple relationships build closeness and how they differ by gender and across ethnic groups.

Abstract: This study focuses on the differences in perceived attachment behaviors within couple relationships across gender and ethnicity. We focused on identifying potential differences in the ways partners demonstrate accessibility, responsiveness, and engagement in their romantic relationships. We hypothesized that different ethnic groups would report similar levels of the attachment behaviors in their relationship. We believed that although our behaviors might look different and have different cultural meaning, there are many more ethnic similarities in attachment behaviors than differences. Data had already been previously collected through the RELATE Institute, a comprehensive relationship assessment tool. Data was drawn from 4784 individuals who completed the BARE measure (Brief Accessibility, Responsiveness, and Engagement) scale. It is a survey containing twelve questions assessing an individual's perceptions of self and partner attachment behaviors. We ran a series of repeated measures ANOVAs to analyze the data. The first test analyzed reports of attachment promoting behaviors across gender, ethnicity, and both combined. Only gender was significant. Post-hoc tests showed that women rated themselves as displaying significantly more attachment behaviors than their male partners. Results also showed females reporting themselves as both more responsive and accessible than what males reported of themselves. Females also reported their partners as being less accessible than what males reported of their female partners. Males reported themselves as more engaged than females reported of themselves. The results suggest that females see themselves as more invested behaviorally. This conclusion will aid MFTs and clinical psychologists in knowing how to handle possible relationship issues related to gender and gendered expectations within the relationships. The lack of significant results across ethnicity suggests that attachment is a global construct with application across ethnic backgrounds, as has been established in previous research with parent child relationships. Additional research is needed to clarify how couples address and cope with differences in attachment expectations across gender and ethnic groups.

Dating Violence: Predictors in Adolescent Males

Tiffany Devoy - USA

Short Description: Dating violence effects many people, and gets perpetuated through different means. Families and a change in perceived gender roles for men may be the keys to changing the negative impact that it has on society. This research was done to focus on the predictors of dating violence.

Abstract: Research on dating violence and intimate partner violence (IPV) often focuses on the survivor and less on the men who have engaged in abuse and the broader contributing societal factors. The researcher focused on determining the best predictors of dating violence and the different characteristics that may lead adolescent males to become violent in their dating relationships. This study is a single sample survey design which examines five different factors to identify the main predictors of abusing in an adolescent dating relationship. The five factors include: Inter-generational Transmission of Violence, abuse in first/primary adolescent dating relationships, getting bullied or bullying in schools, media impact of attitudes toward violence, and cognitive dissonance in men due to male perceptions of differing gender roles. Families and a change in perceived gender roles for men may be the keys to changing the negative impact that it has on society.

A Review of the Trends in MFT Research

Jennifer Lambert-Shute - USA

Hoa Nguyen - USA

Short Description: We investigated clinical research trends by analyzing empirical articles in three leading MFT journals. We identify trends in authors' characteristics, types of articles, and other aspects of the published works of our field. We also identify important changes in research trends since Hawley et al. (2000).

Abstract: We investigated clinical research trends by analyzing empirical articles in three leading MFT journals and discussed the implications of our findings on research, clinical work, and the integration of diversity in the MFT field. The purpose of this research is to understand trends in authors' characteristics, types of articles, and other aspects of the published works of our field. The last attempt to identify these trends was published by Hawley, Bailey, & Pennick, in 2000. This research was a content analysis modeled after the work of Hawley, Bailey & Pennick (2000). They conducted a content analysis for five years of research, 1994-1998. We reviewed all empirical articles found in American Journal of Family Therapy (AJFT), Family Process (FP), & Journal of Marital and Family Therapy (JMFT) from 2000-2010. Out of the possible 1374 articles, 594 met criteria for inclusion (AJFT=179, FP=197, JMFT=218). All three researches coded the articles together & discussed disagreements to maintain interrater-reliability. All 594 articles were coded for: journal, authors' information (degree, affiliation, gender), purpose (e.g. clinical process, outcome, prevention evidence based practice), description (e.g. couples, assessments, professional issues), funding, design, & implications. Our study held steady with Hawley et al's (2000) findings that most publishing authors held a Ph.D. degree. Gender was not reported in the Hawley et. al. study, but we observed an almost even amount of publishing between men and women. We also found that the research we analyzed followed the current trends of the field, namely a call for more diversity in family therapy research. Almost one third (27.7%) of the articles in the current study were coded for at least one aspect of diversity: culture (10.3%), ethnicity (8.9%), gender (3%), LGBT issues (2.5%), religion (2%), and aging (1%). We found analyzed type of theory modalities that were being published during this time. We found that of all the research articles published 67% included a systemic theoretical orientation. We will also present additional research findings from this review and discuss implications for future of the field.

Chinese Families' Experiences of Multiple Family Group for Children diagnosed with Attention Deficit and Hyperactivity Disorder in Hong Kong

Erica S. F. Wan - Canada

Joyce L. C. Ma - China

Short Description: Multiple Family Group for children with Attention Deficit and Hyperactivity Disorder was developed by the joint research project of the Chinese University of Hong Kong. This presentation presents the findings of a qualitative study on the experiences of these participating families and the implications for MFG research and service development.

Abstract: This presentation discusses the findings from a qualitative study which aims to explore subjective experiences of the participating families, including parents, children and their siblings, of Multiple Family Group for Children diagnosed with Attention Deficit and Hyperactivity Disorder in Hong Kong (MFG for ADHD) developed by the research project of a cross-disciplinary clinical team coming from the Departments of Social Work and Psychiatry of the Chinese University of Hong Kong since 2013. From the parents' perspective, MFG for ADHD created a relaxing and safe context with acceptance that allows full family participation and make multiple observations possible. It also helped the parents to hear the voices of their children. Through these, the parents discovered the hidden resilience of their children embedded in the deficit label of ADHD. They also found being mirrored in other families and reflected their parenting. MFG for ADHD also created the parents a sense of 'on the same boat' within the group in which they felt secure and supported to share their parental difficulties to overcome their social isolation, parental doubt and guilt so that they could see light in their long struggle with the management of ADHD. From the children's perspective, MFG was also useful to create family time, which was essential for them to get closer to their parents, and help them to build up friendship. Both parents and children reported changes in self, parenting and family relationship, however, the maintenance of these changes required more support from MFG. The study has implications for MFG model building and service delivery choice for families of children with ADHD, which will be discussed at the end of the presentation.

Coming to the (Dinner) Table: Negotiating Shared Meanings in Close Relationships

Bevan Kovitz - Canada

Leah Beech - Canada

Tom Strong - Canada

Short Description: How do couples use conversation to arrive at important, shared understandings? We offer insights and clinical recommendations from our studies on partners' and family members' recollections of, and actions within, joint conversations when a) developing a sense of relational identity ("we-ness"), b) discussing intimacy, and c) overcoming disagreeable patterns.

Abstract: Bevan Kovitz, Leah Beech, and Tom Strong. Contributor Marnie Rogers-de Jong While typically associated with business transactions, we adapt the concept of negotiating to better understand how people in close relationships develop shared meanings through verbal/nonverbal communications. We see negotiating as also applying to how therapists and partners or family members use turn taking in therapeutic dialogues to overcome stuck patterns of communicating, reach desired outcomes, and facilitate a sense of mutuality. Our research into couple and family dialogues aims to inform conversational practices therapists could use in facilitating such dialogues. In this presentation, we summarize three studies (using forms of narrative and discourse analysis) that examined how partners and family members converse with one another, and with researchers, to account for and potentially transform their relationships. Following Tom's explication linking our theoretical approaches to research and practice, Bevan will discuss ways in which couples participate in and experience successful conversations about sex and intimacy. Bevan invited couples to reflect on these successful conversations in interviews with her, using narrative analysis to explore how participating couples negotiated an agreeable language to talk about sex, and how these conversations contributed to their sense of identity as a couple. Leah then presents her research on stories couples share about overcoming disagreements in their relationships, and the relational identities couples co-construct through the story telling process. She discusses her use of narrative analysis to understand how couples negotiate the meaning of this episode in their relationship and their reflections on what this says about them as a couple. Marnie will then present research on family we-ness, exploring how family members experience moments of closeness and negotiate shared identities in therapy and research conversations. Marnie invited family members to consider specific 'we'-building moments, and examined using narrative and discourse analyses both what families said about who they are together and how they interactively performed those identities during joint interviews. We conclude by exploring implications of these studies for couple and family therapists' conversational practice, particularly with respect to negotiating preferred couple and family meanings in therapy.

Gender Role Identity and Marital Satisfaction among Muslim Women in the US

Afshana Haque - USA

Short Description: The relationship between Muslim women's gender role identity and their marital satisfaction was quantitatively assessed using the BSRI and the LWMAT. Results of this study suggest that women who identify with androgynous gender role traits have significantly higher levels of marital satisfaction than those who identify with masculine traits.

Abstract: The relationship between Muslim women's identification with socially desirable gender role characteristics and their marital satisfaction was quantitatively investigated using The Locke-Wallace Marital Adjustment Test (LWMAT), the Bem Sex Role Inventory (BSRI). Sixty-Six married Muslim women currently living in the US voluntarily participated in this study and represented Muslim women from all over the world including Afghanistan, Bangladesh, Jordan, Syria, Palestine, India, Malaysia, Mexico, Morocco, and others. A majority of the women in this study identified with either androgynous (n = 17, 34.7%) or feminine (n = 14, 28.6%) gender identities. Contrary to previous findings, a large majority of the participants indicated satisfaction (72.3%) in their marriages. Those who identified strongly with both masculine and feminine traits scored significantly higher on the LWMAT (M = 112.17, p< .05, ?2 = .23) than those who identified strongly with masculine gender-role traits and weakly with feminine traits (M = 89.80, p< .05, ?2 = .23). Results of this study suggest that those women who identify with androgynous gender traits will have significantly higher levels of marital satisfaction than those who identify with masculine gender traits. Although the relationship between a Muslim woman's gender role identity and marital satisfaction has never been examined, these results are consistent with previous literature on gender role identity and marital satisfaction amongst other minority populations. These results are also commensurate with previous findings that have found Muslim minorities adapting to more egalitarian gender roles and family structures. In contrast to the pervasive beliefs that religious Muslim women live under oppressive conditions in their personal relationships, the current study has found Muslim women to identify with androgynous gender roles and remain satisfied in their marriages. Understanding these new findings can help Marriage and Family therapists clarify misconceptions about Muslim women and provide culturally responsive marital therapy to under-served Muslim woman clients.

A Clinical Experience: Working with Migrant Workers in their Backyard

Kate Warner - USA

Jennifer Lambert-Shute - USA

Short Description: Valdosta State University, Emory University, and Mercer University physician assistant and physiotherapy trainees and faculty visit the fields of South Georgia agri-businesses. There, teams provide integrated medical and mental health services to the migrant farmworkers, many of whom have never in their lives received medical or psychotherapeutic services.

Abstract: The philosophy of the VSU Marriage and Family Therapy Program's is guided by a commitment to diversity and the belief that the differences that make up the weave of humanity must be embraced and cherished. To this end, students are provided service learning and clinical training opportunities that take learning outside classroom walls. Each summer, MFT students and faculty join with Emory University and Mercer University physician assistant and physiotherapy trainees and faculty to participate in the South Georgia Farmworkers Health Project (SGFHP). For two weeks, clinician trainees, faculty, and supervisors visit the fields and packing houses of south Georgia agri-businesses where migrant workers spend 12 hour days tending, picking, and packing the food that America eats. There, teams of students provide integrated medical and mental health services to the migrant farmworkers, many of whom have never in their lives received medical or psychotherapeutic services of any kind. Psychotherapeutic contact is limited to one session, often while clients are simultaneously receiving medical services. In addition, therapeutic intervention often takes place with clients who did not anticipate receiving therapeutic services when they decided to come to the field clinic for medical concerns. The VSU MFT program embeds this project into clinical practica. This affords trainees the opportunity to receive live supervision while practicing brief therapy skills in non-traditional therapeutic contexts. It immerses them in the lived experiences of diverse clients, allowing them to bridge their ideas learned in didactic courses about embodying cultural humility. The SGFHP also introduces students firsthand, to the practice of integrated care and the value of interdisciplinary collaboration. This presentation will provide an overview of the SGFHP project and discuss implications for student's clinical growth. It will also teach participants the assumptions that underpin the practice of successful single session psychotherapeutic intervention, how one-session therapy sessions can be used to collaborate with clients to create therapeutic change, and how to use language techniques to foster useful shifts in perceptions and self-agency in clients.

The Safety is in the Telling: Sharing Stories of Safety and Survival

Kate Warner - USA

Short Description: Presenters will describe research detailing ways women are shaped by hearing and telling stories of resistance to violence. Findings suggest women take a proactive role toward non-violent relationships by constructing violence-resistant identities through small acts and developing powerful resources through story sharing to avoid or leave abusive relationships.

Abstract: This presentation describes a research project that explored the ways that women are shaped by hearing and telling stories of resistance to violence. The research project examined narratives of women discussing stories of resistance and, using an analysis that treats resistance as a form of resilience, explores how women knit together stories and friendships to help create lives free of abuse. This research suggests that women view themselves as actively working to create violence-free relationships, that women's construction of violence resistant identities often grows from small acts, and that shared stories of resistance serve as powerful resources to help women avoid or leave abusive relationships. Learning Objectives: Participants will: 1. Learn about a research project that explored some of the ways that women help each other resist violence in their intimate relationships through shared stories 2. Explore several themes of resistance and resilience found in the stories women share with each other. 3. Explore the ways narratives of resistance and the resilience and empowerment help women to avoid, change, or leave violent relationships. 4. Examine the implications this research holds for helpers who wish to help women leave and avoid violent relationships.

Educational System, Values, and Institutional Interactions between Faculty and Students

Tatiana Glebova - USA

Short Description: This presentation aims to stimulate a conversation about institutional policies and practices that may create tension between the modus operandi of U.S. educational system and professional values, multicultural focus of educational programs as well as some individual cultural norms and beliefs of diverse student body.

Abstract: U.S. educational system as any other institutional system within a particular social context, explicitly or implicitly, bears and reproduces the mainstream societal values such as individualism, competition, constant activity. Some cherished U.S. ideals like equal opportunities and achievement based on hard work do not "work" for students from historically disadvantaged groups. Many academic standards and requirements inevitably reflect Euro-centric way of knowing and functioning. McDowell and Hernandez (2010) identified many of these issues as colonialism in academia. Institutional policies and practices may create tension or contradictions between the modus operandi of formal educational system within which family therapy training occurs and professional values, multicultural focus of educational programs as well as some individual cultural norms and beliefs of diverse student body. Occasionally students' non-compliance with institutional policies or educational requirements becomes a way of active or passive resistance to the dominant discourse. Recognition of such challenges in everyday program functioning and interpersonal interactions between students and faculty may serve as the stimulus and opportunity for change. The main goal of the proposed presentation is to create a context for and to stimulate a conversation about those challenges and opportunities as they may be manifested and experienced on campus grounds by students and faculty. First, we will review issues of colonialism in academia and specifically in MFT training programs. Then we will discuss situations which can be characterized as "internal or internalized colonialism/colonization" and how they may block professional growth of future family therapists. Finally, we will discuss examples and possibilities of overcoming these issues as well as ways to find a balance between system requirements, multicultural inclusiveness and professional development. The discussion of strengths and weaknesses of a U.S. university couple and family program can be helpful for international educators. Presenters are faculty in a COAMFTE accredited program which is committed to serving diverse populations.

Being a Mother of a Mother: When Mothers Become Grandmothers

Zipi Hochdorf - Israel

Short Description: A study of the transition a woman goes through when thrust into the role of a grandmother. In-depth interviews analyze the changes with her daughter and other significant people in her life and changes in values.

Abstract: The concept of "grandmother" has changed considerably over the past years, from a traditional, spectacled old lady who devotes all her time and energy to raising her grandchildren, to an active grandmother in her fifties or sixties, dressed in jeans, who may still be employed, and who - besides visiting grandchildren and occasionally taking care for the - enjoys hobbies, traveling abroad, exercising in the gym, etc. Nevertheless, findings show that in 4.1 million household in the United States, grandparents reside with their grandchildren, and of them, 38.5 take a significant role in their grandchildren's care for more than five years. The transition to "grandmother' is a change that is looked upon as "natural" yet is not "self-initiated". In fact, this change is termed a "counter transition": one brought upon by someone else and on which natural timing has no influence. This study based on the family structural theory and family cycle, focuses on the changes effected by this life transition in the individuals involved. We conducted in-depth interviews of 20grandmother and 20 daughters in Israel, a country known for its high rates of cohesion and close family relationships. We analyzed changes in mother-daughter relationships; the extent that grandmothers are involved in decision-making and care; the amount of control they (or their daughters) appropriate; changes in self-concept as a result of their new long-term role; changes in values as a result of transitions in society as a whole; relationship changes with their husbands (the grandfathers); and intergenerational transition. Variables such education, age and health were also examined. Our study showed that the quality of the mother-daughter relationship prior to the transition was important. The grandmother's relationship with her daughter's siblings was also influential. A good relationship with the grandfather made them partners in their grandchildren's care. Furthermore, a grandmother occupied with various extra-familial matters tends to cling less to her daughter. The findings can be used by therapists in clinics.'

Cross-cultural Measurement Invariance of the Relational Ethics Scale

Tatiana Glebova - USA

Rashmi Gangamma - USA

Short Description: The poster presents results of analyses of metric and structural invariance of the Relational Ethics Scale (RES), measurement of foundational constructs of contextual therapy (Boszormenyi-Nagy and colleagues), in Russian and American samples. Implications include cross-cultural relevance of the constructs of relational ethics as measured by the RES.

Abstract: Multifaceted process of evaluation of "the goodness of cultural fit" between the US family therapy theories and practice and other countries' cultural and clinical contexts embraces various approaches including empirical studies of theories and their constructs together with examination of the cross-cultural equivalence of existing theory-based instruments. Assessment of instrument cross-cultural equivalence, in its turn, is a multifaceted and multi-step process which includes various methods of testing measurements. The RES (Hargrave, Jennings, & Anderson, 1991) was developed for measuring the constructs of relational ethics, the cornerstone aspect of contextual therapy (Boszormenyi-Nagy & Krasner, 1986), that was shown to be theoretically and clinically relevant in cross-cultural and transnational contexts (Moon, 2000). However, while the measurement was validated in the US (e.g., Grames et al., 2008), testing it in other cultures or countries remains limited. Recently the scale was translated in Russian and that version demonstrated psychometrically sound qualities, though its factorial structure was different from the original scale. To explore those differences further, this study aimed to assess cross-cultural measurement invariance of the RES in Russian and American samples using the cutting edge statistical methods of exploratory structural equation modeling (ESEM, Asparouhov & Muthen, 2009) which allows multiple-group measurement and structural invariance testing. The Russian sample (N=169) came from the bigger study conducted in Russia that used the Russian version of the RES, and consisted of mostly women (69%), ethnically Russian (94%), mean age of 35, in some type of relationship (42% married, 17% cohabiting, 16% dating). The American sample (N=136) data came from the study at a large university clinic; mostly Caucasian (78%), mean age of 31, in some type of relationship (51% married, 24% cohabiting, 6% dating). The poster presents results of analyses of metric and structural equivalence of the RES across the samples as well as relationship between gender, age, relational status and the RES subscales scores. Implications include cross-cultural relevance of the constructs of relational ethics as measured by the RES.

Transgenerational Trauma Effects on Parenting: Clinical Implications

Korlany Chhun - USA

Tatiana Glebova - USA

Short Description: This presentation will focus on the mediating role of parenting styles in the transmission of transgenerational trauma from parents to children, the effects on children, and clinical implications for interventions and treatment.

Abstract: There is a growing body of evidence from social and biological sciences that life experiences, especially severe traumatic events, of one generation affect, directly or indirectly, lives and well-being of subsequent generations. Research on the transgenerational transmission of trauma has shown the indirect effects of parents' trauma stemming from genocide on the psychological adjustment of their children (Danieli, 1998). Literature on Holocaust survivors indicate several mechanisms by which the effects of trauma are transmitted from parents to children: parents' silence, identification, overdisclosure, and re-enactment (Chrestman, 1994; Danieli, 1998). Parenting styles appear to be one of main mediators of transgenerational transmission of trauma. Literature on Cambodian genocide survivors indicate role-reversal, overprotectiveness, and rejecting types of parenting styles (Field, Muong, & Sochanvimean, 2013). As a result, their children have been shown to have higher levels of behavior problems, anxiety, depression, PTSD-related symptoms, lower self-esteem, higher levels of disruptive behaviors, difficulties in academic performance and peer relations, and emotional and psychiatric disturbances (Pearrow & Cosgrove, 2009). Those issues, in their turn, may influence the second generation parenting styles and the future generations' well-being. The recognition of transgenerational trauma impact on current and future family functioning, including parenting styles, by family therapists working with diverse populations who experienced severe historical traumas can promote the well-being of trauma-stricken families. This presentation will focus on the mediating role of parenting styles in the transmission of transgenerational trauma from parents to children, the effects on children, and clinical implications for interventions and treatment.

An Investigation into the Public's Attitudes toward Seeking Professional Psychological Help (Psychotherapy) in Trinidad

Kareen Ramcharitar - Trinidad and Tobago

Short Description: The public's attitudes toward seeking professional psychological help in Trinidad were investigated using the ATSPPH Scale. Directional hypotheses testing the correlation between age, gender, ethnicity, education levels and access to psychological services were measured. Significance was obtained between gender and age. Recommendations for implementation and future research are provided.

Abstract: The public's attitudes toward seeking professional psychological help in Trinidad were investigated using the Short Form of the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) Scale, developed by Fischer and Farina in 1995. A total of 225 male and female adults over age 20 were recruited randomly from various locations throughout Trinidad and surveyed via telephone. Directional hypotheses testing the correlation between age, gender, ethnicity, education levels and access to psychological services, in relation to attitudes toward seeking professional psychological help, were measured using X^2 (p<.05) and ANOVA. Significance was obtained between gender and the dependent variable (X^2 (3, N=225) = 8.309, p = .040), with females expressing a more positive attitude toward psychotherapy. Significance was also obtained between age (X^2 (3, N=225) = 9.503, p = .023), that is, persons who are less than or equal to age 40 getting professional attention, compared to those above 40, and the dependent variable. Ethnicity and geographic location of participants also proved significant regarding their preferred choice of coping strategies. Of interest are the findings that relate to education levels and the seeking of professional psychological help, as well as the degree of agreeableness to access the service if already available within the participant's geographic location. This research has strong implications for the practice of counseling in Trinidad. The role of culture and its contribution to these findings was explored in the discussion of the outcomes for which significance was found. Recommendations for implementation and future research are provided.

Most and Least Meaningful Learning Experiences in Family Therapy Education

Fred Piercy - USA

Hoa Nguyen - USA

Short Description: What makes family therapy education meaningful to MFT graduate students? What inspires them and motivates them to learn? What demoralizes them? The presenter will discuss what they learned from 68 MFT graduate students and recent graduates.

Abstract: Family therapy educators increasingly emphasize training competencies. What we know less about is what makes family therapy education meaningful to marriage and family therapy (MFT) graduate students and what does not. In this study, through an internet survey, we explored the most- and least-meaningful learning experiences of 68 MFT graduate students and recent graduates of Commission on Accreditation for Marriage and Family Therapy Education - accredited programs. We used thematic analysis to identify and illustrate resulting themes, which included the importance of experiential and personal components to learning, the professor-student alliance, tying theory to practice, and the experiences of students' with their clients, among others. We discuss the implications of these findings for family therapy education and research and offer tentative suggestions.

A Small Foster Care Program in Melbourne Making a Big Difference to Kids in Care

Karen Walters - Australia

Short Description: Working with traumatized children who come into care is never easy but with a framework of care using Bowan Family systems Theory and Dan Hughes model of blocked care the foster careers assist the child to detangle their emotional attachment to their family.

Abstract: All forms of intervention with children and young people who have suffered abuse, family violence and neglect have the potential to ameliorate the degree of trauma they experience. The outcomes of such intervention depend significantly on the confidence and competence of care and other significant people in the child/young person's life. The foster care program uses many theories to underpin the success of the program Bowan theory being one of them. The use of looking at patterns that develops in families with stress, anxiety, triangles and emotional fusion and differentiation of stress in the family system of the biological family and at times the foster family. Broader work is undertaken with looking at generational patterns of themes and positions passed down from generation parent to child. This experience is very personal to the child and with the assistance of the foster care, case managers and all involved in the workings of the family system it enables the foster care, child and family members to move forward to healthier relationships when the children leave care.

Adolescent Substance Use and the Family

Jenna Scott - USA

Short Description: This presentation explores how adolescent substance use affects the entire family system. The presenter will review her qualitative research on caregivers' experience of their adolescent's substance use. Results reveal the complex and challenging dynamics among adolescent substance use and the family. Clinical implications for family therapists will be discussed.

Abstract: Adolescent substance use is a complex issue that is associated with adverse outcomes. This presentation will explore the results of a qualitative study on caregivers' experience of adolescent substance use. While existing research suggests that caregivers contribute to the onset and maintenance of adolescent substance use, research also proposes that caregivers are negatively affected by adolescent substance use. Few scholars, however, have examined caregivers' experience of adolescent substance use. To better understand the reciprocal relationship between caregivers and adolescent substance use, the presenter used a qualitative research approach to examine how caregivers perceive and describe their experience of their adolescent's substance use issues. In-depth, qualitative interviews were conducted with 20 caregivers of adolescents in an intensive outpatient program. Results reveal the complex and challenging dynamics among adolescent substance use and the family system. For example, caregivers in the study discussed how they initially struggled to accept their adolescent's substance use. They realized they were dealing with a complex issue, as many of the adolescents had comorbid mental health issues. Furthermore, caregivers experienced intense emotions and struggled to effectively parent their adolescent. Family-focused treatment helped address some of the family struggles, and both caregivers and adolescents made positive adjustments. Once caregivers became more confident in their experience, they were able to make light of the difficult situation and some stated that the experience made their family stronger. Overall, dealing with adolescent substance use issues is a difficult process. Family-focused treatment can help combat the negative impact of adolescent substance use. In addition to presenting study results, implications for clinical practice will be discussed and specific suggestions for family therapists working with families experiencing adolescent substance use will be provided.

Using Mindfulness to Create Therapeutic Change

Jenna Scott - USA

Short Description: This presentation introduces mindfulness interventions for individuals, couples, and families. The presenter will explain the benefits of the practice, including how mindfulness can be used for self-of-the-therapist work. Participants will engage in various mindfulness activities and discussions to understand how to create therapeutic change using mindfulness.

Abstract: Mindfulness is a promising intervention to promote therapeutic change. This presentation will introduce the concept of mindfulness and explain the core qualities of the practice. The presenter will explain the common components of empirically supported, mindfulness-based interventions (e.g., Mindfulness-Based Stress Reduction, Acceptance and Commitment Therapy) that treat individuals, couples, and families. The presentation will highlight findings of seminal studies and which problems (e.g., stress, depression; chronic pain) the interventions have successfully treated. Throughout the presentation, participants will engage in mindfulness activities such as deep breathing and loving-kindness exercises to understand how mindfulness can be used in therapy with clients. In addition, the presenter will discuss creative ways of using mindfulness for self-of-the-therapist work and self-care. For example, she will explain how mindfulness can help therapists monitor their reactions in difficult clinical contexts (e.g., treating high-conflict couples). The presenter will discuss barriers and challenges to practicing mindfulness with individuals, couples, and families. She will also explain how to confront some of these barriers and challenges. Throughout the presentation, participants will have the opportunity to engage in discussions and ask questions regarding the practice of mindfulness. The presenter will also share resources and book recommendations for incorporating mindfulness in therapy.

Infertility and Ambiguous Loss

Michelle Engblom-Deglmann - USA

Short Description: Infertility presents a difficult loss to quantify, but a loss nonetheless. By applying the concept of ambiguous loss to this group, we will explore the impact of infertility on couples and families. Using attachment theory as a basis, selected interventions for helping couples through this process will also be presented.

Abstract: The negative consequences of ambiguity are undisputed. The presence of ambiguity in a relationship is detrimental to the emotional health of an individual, regardless of age or situation, and leads to feelings of helplessness, depression, and anxiety (Boss, 2004). Boss identifies the primary consequence of ambiguity as "frozen" grief in which an individual is unable to resolve personal grief over the event preceding the ambiguity, i.e. indefinite separation, illness, or divorce. The individual might go as far as to deny the occurrence of these events. If hope for resolution is absent, frozen grief may include feelings of uncertainty, immobility, blocked cognitions, and guilt (Boss). Negative effects of ambiguity not only limit individual coping skills but may also negatively impact relationships. Ambiguity can often lead to conflict as individuals demand rigidity in existing family roles (believing that a lost member will return) and cause confusion in regards to family boundaries and roles (Boss). Ambiguity created from infertility can create confusion around roles that have been dreamt about for years. Ambiguous loss theory provides a framework that can explain some of the unique challenges associated with infertility. As with any ambiguous loss, it is difficult, but necessary, to balance hope and acceptance. Infertility, however, presents unique challenges, such as finding a balance between privacy and openness, personal blame for the situation, and potentially a confirmation of the loss month after month. This presentation will attempt to answer these questions through a review of existing literature, and present possible interventions for couples dealing with infertility based on attachment theory.

Clarity and Confidence in Divorce Decision Making

Steve Harris - USA

Sarah Crabtree - USA

Short Description: People who are considering whether or not to end their marriage often struggle to arrive at a place of clarity and confidence regarding their decision. The results of interviews with 30 people in the process of considering divorce will be presented. Clinical interventions to assist this population will be discussed.

Abstract: The decision to divorce is not an easy decision to make. Sometimes it is characterized by years of thinking and evaluating. The majority of the thinking starts as an internal process and rarely gets shared with others (including one's spouse). People wrestle with the decision for fear of making the wrong decision or for the potential negative impact the decision will have on children, finances, social networks, or one's personal mental and emotional health. The divorce decision making process can also be typified by large "swings" in one's thinking. One week the decision is made to leave and in the next week something changes and the decision is to stay. One of our interviewees put it this way: "Thinking about getting a divorce is like trying to balance a scale. Every time I think I have it balanced, and I'm ready to make a decision something happens and the scales tip and I have to start over again." This poster will present the results of qualitative interviews with 30 individuals who are currently thinking about getting a divorce. We specifically asked them about their levels of clarity and confidence in their decision making and what they believe might lead them to increased clarity and confidence in the decision making process. Results of the study point to the need for marriage and family therapists to be sensitive to the level of ambivalence that can typify this process and avoid pushing the decision one way or another. We make recommendations on a clinical stance to take when working with clients who are seeking clarity and confidence in their decision making about the future of their marriage.

Attitudes Toward Working on My Marriage

Steve Harris - USA

Sarah Crabtree - USA

Short Description: Couples, where one wants to work on the relationship and the other is leaning out, represent about 30% of all couples in marital therapy. Without appropriately assessing for this dynamic, therapy can be unproductive. We introduce a brief instrument to screen mixed-agenda couples so treatment can proceed more effectively.

Abstract: It has been estimated that as many as 30% of the couples that go to marital therapy could be classified as "mixed agenda" couples where one person is interested in maintaining the marriage and the other is either not interested or ambivalent about staying in the marriage. These couples present a difficult scenario for the marital therapist who may be prepared to either help the couple increase their connection or to help them separate in a healthy manner. But therapy can be stalled when the couple presents at cross purposes. Most of the time these couples present to couple therapy because they consider it the best place to deal with the problems they are having. However, when the therapist picks one direction to take the therapy it ultimately alienates the interests of the other partner. Having a way to quickly and easily screen these "mixed agenda" couples can save time and increase positive outcomes for couple therapy. We will introduce a brief attitude-based assessment instrument designed to quickly and effectively screen out mixed agenda couples from other couples that may present in one's practice. With this knowledge the therapist can more accurately assess the agenda differences and recommend a unique path forward that accommodates the interests of both partners. The instrument is an attitude-based series of statements where the client checks which attitude best reflects his/her own with regard to the marriage and his/her investment in working on it. The instrument has been pilot tested with several different populations; (1) 624 individual divorcing parents of minor children, (2) a non-clinical sample of 3000 people representative of married individuals ages 25-50, and (3) 30 people who are in the middle of the divorce decision making process who were interviewed about their attitudes toward their current marriage.

The Media's Portrayal of Women of Color in Reality Television from a Feminist Perspective

Judye Hess - USA

Short Description: In this workshop, participants will learn the major concepts in Core Focused Family Therapy, and will see a live demonstration of this approach, using volunteers from among the participants, to create a "role-play" family. This will be followed by discussion and application to their own clinical settings.

Abstract: Core Focused Family Therapy (CFFT) is a unique approach to family therapy that Judye Hess, PhD. developed during her 30+ years of teaching Family Dynamics and Therapy in various graduate programs in the San Francisco Bay area, as well as seeing families in her private practice in Berkeley, CA. She co-wrote the book, "Core Focused Family Therapy: Moving from Chaos to Clarity" with Ross Cohen, LPCC. (IdyllArbor,Inc ,2008), which describes this method in detail. A humanistic-experiential method, not based on "techniques" per se, Core Focused Family Therapy is based on relational connections in the here-and -now (between therapist and each family member, and among the family members themselves). This workshop will take participants on a step-by-step journey of how to put this approach into action in a clinical or educational setting. It is particularly effective for graduate students who are just starting to work with families, as well as for more advanced practitioners who are looking for a more concrete way to understand their "intuitive" interventions. By first presenting the major concepts of this approach, the facilitator will then do a demonstration of CFFT, using volunteers from among the participants to create a "role-play family". The "three-step process" in this way of working, is easy to learn, satisfying to practice, and is very effective in working with families, even on a short-term basis. Participants will welcome this systematic and direct approach to understanding and intervening in the often confusing and complex issues faced by families.

Diversity Training in a MFT Program through Professional Formation Cohort Groups

Suzanne Coyle - USA

Anibal Torres Bernal - USA

Short Description: Diversity training utilizing supervisor and peer interaction enables trainees to integrate personal awareness and professional skills to respond to diverse populations. This workshop presents a professional formation cohort group process that integrates self of therapist and clinical skills in understanding diversity concerns of spirituality, racial ethnicity, and gender/sexual orientation.

Abstract: Training MFTs to deepen their interpersonal interactions with diverse populations of clients is challenging. One MFT program since its beginning 25 years ago has emphasized the importance of student therapists knowing how their own personal processes and families of origin impact their work with clients. Recent efforts have focused on using professional formation cohort groups of peers to accomplish this task. Students begin their practicum training in a peer cohort group that focuses on three areas of diversity for three consecutive semesters—first semester, racial ethnicity; second semester, spirituality; and third semester, gender/sexual orientation. The peer cohort group usually has 6-8 persons with a supervisor facilitating the group process. Each student creates a genogram of their family of origin to share with his/her peers focusing on that semester's emphasis and its role in the family of origin. Readings on the semester's emphasis as well as experiential exercises and interpersonal group process are included as the semester progresses. Each student presents a clinical case and describes through a genogram how his/her family of origin impacts the work with the client(s). Throughout the semester, the peer group process is deepened through interpersonal interactions which have isomorphic effect on the students' work with clients. Desired outcomes for these supervision groups are evaluated through student learning outcome criteria for the program's COAMFTE accreditation. Students complete evaluations of the supervisor and peers. The students' skills are evaluated by a rubric identifying specific MFT Core Competencies that are desirable. An experienced facilitator and a facilitator new to the diversity cohort groups will lead participants in experiential exercises used in the cohort groups. Handouts describing the group process suitable for replication in a training program will be distributed. Participants will learn: 1) how to create a peer cohort group modality to address diversity; 2) how to engage students in sharing genograms to address self of therapist concerns; and 3) how to utilize student learning outcomes to enhance the program's learning outcomes.

Local Engagement of MFT Students in Global Justice

Suzanne Coyle - USA

Short Description: Persons marginalized by poverty, need to claim personal stories that offer alternative discourses. Collective narrative practice, a derivative approach of narrative therapy, offers such an approach. This lecture presents a project for the Desmond Tutu Center for Peace, Reconciliation, and Global Justice that uses such storytelling to affect social justice.

Abstract: The presenter, a 2014-15 Fellow of the Desmond Tutu Center for Peace, Reconciliation, and Global Justice, utilized a collective narrative methodology through work with select persons in Indianapolis who experienced hardship from poverty. Through collective narrative storytelling their stories were shared to help other people in difficult situations. The presenter trained a group of students from Christian Theological Seminary in collective narrative practice to lead these storytelling groups under her mentoring. Persons in these groups learned ways to both tell and listen to each other's stories. The telling and listening were supported by foundational methodologies in two books, Re-storying Your Faith, Circle Books, 2013, and Uncovering Spiritual Narratives: Using Story in Pastoral Care and Ministry, Fortress Press, 2014. These methodologies were based on training in collective narrative practice received at the Dulwich Centre in Adelaide, South Australia. The MFT students in this project were also trained in a mode of narrative storytelling combining theatre and personal story from Narativ, Inc. in New York City to share the project's impact upon their life stories in various presentation venues. This project's significance for direct promotion of reconciliation locally is that it provides a venue for persons in marginalized populations to claim their own stories, connect with others in the world community, and listen to themselves as experts of their lives rather than professional experts. Its emphasis is in keeping with Paulo Freire's belief: "One of the challenges in working with groups of people is figuring out how we can strengthen both 'unity' and 'diversity'. . . the invention of unity in diversity." The desired outcome is to bring a sense of hope to local and selected global communities as persons seek to be reconcilers of hope.

MFT Spiritual Competency

Daniel Stillwell - USA

Short Description: This brief presentation is on the results of 573 LMFTs from 32 different US states regarding how well they meet the spiritual needs of their clients and determining which factors contribute to this. Clinically and educationally useful information will be presented from the results as well as potential international considerations.

Abstract: Around the world, the vast majority of people claim to believe in a God or transcendent being, and most state their religion or spirituality is important to them on a daily basis. Also, clients often report their spirituality is a part of how they make meaning and lasting change in their lives. This indicates that mental health practitioners should be aware of how the spiritual dimension engages the therapeutic process. Marriage and family therapists (MFTs) are specifically trained in applying systemic concepts in therapy, and in order for MFTs to be truly systemic, all available client systems need to be included in therapeutic treatment, including spiritual ones. This study's aim was to assess the self-perceived therapist spiritual competency of 573 LMFTs from around the US and determine what other factors had a statistical effect on that construct. The scores on the primary scale indicated that LMFTs view themselves as spiritually competent, but below the desirable level of competency. The most significant effect on therapist spiritual competency was personal strength of faith. The specific religious faith mattered, with Christian (Protestant) and Christian (Other) having the strongest predictive value. The spiritual competency ethos of attended training program as a whole was not found significant for effect on the main dependent variable. However, the participants that also had specific spiritual competency training in their programs reported higher scores for their program's spiritual competency, but also of therapist spiritual competency. This was also true for Master's graduates over Doctorate. Younger respondents had more spiritual competency training in their programs, but older respondents had more spiritual competency training elsewhere. In general, age, gender, ethnicity, years of practicing, and location of practice did not significantly affect the scores of therapist spiritual competency. This presentation will go over the basic results of the study, highlight what clinicians and educators can do to improve spiritual competency in their contexts, and end with an interactive discussion about contextual differences internationally with a growing global spiritual pluralism.

Change the Broad Lines: How Create a New Atmosphere to Work with Incestuous Families

Martine Nisse - France

Short Description: Paradoxical therapeutic obligation coming from juvenile courts involves both families and therapists in new instigation play. Even these paradoxes, we observe that change processes are intense and rapid. We will explain how we manage our particular therapeutic atmosphere necessary to create a new family model of communication.

Abstract: In France, Children's abuse is subjected to report, with the risk of prosecution and therapeutic obligation. Our experience among network therapy for children in foster care services, reveal that incestuous families feel therapeutic approaches as war triggers. In order to get the mistreating family system out of his equilibrium we'll do what we call Amplification of the Family's Crisis of the Law. By this way, after the Catastrophe (Thom) – children's incest disclosure – Bifurcations (Poincaré) may occur, witnesses of the Family's New World from now on. We will present our network therapeutic approach and give examples.

Managing Monogamism in Couple and Family Therapy Practice

Coreen Haym - USA

Markie Twist (Blumer) - USA

Short Description: Adults who choose to be either non-monogamous or a part of a plural marriage often face fear, animosity, confusion, and legal dangers. People may hesitate to seek psychosocial help fearing monogamism inside the therapy room. To be ethical and viable clinicians need be prepared to work with these clients.

Abstract: The number of individuals from diverse backgrounds is increasing and relational diversity is becoming more overt. The dominant relational orientation in many places is monogamy and mono-partnered, yet researchers have reported approximately 4-5% of people in our world identify as consensually non-monogamous (e.g., swingers, polyamorous, etc.) (Conley, Moors, Matsick, & Ziegler, 2012). As a minoritized population, people who choose to be non-monogamous or in plural families often face struggles with legal contracting, marital recognition, immigration acceptance, support for child custody, spousal evidentiary protection, and adequate access to medical, legal and therapeutic services, especially if they immigrate to monogamy dominated regions. Yet, people may be hesitant to seek psychosocial help because of realistic fears of experiencing these same forms of monogamism inside the therapy room (Altman & Ginat, 1996). In order to remain ethical and viable, clinicians need be prepared to work with these clients (Blumer, Haym, Zimmerman, & Prouty, 2013). However, many practitioners are unfamiliar with the needs of non-monogamous-identifying clients, and family systems (Zimmerman, 2012). Additionally, only sparse literature and rare training opportunities exist to inform clinicians. To begin to meet these gaps, the presenters will guide participants in exploring monogamism in dominant mainstream culture, as well as harmful effects this can have on relational orientation minorities (Blumer, 2014). This will be through examination and discussion of current scholarly literature, as well as through recent research demonstrating ways to increase one's knowledge and skills in addressing and decreasing monogamism in clinical practice (Blumer, Prouty, VandenBosch, & Haym, in preparation). Next, presenters will share suggested clinical approaches, based on literature and clinical experience, for use with relational orientation minorities and related configurations (Barker & Iantaffi, 2014). Both parts of the learning session will include experiential activities— aimed at bolstering one's clinical practices when working with consensually open non-monogamous relationships and family systems.

Social Networks, Practices, and Grammars: Extending the IPscope

Tom Strong - Canada

Short Description: Adapting ideas from actor-network theory, social practice theory, Wittgenstein's language games, I build on Karl Tomm's IPscope, with a poststructuralist view of situated, patterned, and networked interactions. Focusing on social practices or grammars that can interactionally stabilize preferred and objectionable aspects of relating, I discuss associated interventions.

Abstract: Family therapy was rocked by poststructuralist and social justice critiques of a first order cybernetic approach to observer-independent "systems" . However, "patterned interactions" persist as a clinically useful family therapy construct. I build on Karl Tomm's formulation of interpersonal interaction by scaffolding related poststructuralist ideas to inform practice. Tomm's IPscope (Tomm, St. George, Wulff, & Strong, 2014) conceptualizes patterned interpersonal interactions without reifying them, as recurring performances of meaning within families and family therapy. This view fits well with poststructuralist thinkers like Latour, Schaztzki and Wittgenstein for whom social life acquires its familiarity through stabilized interactions - whether preferred or objectionable, intended or unintended. While related to cybernetic understandings of patterned interaction, social practice and actor network theorists situate their focus on stabilizing practices (and recurring networks of practices). Relational problems in this sense often recur and stabilize as familiarities that are interactionally performed in accustomed ways. Consistent across actor-network, social practice and Wittgensteinian thinkers is a view that our accustomed, and usually tacit interactions ground (or stabilize) our situated and enacted sense of the familiar. Social practices often acquire this situated familiarity independent of intention or conscious recognition. Related to social practices are Wittgenstein's grammars in 'language games' which develop and acquire a situated and patterned sense of what people are to do next. The grammars of language games will be presented as recurring social practices marking accustomed next moves within patterns or networks of interactions: as familiarities of family life. Tomm's Interpersonal Patterns approach is partly based on the coupling of complementary and patterned responses in people's ways of relating. Such couplings are socially practiced 'grammatically'. What is poststructural about these patterns and couplings are the otherwise arbitrary meanings and performances that stabilize them. Three interventions will be presented based on this understanding of interpersonal patterns: a) identifying and inviting reflection on how objectionable patterns are tacitly performed, b) from recognition of objectionable patterns, inviting more preferred patterns of interaction that can be begun in therapy, and c) identifying and joining performances of exceptions to objectionable patterns - to amplify and stabilize them.

Talking about "Me," "We," and "Us" in Couples Conversations?

Leah Beech - Canada

Short Description: Using positioning theory, I explored the relational and individual positions that were taken up in conversations between a couple on the television show, Parenthood. The focus in this analysis was on the connection between pronoun use (i.e., "our" and "my") and the demonstration of agreement and disagreement in conversation.

Abstract: Positioning theory addresses the role that people's use of language plays in categorizing or identifying people (self-categorizations or identifications included), and extends to how their actions can be based on these categories and identifications. This study explored the relational and individual positions that were taken up in conversations between a couple on the television show, Parenthood. During disagreements or potential disagreements, couples may take up an individual, self-focused identity that can exacerbate a disagreement, or they can choose to take up a relational position that demonstrates an alignment with a partner's concerns and expressed feelings. Pronoun use (i.e., "our" and "my") and the demonstration of agreement and disagreement were a focus in this analysis. Therapists may find it helpful to pay attention to the language clients use when they take up individual and relational positions in their conversations.

Military Families: Balancing You, Me, and Them

Lara Davis - USA

Short Description: Military couples and families face unique challenges. Therapists must navigate through complex aspects of military couples' relationships that are uniquely affected by military service. This workshop presents the challenges that military couples face, including a military culture perspective and suggests a treatment model from a multisystemic lens.

Abstract: Recently, military couples and families, and the issues they face have been capturing the attention of psychologists and therapists both nationally and globally. There has been a higher demand for therapists to be trained in military lingo and cultures in order to meet the needs of this growing population. Military couples and families face unique challenges in that at least one partner belongs to a complex system in which they have little to no say about their own personal whereabouts. Military couples and families can also face challenges based on interracial and intercultural relationships while also belonging to different military subsystems. This workshop explores how these challenges, such as the lack of control over one's own life and even one's partner's life affect the couple and family subsystem. Furthermore, within a military couple and family system several constructs go undiscussed. These constructs include, relational ethics, such as how the give and take within a military family is going to be balanced out over time and through deployments, as well as expressing one's needs during these times. Other constructs include loyalty conflicts between the family, service member and the military which also go undiscussed. Keeping these constructs in mind allows for therapy to be conducted from a bi-demensional lens, allowing a framework for the therapist to include the various perspectives, feelings, and experiences of each person within the family, while also keeping in mind the service member's obligations and duties. Currently, there is a significant stigma in seeking counseling as a service member, based on various reasons, including breach of confidentiality and lack of understanding military culture and issues. By increasing awareness, culturally and relationally knowledgeable therapist, this stigma can decrease and allow for more service members and families to seek the counseling services that they desperately need. This workshop proposes a model of treatment that addresses the various challenges faced by military couples, families and even therapists while also addressing various cultural considerations and how to include individual and military cultural pieces to help remove the stigma around seeking counseling.

Unraveling Power in Couple Therapy: Bridging Emotion, Societal Context, and Interaction

Carmen Knudson-Martin - USA

Short Description: Power is reflected in how the needs, interests, and goals of one person influence another. This presentation draws on current research, video illustrations, and detailed case examples to demonstrate how to sensitively identify and address subtle and complex links between power, emotion, gender, and other sociocultural processes in couple therapy.

Abstract: Gender and other sociopolitical power differences create destructive power inequities within intimate relationships. This presentation demonstrates how to identify and address subtle and complex links between power, emotion, gender, culture, and couple interaction. The approach is based on Socio-Emotional Relationship Therapy (SERT), a new model for clinical work developed out of research with couples across diverse multicultural and international contexts and clinical process research on the moment by moment of interaction in couple therapy. SERT conceptualize power differences between intimate partners in terms of the degree to which each partner's needs and experiences are focused upon in the relationship. It begins with three premises: (1) transforming power disparities is an important fulcrum around which other clinical change depends; (2) power differences limit the equal flow of mutual attention in relationships, yet are frequently taken-for-granted and often overlooked; and (3) emotions arise within particular social contexts and engage the neural system, performing as the interface between the individual and the outside world. SERT unravels power by placing a model of mutual support at the center of treatment and facilitating new relational experience around four dimensions: mutual vulnerability, mutual attunement, mutual influence, and shared relational responsibility. The presenter will use video illustrations and case examples to show the nuances of how societal-based power processes, personal life histories, and couple interactions intersect and demonstrate how therapists can position their work to create an equitable foundation for therapy, interrupt the flow of power, and facilitate mutual support. Participants will learn to recognize covert and invisible power processes related to societal norms and gender socialization and consider how therapists can actively counter societal-based power imbalances and facilitate new relational options. Common questions such as why power is so difficult to recognize, what about role reversals, and what if people don't want equal roles will be addressed.

Clinical Feedback-Feedforward: Using Clinical Feedback Systems in MFT Training

William Northey - USA

Short Description: Advances in technology have made it possible to provide real-time clinical feedback to students, trainees, clinicians, and supervisors in a variety of clinical contexts. Clinical Feedback Systems (CFS) is designed to provide clinically relevant information to systemic clinicians and supervisors and in real time.

Abstract: Advances in technology have made it possible to provide real-time clinical feedback to students, trainees, clinicians, and supervisors in a variety of clinical contexts. Clinical Feedback Systems (CFS) are designed to provide clinically relevant information to clinicians and supervisors and in many systems in real time. CFS are not only designed to provide feedback from clinicians and clients, but also can be used to improve the training of clinicians and clinical decision making. CFS are more than just technical tools, but rather dynamic systems that inform systemic and comprehensive treatment by using client and psychotherapy information and providing a mechanism for translating actionable clinical information using real-time technology (Sexton & Fisher, 2014). Additionally, CFS can provide feedback to clinicians and supervisors that identify potential problems (e.g., relationship ruptures) allowing clinicians to be responsive to client needs and modifying treatment plans before therapy is terminated (Bickman, Kelley, & Athay 2012; Pinsof et al., 2014). As Sexton and Fisher (2014) point out, CFS provide more efficient approaches to skill development and training when compared to traditional trial-and-error learning and facilitate the development of complex skills for diverse clients and contexts. This workshop will review the current state of CFS in MFT and its application in clinical training, supervision, dissemination of evidence-based programs, and research. Utilizing the Care4Soft (Sexton & Fisher, 2014) this interactive workshop will focus on the development and application of a Clinical Feedback System (CFS) in MFT training.

You Want to Bring Who? Utilizing Family Strengths to Enhance Substance Abuse Treatment

William Northey - USA

Short Description: This interactive session will focus on ways that families can be engaged in substance abuse treatment, which can range from providing information to families to utilizing interventions shown to decrease the problematic use of substances. Opportunities for case consultation and a discussion of challenges when engaging families will be included.

Abstract: Participants will not only learn about the different interventions available to them, but practical skills that will improve their ability to work with clients and their families. The course will follow the model provided in U.S. Substance Abuse and Mental Health Services' Treatment Improvement Protocol 39: Substance Abuse Treatment and Family Therapy that considers not only the need of treatment providers, but the needs to the clients being served. Specific approaches to effectively address denial, resistance, codependency, and similar challenges will be covered in this workshop, as well as a comprehensive list of resources that can quickly be incorporated into substance abuse treatment Opportunities for case consultation and a discussion of challenges faced when including family members will be included.

Meeting of the International Editors and Publishers of Journals of Couple, Family and Divorce Therapy/Psychology, Part 1

Fred Piercy - USA

Abstract: In this meeting, editors of marriage and family therapy journals will meet to discuss issues specific to their journals and to the journal editing process. As in the past, this meeting is a chance to support and learn from one another. Journal publishers are also invited to attend.

Meeting of the International Editors and Publishers of Journals of Couple, Family and Divorce Therapy/Psychology, Part 2

Fred Piercy - USA

Abstract: In this meeting, editors of marriage and family therapy journals will meet to discuss issues specific to their journals and to the journal editing process. As in the past, this meeting is a chance to support and learn from one another. Journal publishers are also invited to attend.

Spirituality, the "Social Brain", and Family Therapy

Larry Freeman - USA

Short Description: This presentation offers a model for human spirituality that emerges from common existential issues of authenticity, interconnection, compassion, gratitude, and acceptance. Collaboration among a growth-oriented family therapy model, social brain science, and Five Element Chinese medicine guides specific interventions. Case examples will demonstrate the therapeutic benefits of this approach.

Abstract: Because of the ubiquity of spiritual concerns in all cultures and societies, family therapy's stated commitment to ecosystemic understanding urges us to embrace matters of the spirit which arise in and among the people we see. By offering a template for identifying how spiritual matters may be broached that avoids the conflicts and tensions which too often emerge, I hope to stimulate a discourse on spirituality, culture, and family therapy which harnesses the power of these issues to induce growth and health, and enhances family therapy's holistic and ecological claims. Studies describing the 'social brain' demonstrate that secure attachment and mindfulness – living in the present – enhance relationships and personal health. Their effects upon individual functioning are remarkably similar. Recognizing the brain as a 'social organ' clarifies the health benefits of mindfulness and invites inclusion in clinical work of practices that strengthen living in the present. The inclusion of spirituality in evolving therapy models commonly focuses on the centering and soothing effects of cultivating mindful states, or on alternative religious traditions. This presentation takes a somewhat different approach by exploring themes held in common by spirituality, mindful practice, interpersonal biology, and family therapy, and draws upon emerging insights from evolutionary systems, complexity theory, and "new science" in order to deepen resonance among these discourses. It will offer an ecological view of the confounding yet critical concepts of 'spirit' and 'soul' and explore how mindful awareness of issues of existence - matters of the body, mind, spirit, and soul - deepens our resonance with others and with ourselves. It offers a model for human "spiritual sensibility" that recognizes the critical role of fundamental existential issues of authenticity, interconnection, compassion, gratitude, and acceptance. Much of human suffering and well-being arises in this nexus. Exciting opportunities are emerging as collaboration with Five Element Chinese medicine reveals how these concerns are central to healing and guides the how and when of specific interventions. Case examples will demonstrate the therapeutic benefits of this approach in work with families, couples, and individuals.

Psychobiological Family Therapy: Ecological Psychiatry in Practice

Larry Freeman - USA

Short Description: Psychobiological Family Therapy (PBFT) resolves controversies between family therapy and psychiatry, and outlines a growth-oriented therapy affirmed by lessons of our "social brains". Psychiatric assessment and medication intervention become therapeutic tools promoting family growth. A comprehensive ecological model, PBFT encourages therapists to address the spiritual dimensions of their work.

Abstract: The intention of this conference to explore how clinicians use interpersonal interventions to induce therapeutic change suggests that we work for greater creativity among our models and with one another. Felt most acutely at the interface of psychiatry and family therapy, this endeavor constitutes an opportunity to promote reconciliation and innovation in our field, and viability of our systemic emphasis. A model I have developed in forty years of practice as a family therapist and psychiatrist, Psychobiological Family Therapy (PBFT), clarifies how psychiatry and family therapy may be integrated in order to generate interventions which complement and enrich both. PBFT encourages inclusion of advances from all quarters and outlines a growth-oriented therapy style – a therapeusis – which is strongly supported by lessons about our "social brains". Underlying this model is the ecological view, one which endeavors to "see" how all levels of systemic functioning are interrelated. As a result, it includes in the domain of family therapy the physiological/medical and the spiritual in order to enhance therapeutic effectiveness. Most recently, I have been collaborating with a practitioner of Five Element Chinese medicine on how it too adds to our therapeutic understanding. PBFT integrates (a) interpersonal neurobiology, (b) psychiatric practice, and (c) general and family systems theory. Intentionally avoiding the more prevalent reductionistic methods of diagnosis and treatment, it seeks to promote ethically based practices which are meant to support individual, family, and community growth. Psychiatric and non-psychiatric mental health professional will be invited to discover creative opportunities for integrative systemic interventions through this synthesis. Although PBFT has been presented previously at IFTA conferences, I have been stressing the value of working with mindfulness in the clinical present. I am also excited about the therapeutic leverage emerging through the inclusion of Five Element Chinese medicine principles in my clinical practice. Finally, I have been exploring how we humans share spiritual yearning which generates experiences common to us all. PBFT continues to evolve in an effort to design interpersonal interventions that promote therapeutic change. A case example will demonstrate the creative possibilities these reflections inspire.

Inside-Out: Natural Systems Family Therapy Program for TRANS+GENDER Questioning Families

Eva Smidova - USA

Short Description: The purpose of this workshop is to introduce unique group therapy program for families of trans and gender questioning children, the youth, and adults. The program involves entire family system and is based on the Natural Systems therapeutic approach. The program targets significant decrease of anxiety and psychological distress.

Abstract: Inside-Out workshop offers an invitation to a unique world of fluid and transitioning genders and brings a profound insight into a clinical work with transgender and gender questioning families. The workshop introduces a newly developed group therapy program for trans and gender questioning families. Involvement and support of a family of a questioning or transitioning family member is crucial and it is a predictor of successful transition and life satisfaction. Group therapy involves the close family system of transgender or gender questioning individuals diagnosed with gender dysphoria as classified by DSM-V. The program has been developed based on Bowen's Natural Systems Family Therapy approach to guide families of transgender and gender questioning members through the whole process of their transition and/or gender challenging journey. The program has been examined on family members of five respective ongoing support groups that have been meeting regularly monthly since September 2014. The total sample consisted of 35 participants. The program targets decrease of emotional distress caused by gender dysphoria, alleviate anxiety, depression, and uncertainty about affordable life satisfaction. Implications for family therapists will be shared with participants. The program enhances respect for diversity, equality, pride, and dignity.

Cultural Clashes in Therapy with Intercultural couples: Natural Systems Approach

Eva Smidova - USA

Short Description: The purpose of this workshop is to bring clinical insight into couples therapy with intercultural couples. Based on the Natural Systems Theory we will examine ways to enhance each partner's cultural/ethnical heritage and employ it in therapeutic strategies for dealing with the deficits presented in their family system.

Abstract: Over the last ten years, the numbers of intercultural and inter racial couples has increased profoundly. With this increase comes a plethora of unique problems for these couples who are cohabitating or are married. This phenomenon of multicultural couples creates problems not only in cultural terms but racial, religious and gender issues abound. Statistics reflect the difficulty of maintaining these relationships and the increased vulnerability of these couples presents unique needs to the therapeutic community. Couples trying to blend their cultural roots and customs experience various clashes. Their cultural identity is an important part of who they are. The threat of its possible loss produces anxiety that may trigger a culture/identity protective survival strategies which others may not understand. This presentation will demonstrate how to successfully combine couples of different cultures while maintaining a balance between the strengths each brings to the family system and utilize their potential for a benefit of their family system. This interactive and entertaining workshop will introduce strategies for guiding couples over problems which roots are embedded in their cultural diversity. Implications for family therapists will be shared with participants.

Family therapy in Japan; Systems approach and Positive Circulation Therapy

Nobuhiko Asai - Japan

Short Description: Family therapy in Japan is often used for families whose children do not attend school--children who are called "Futoko" in Japanese. In this presentation, I will introduce "Futoko" as a culture bound syndrome and will share the Systems Approach and Positive Circulation Therapy in Japan.

Abstract: Family Therapy in Japan is often used for families whose children do not attend school--children who are called "Futoko" in Japanese. There are currently about 120,000 youths in junior high school and high school that do not attend school, which makes up 1.17% of the total number of junior high school and high school students. In this presentation, I will introduce "Futoko" as a culture bound syndrome and will share the Systems Approach and Positive Circulation Therapy as a type of Family Therapy in Japan. One of the approaches many therapists in Japan use is the Systems Approach. The Systems Approach originated from other forms of Family Therapies. In 1980s', both the first order cybernetics Family Therapies and the second order cybernetics Family Therapies were imported into Japan and as a result of many kinds of Family Therapies being imported to Japan, many therapists ended up being confused. In order to adapt to family structure in Japan, the therapists redesigned the Systems Approach. The Positive Circulation Therapy, developed by Yutaka Higashi, is a form of Therapy that originated from the Systems Approach. The Positive Circulation Therapy focuses on the idea that the core of human beings is good. Therapists of this tradition believe that since the core of humans is good, the "bad" traits of human beings are temporary "labels" –negative personality, too nervous, stubborn, etc.--that make people appear worse than they actually are. Therapists of this tradition believe that if we remove the labels then we can begin to see the positive core of all human beings. This idea originated from social constructivism, Buddhism and Christianity. Therapists strive to facilitate positive communication between himself and the client or the family members of the client through joining, reframing and homework.

Increasing Differentiation through Intentional Separation of Families

Kristen Bolt - USA

Short Description: Separating families is counterintuitive. However, research indicates that during times of intense emotional turmoil, intentionally separating parents and their young adult or adolescent children reduces entrenched and cutoff family relationships. This interactive presentation will provide an overview of current research and an opportunity to experience the benefits of separation.

Abstract: Working with the whole family system provides greater understanding of the issues underlying presenting problems. However, at times, relationships are so contentious or detached, that it proves impossible to decrease emotional reactivity and symptoms without separating family members. Adolescent and young adult children manifest systemic family problems in mood and anxiety disorders, personality disorders, substance abuse, suicidal ideation, and other self-destructive coping mechanisms. Parents experience similar struggles and exhibit emotional reactivity, ineffective communication, and persistent patterns of enabling or detaching from their children. A growing body of research supports Kerr and Bowen's notion that purposeful family separation increases differentiation, both in children and parents. They indicate that, although it is difficult to increase one's level of differentiation post-adolescence, it remains possible if one engages the therapeutic process with intention and distance from one's family of origin. This separation can take the form of residential placements for adolescent and young adult children, in such settings as wilderness therapy, residential treatment centers, and therapeutic boarding schools. Though the child is physically away from the family, the distance alone is not enough to effect change. Distance must be combined with intensive individual and family therapy interventions designed to increase levels of differentiation in each family member. Parents must be engaged in their own therapeutic process parallel to their child. In this interactive workshop, the presenters highlight the research supporting intentional family separation to support healthy differentiation among families, and participants will have an opportunity to personally experience these benefits.

Couples Treatment for Intimate Partner Violence: An Experimental Survey of MFTs

Rebecca Cobb - USA

Short Description: This presentation describes an experimental study that investigated MFTs' decisions to work with clients individually or as a couple when they present with intimate partner violence (IPV). Discussion will highlight the need for continued education on IPV types, gender biases, and the importance of considering safety when making treatment decisions.

Abstract: In response to the discovery that intimate partner violence (IPV) is not a unilateral phenomenon solely perpetrated by males, Johnson and Ferraro (2000) identified four types of IPV: situational couple violence, intimate terrorism, violent resistance, and mutual violent control. In light of the identification of these IPV types and the limited effectiveness of single gender treatment approaches, many argue that treatment should be tailored to the needs of each couple and that couple's treatment for IPV is appropriate for couples who wish to remain in their relationship and who pass a screening process. A literature review indicates that couples treatment for IPV can in fact decrease the incidence of IPV and its risk factors without an increase in risk to partners. Although those engaging in intimate terrorism may be appropriately treated by traditional batters' intervention programs, perpetrators who engage in situational couple violence may benefit from alternative forms of treatment (e.g., couples treatment) that specifically treat this violence type. Therapists, however, do not make treatment decisions solely based on efficacy research. This presentation will describe a six-group randomized experimental study that investigated factors associated with the decision to work with clients individually or as a couple when they present in therapy with IPV. Participants included 275 members of the American Association for Marriage and Family Therapy. A chi-square test revealed that participants who received vignettes portraying situational couple violence were more likely to endorse couples treatment than participants who received vignettes portraying intimate terrorism. Additional chi-square tests revealed that among participants who received vignettes portraying situational couple violence, those who accurately identified violence type were more likely to endorse couples treatment than those who did not accurately identify violence type. Additional analyses, however, suggest that accurate identification and appropriate treatment choice may be more difficult in situations in which intimate terrorism is taking place, especially when women are the perpetrators of this abuse. Discussion of study results will highlight the need for continued education on IPV, IPV types, gender biases with regards to IPV, and the importance of taking safety into consideration when making treatment decisions.

Finding Their Way Home: The Reunification of American Indian Adoptees

Ashley Landers - USA

Short Description: Retrospective survey data was used to investigate identity factors that contribute to a satisfactory reunification for American Indians separated from their birth families during childhood by foster-care and adoption. Social connection to tribe and reunification with birthmother were significantly associated with satisfactory reunification in multiple ordinary least squares regression.

Abstract: Prior to the Indian Child Welfare Act of 1978, thousands of American Indian children were removed from their families and placed into non-American Indian foster and adoptive homes (Jacobs, 2013). Little is known about the experiences of American Indians who have chosen to reconnect with their birth families. The purpose of this study was to investigate factors that contribute to a satisfactory reunification experience for American Indians who were separated from their birth families during childhood by foster care and/or adoption. Retrospective survey data, from a community-based participatory research project, were analyzed using multiple ordinary least squares (OLS) regression to investigate identity factors that contribute to a satisfactory reunification experience for 95 American Indians (M = 50.41, SD = 9.10). Grounded in identity theory, this study hypothesized that personal and social identity factors would contribute to a satisfactory reunification experience. The overall model of satisfactory reunification was statistically significant, and explained 16.6% of the total variance of a satisfactory reunification (adjusted = .166, F(3,91) = 7.257, p < .01). The study's findings revealed two social identity variables were statistically significant in relation to the reunification experience – high social connection to tribe and reunification with the birthmother. American Indian adoptees have not only a biological/birth family to return to, but also a tribe, and ancestral land. Components of social identity are particularly important for the reunification process of American Indian adoptees. Reconnection with extended family and social connection to tribe play a critical role in bettering the reunification experience from the adoptee's perspective. This study highlights the need for research focusing on American Indian reunification and their particular context. This research illuminates personal and social identity factors for marriage and family therapists (MFTs) to consider when providing therapy in the reunification process. This study highlights culturally sensitive practices that should be implemented by MFTs.

Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Youth in the Foster Care System

Ashley Landers - USA

Short Description: LGBTQ youth are overrepresented in the U.S. child welfare system. This workshop illuminates the complex experiences of LGBTQ youth in foster care. Common misconceptions about LGBTQ youth, as well as implications for MFTs working with LGBTQ youth and their families will be explored.

Abstract: Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth are overrepresented in the United States child welfare system (Child Welfare Information Gateway, 2013). This workshop will provide an introduction to the complex experiences of LGBTQ youth traversing the foster care system. Like all developing youth, persons who identify as LGBTQ need the support of a nurturing family as they transition through childhood and adolescence into adulthood. Common misconceptions and stigma create barriers for LGBTQ youth in foster care. It is critical that marriage and family therapists (MFTs) understand the unique experiences and risks for LGBTQ youth. Implications for MFTs working with LGBTQ youth and their families will be examined. This interactive workshop will provide MFTs with a deeper understanding of LGBTQ youth in foster care. The context and culture of the LGBTQ community will be explored. Implications for MFTs working with LGBTQ youth and their families will be examined. Particular attention will be placed on the various roles of MFTs in assisting LGBTQ youth and their families in foster care (Child Welfare Information Gateway, 2013; Mallon, Aledort, & Ferrera, 2002; Mallon & Wornoff, 2006). Examining research literature and the unique experiences of LGBTQ youth and their families will offer guidance to MFTs to attend to the complex context surrounding LGBTQ youth in foster care. Participants will learn culturally sensitive therapeutic approaches and practices, which may be implemented to honor and respect LGBTQ youth. Important issues related to valuing LGBTQ youth strengths, definitions of 'family', the roles and involvement of extended or non-biological kin will be considered. Findings from current research will be highlighted.

A Qualitative Study on Parents' Views Regarding Their Experience as a Participant in an Evidence-based Parent Training Program (Triple P)

Rima Habib - Canada

Short Description: This qualitative study aims to explore and understand the motives and the meaning of the experience of parental participation in the evidence-based parent training program, Group Triple P-Positive Parenting Program, an intensive and structured intervention deliver by a trained practitioner.

Abstract: This research project is part of an important evaluative research which is currently operating in the province of Quebec (Canada) on the implementation and effectiveness of the evidence-based parent training program, Triple P-Positive Parenting Program. This multilevel program consist of five intervention levels of increasing intensity and aims to prevent behavioral, emotional and developmental problems in children by enhancing parental knowledge, competence and confidence (Prinz et al., 2009; Sanders, 1999). In a formative evaluation approach to program implementation, the goal of this current project is to explore and understand the meaning of the experience of parents who participated in the level 4 Group of the program, an intensive and structured group intervention deliver by a trained practitioner. Semi-structured interviews will be conducted with 10 parents who have completed this level in order to document their past experiences in a similar parenting training programs, their motives and expectations of participation, their satisfaction with regard to the main program (content, didactics material and practitioner interventions) and their perceived impact on their child's behavior and their parental role. The motives and the experience of 5 parents who have not completed the program will also be investigated in order to explore the reasons of dropping-out the intervention process. Overall, this research will provide a better understanding of the engagement process in a parenting program from the perspective of parents. Likewise, the results will offer relevant feedback concerning the factors that could possibly influence the implementation of Triple P-Positive Parenting Program. Practice implications of this research will also be discussed.

What Are You Hoping For Today? My Counselling Experience with Refugee/Immigrant Families in Single-Session Walk-In Therapy

Gina Ko - Canada

Short Description: I present my experience as a therapist working with refugee/immigrant families using the single-session walk-in model. Using authoethnography, I share three composite cases of working with these families and how they have used their resources to problem solve with their children around their social-emotional well-being.

Abstract: In this presentation, I will share my experience as a therapist working with refugee/immigrant families using the single-session walk-in model. This model was created due to the need for immediate, readily accessible, and affordable mental health services, at no cost, to the client(s) and is based in the community (McElheran et al., 2014). These clients live in an urban city in Western Canada and are from a diverse cultural background. Interventions address a spectrum of client issues including but not limited to: addictions, anger management, behavior issues, blended family issues, bullying, developmental/life transition, divorce/separation, eating disorder, family breakdown, family relationship issues, grief, identified mental health concerns/illness, internet issues, parent/child relationship issue, parenting issue, peer conflict, school problems, sexual abuse, and situational crisis. Over 80 percent of the client group report feeling better post-session compared to pre-session. We use a systemic, postmodern, social constructivist, and brief models of therapy framework. The therapy approach is strengths-based, solution-focused therapy, family therapy, and cognitive behavioral therapy. Using the Milan Model of family therapy session, there are pre-sessions, intersessions, and interventions with a multidisciplinary team for every client seen. In addition, a selection of techniques, interventions, and strategies is utilized and selected in a client-centered way. Using authoethnography as methodology, I will present three composite cases of working with refugee/immigrant families and how they have used their strengths and resources to problem solve with their children around their social-emotional well-being. I will share what I do in the counselling room to connect with these families. What they are hoping for from counselling will also be discussed. Implications for counselling, teachers, school counsellors, and future directions will be presented.

Using Relationship Counselling to Address Trauma

David Allan - Australia

Rebecca Codrington - Australia

Short Description: As innovative techniques to address trauma have emerged the focus remains largely on individuals and their relationship context is often an untapped resource. This presentation provides a map of different options for customizing therapy to address the symptoms of trauma using a relationship counselling framework to open up new possibilities.

Abstract: Using Relationship Counselling to Address Trauma As new understandings about trauma have emerged, so has an exciting array of innovative techniques. The focus of these techniques remains largely on individuals and taking account of their relationship context is often an untapped resource. However, mounting evidence indicates that a relationship counselling framework can significantly enhance conventional methods of addressing trauma - indeed, in some cases, what is termed, 'partner-assisted' therapy may even be a preferred approach. So how to decide whether to use a relationship counselling framework or not? Drawing on the presenters' own research, as well as recent findings in the literature, this presentation looks at the various manifestations of trauma that therapists encounter. It identifies when relationship counselling is likely to be useful in addressing trauma and when it is contraindicated; and, where relationship counselling is desirable, it outlines concrete strategies. This presentation provides a map of different options for customizing therapy to address trauma using a relationship counselling framework to open up new possibilities.

Systemic View into the Lives of Mothers Raising Sickle Cell Disease (SCD) Children

Mary Apio - USA

Short Description: This workshop will discuss the systemic view of the mothers raising SCD Children. This presenter will discuss how such dynamics embed in culture and diversity often govern personal beliefs and professional attitudes that increase health related stigma towards mothers raising SCD children.

Abstract: In United States (US), Sickle Cell Disease (SCD) predominately affects 1 in every 400 to 500 African Americans and 1 in every 1000-1400 Latinos or Hispanic Americans. SCD is a life-threatening illness that causes health complications, such as acute pain crisis, infections, anemia, and organ damages for mothers to manage. SCD symptoms are likely to be viewed as malevolent because of the illness's perceived high risk of contagion, its incurable medical status, and its perceived links with this marginalized population. Mothers raising SCD children undertake illness-aggravating challenges and exacerbating emotional stress; since mothers endure most of the caregiving responsibilities. The mothers' are being misunderstood and their ability to cope with several daily coping challenges; creates mother's fear of their children's death, separation anxiety, helplessness, and loneliness. The literature has demonstrated stigmatization attributed by stereotyping, labeling, or branding of this marginalized population as effects of mother's self-efficacy. This workshop will enhance the participants' SCD knowledge through the systemic lens; to identify and stay abreast of the current issues related to SCD, ethnicity or racism, culture, and diversity. This presenter will discuss the systemic lens of multicultural beliefs or attitudes towards mothers raising SCD children. The presenter will demonstrate how cultural and diversity issues attributed to the lack of public and professionals' sufficient knowledge about SCD, and many professionals labeling patients as drug-seeking continue to hinder pain treatment for SCD clients. Key words: Sickle Cell Disease, culture or diversity, ethnicity or racism.

Implementation and Evaluation of a Family-based Intervention Program for Children of Mentally Ill Parents (CHIMPs) in Germany – a Randomized Controlled Multicenter Study

Bonnie Filter - Germany

Short Description: Children of mentally ill parents are at high risk for developing psychiatric disturbances. The family-based intervention CHIMPs aims at enhancing these children's mental health and health-related quality of life. Its effectiveness is evaluated in a randomized controlled multicenter trial comparing the intervention group with a control group.

Abstract: Children of mentally ill parents are at high risk for developing psychiatric disturbances. The family-based intervention CHIMPs aims at enhancing these children's mental health and health-related quality of life. Its effectiveness is evaluated in a randomized controlled multicenter trial comparing the intervention group with a control group.
Long: 50% of children growing up with mentally ill parents already suffer from mental disorders themselves. The risk for psychiatric disturbances is about three to seven times higher in these children than in the general population. Therefore, investing in prevention and intervention programs for this high-risk group is important not only from an ethical, but also from a health economic point of view. In order to enhance the health-related quality of life and the mental health of children at risk, a family-oriented intervention program, based on the work of Beardslee and colleagues for children of depressed parents, was developed. Compared to Beardslee and colleagues, the manualized psychodynamic CHIMPs (Children of mentally ill parents) program addresses parents with any psychiatric disorder and children aged between 4 and 18 years. Moreover, a cross-generational perspective is of particular importance. The CHIMPs intervention comprises about eight topic-related sessions (preliminary talk with the whole family, two sessions with the parents, at least one session with every child, three sessions with the whole family) over a period of six months. The sessions are semi structured and focus on the topics of parental illness, mental health of the children, quality of life, coping with the illness, family relationships and social support. Previous findings of the CHIMPs intervention show an increase in health-related quality of life and mental health in children of mentally ill parents. In a current study, supported by the Federal Ministry of Education and Research of Germany, the CHIMPs program will be evaluated by means of a randomized controlled multicenter trial throughout Germany. The central aim is to demonstrate the long-term effectiveness and cost-effectiveness of the intervention in the regular mental health care setting compared to treatment as usual in a pre-post comparison with a 1-year follow-up. Co-authors on this presentation included Reinhold Kilian and Silke Wiegand-Grefe.

Treating Complex Trauma from an Attachment-Informed Bowenian Perspective: Case Study of A Middle Eastern Student in the United States

Kaitlin Messier - USA

Samreen Patel - USA

Lin Shi - USA

Short Description: This case study examines a young woman of Mideast origin living in the U.S.. From a Bowenian and attachment perspective, the therapists set out to address her severe anxiety and depression resulting from physical and emotional trauma she has experienced, complicated by clashing of Middle Eastern and Western culture.

Abstract: Using Bowen's family systems theory and attachment theory informed therapy, this case study examined the treatment process of a young woman of Mideast origin currently living in the U.S.. She was overwhelmed by severe anxiety and depression while struggling for self-identity in the most unsupportive family and relational environments. Her struggles were at the individual, (romantic) relational, familial, and societal levels that were complicated by multiple traumas, including separations, loss of loved ones, domestic abuse, and (romantic) relational abuse. She felt paralyzed at each level and found herself buried in miseries from which she saw no way to escape. Seeking comfort in her romantic relationship, she instead she received further victimization and confirmation of her commitment to avoidance and generalized hopelessness. She coped by avoiding people, events, and feeling for herself, which only exacerbated her long-standing despair and intensified her profound loneliness. The therapists set the goal of helping her grow the strength required to make the best individuals decisions for herself by 1) facilitating the increase of her differentiation level, and 2) modifying her internal working model so she could utilize healthy attachment relationships for the exploration of better options that she otherwise would not see. Treatment stages include building her insight, reducing her chronic anxiety, examining her traumas and their effects, and finally encouraging and facilitating effective coping that would benefit her long-term growth. Clinical activities included exploring intergenerational patterns that immobilized her familial and relational contexts, practicing differentiation moves to increase the client's independence and self-worth. Incorporating the use of the Adult Attachment Interview (AAI), expressing emotions through letter writing, and providing a temporary attachment figure for emotional exploration. Major challenges in this case include a clashing of cultures as the client gravitates toward Western ideals and behaviors, the client's fear and avoidance of emotional risk, and a genuine fear for the client's physical and psychological well-being. All through the treatment process many therapeutic efforts were made in supporting her efforts to take emotional risks and put new behavioral options into practice.

The perceived effectiveness of Person-of-the-Therapist Training (POTT) Model on Clinical Work

Florina Apolinar Claudio - USA

Jenny Limm - USA

Short Description: A grounded theory study was done to explore the perceived impact of Person-of-the-Therapist Training (POTT) Model on postgraduates' clinical work. Preliminary findings suggest that POTT impacts both the therapeutic process and the therapist's way of being. Recommendations for research, training, and clinical work will be provided.

Abstract: Overall, the field of mental health has acknowledged the critical importance of awareness to person of the therapist, beginning with psychoanalysis. Person of the therapist work since has evolved from an exclusive focus on the individual to a focus on the individual within the context of family, community, and the larger society. Despite the marriage and family therapy (MFT) field's early attention to person of the therapist work, research pertaining to the effectiveness of person of the therapist training is scant. With the anticipated growth of the marriage and family therapy field and the high demand for mental health services, it seems necessary to conduct research on the effectiveness of person of the therapist training. A grounded theory study was done to explore Drexel University Master of Family Therapy postgraduates' perceived impact of Person-of-the-Therapist Training (POTT) Model on their clinical work. The POTT Model was developed by Harry Aponte and is now a cornerstone of the Master of Family Therapy Program curriculum. Preliminary findings from interviews will be introduced that will be the basis of recommendations for future research, training, and clinical work. The initial findings suggest that having gone through POTT not only impacts the therapeutic process, but also the therapist's way of being. Quotations from the transcriptions will be presented that highlight how POTT has transformed postgraduates' views of themselves, the ways in which they use their "selves" during the therapeutic process, and their clinical effectiveness. Participants will gain insight into person of the therapist training and the growth experienced as a result of POTT. Evidence will be provided that reflects the importance of implementing person of the therapist work not only for trainees, but for supervisors, professors, and clinical programs. This presentation will feature a live interview of a Master of Family Therapy Program student to provide further understanding of POTT as is experienced while attending the program.

Listen to Their Voices: Exploring Sibling Relationships within the Foster Care System

Armeda Wojciak - USA

Short Description: Little is known about ways to maintain sibling relationships for youth in foster care. This qualitative study interviewed, former foster youth, foster parents, and case managers, and asked questions related to their understanding and experiences of sibling relationships within the system. Findings and implications for clinicians will be discussed.

Abstract: For youth in the foster care system, approximately 23%-85% of them are separated from at least one sibling. For these youth, the relationship with their sibling may be their primary source of attachment given the lack of dependable caretaking and abuse and neglect that they may have experienced. The separation from their sibling after being removed from their home can be very challenging. Researchers are beginning to look beyond whether or not siblings are placed together, and are starting to explore the sibling relationship quality for these youth and the influence their relationship quality has on the youth's outcomes. Several studies have documented the protective role siblings can play and more specifically that relationship quality can significantly predict resilience, a trait that is beneficial to youth who face adversity as those in foster care do. Given these findings and the potential for sibling relationships to be a place for intervention for those that work with youth in foster care, more needs to be done to better understand the nuances of sibling relationships for those in foster care. The goal of the qualitative project that we would present on, was to systematically explore sibling relationships from several key informants and to inform an intervention to promote these important relationships for youth in foster care. The purpose of this paper presentation is twofold; 1) to inform the attendees about the current research and policy related to sibling relationships for those in foster care as well as, 2) to present the preliminary findings of a qualitative study. The study explored the views of sibling relationships from several key players within the foster care system, former foster youth, foster parents and case managers. The participants were recruited nationally and asked questions related to their perception of sibling relationships given their specific role and experiences within the foster care system, as well as what are some barriers and ways to promote sibling relationships for these youth. Preliminary results highlight the importance of the sibling relationship and the need to help youth maintain these relationships. Implications for clinicians and policy will be discussed.

Gay and Lesbian Community Attitudes Towards Gay Parenting in the Czech Republic

Eva Smidova - USA

Short Description: The purpose of this presentation is to introduce so far the most comprehensive research of LGBTQ community attitudes towards gay parenting in the Czech Republic. The new democratic republic has experienced significant liberalization in this previously tabooed area. However children adoption by homosexual couples has not been legalized yet.

Abstract: Over the past twenty-five years the new democratic Czech Republic has undergone significant social and political liberalization in many previously sensitive and tabooed areas, including homosexuality. Although homosexual couples can legalize their partnership and have it officially registered, they are not allowed either to get married or adopt children. PhDr. Marek Kolarik, Ph.D., assistant professor at the Palacky University, Olomouc, the Czech Republic and Mgr. Radka Hajkova, graduate in Psychology at the Palacky University, Olomouc conducted a unique descriptive research with 408 homosexual and bisexual participants investigates LGBTQ community attitudes towards same-sex parenting. Questionnaire consisting of 30 close-ended, semi close-ended and open-ended questions was used. The questionnaire was distributed via on-line social networks. The results show that the issue of same-sex parenting is very much alive in the community. In 2014 when the research was conducted, many participants had been biological parents already and they intended to raise their children with their homosexual or bisexual partner. Concerns about the impact of homosexual parenting on the respective children, social reaction and acceptance of this form of parenting, or deficient parental roles, appeared within the questioned community. Vast majority of the participants supports the possibility of adopting children by same-sex couples and they reflect increased attention to this topic in media, public discussions, and school programs. This research was presented on behalf of the authors: PhDr. Marek Kolarik, Ph.D., assistant professor at the Palacky University, Olomouc, the Czech Republic and Mgr. Radka Hajkova, graduate in Psychology at the Palacky University, Olomouc.

Working with High-Conflict Co-parents in Family Therapy

M. Selenga Gürmen - Turkey

Short Description: Therapy with divorced/separated high-conflict clients is often a challenging task. This particular client system has different patterns and does usually require different structure than other client systems do. The current workshop offers different strategies and intervention tools that therapists can utilize in their work with high-conflict clients.

Abstract: As couples separate or divorce, most experience increased levels of hostility and conflict that subside over time. Unfortunately, 10 to 25 percent of these couples continue to engage in a high level of intractable conflict that does not subside following the divorce decree. High levels of conflict between divorced/separated parents are harmful to children and individual family members and also to the larger society. Therefore, courts frequently refer highly conflicted couples to conjoint therapy to resolve their differences after mediation and litigation have failed. Working with high-conflict clients in conjoint family therapy context demands special attention and different strategies from therapists. Recent studies indicate that high-conflict clients benefit from a structured therapy with a directive and neutral therapist. Therapists should behave like a coach and be able to offer different strategies to high-conflict clients. The expectations of high-conflict clients are that there should be overarching goals of decreased inter-parental conflict and improved communication skills that the therapist continuously keeps the focus on. In order to meet these two overarching goals in therapy, three major areas should be carefully addressed; affect, cognition, and behavior. For the affect part, dealing with emotional flooding is the most important task for high-conflict clients. Cognitive distortions such as negative attributions should be eliminated by clients with therapist's coaching and help. In addition, current communication strategies and styles should be discussed and maladaptive ones should be replaced with adaptive ones. The therapists should have alternative techniques and strategies readily available in their toolbox to offer to clients when needed. While working with the high-conflict clients, the role of therapist is a highly-demanding one. Therefore, the current workshop is designed to offer different strategies and intervention tools that therapists can utilize in their work with high-conflict clients. There will be some conceptual information in order to better understand high-conflict client systems and role-playings and activities will be done in order to practice some of the strategies that therapists can utilize in their own work.

Assessment and intervention between words and images: the Generational Clinical Interview

Ettore De Angeli - Italy

Giancarlo Tamanza - Italy

Annalisa Bossoni - Italy

Short Description: The G.C.I. is an assessment instrument for clinical interventions by which you can identify critical areas in family and couple relationships. It focuses on the "generativity" construct and has three axes: roots, couple pact and parenting. His peculiarity is to combine and integrate research, assessment and clinical intervention

Abstract: The Generational Clinical Interview it's a structured clinical instrument of investigation and assessment of family relationships. It finds its precursors in clinical researches on "familiar body" and refers to the systemic tradition of the structured interview. The instrument has been created within the body of research of the relational-symbolic paradigm (Cigoli, Scabini, 2000). It combines the inclusive aspect of the research subject complexity with the systematic nature of a scientific instrument. It's considered as a synthetic measure of family situation complexity, in particular of the exchange between generations quality. The evocative dimension of images enriches the verbal narration. Visual stimulus, shown during the interview, wants to encourage the emergence of psychic contents. The G.C.I. has various purposes. Its first use is on family relationships research: it produces useful information to generate knowledge, to make descriptions and possible interpretations of a phenomenon in order to support or falsify theories elaborated. It's therefore an instrument with explorative features, but with a reflexive space for the couple. Secondly the instrument allows a therapeutic assessment: within a context of relationship care is possible to structure several action plans and to evaluate the results, leaving at the same time space for family relationships. Finally, the G.C.I. is a clinical instrument: in a process of psychological consult, family mediation, relationship care and family therapy it creates a place of share and work for couples and families, and allows a verify of the clinical work too. The instrument develops itself through three axes: origins of each partner, development of couple bonds, transition and transmission to the next generation. Each axis is linked with a computation system that permits to distinguish different types of partner, couple bonds and generational transitions. These axes values are then integrated into a synthetic measure. This is particularly useful during the assessment process: the integration of the three axes allows an evaluation of the family status.

Physio-Relational Therapy

Lee N. Johnson - USA

Short Description: Advances in assessing neurological and physiological processes have expanded observable relationship processes. However, family therapy theories have not integrated knowledge gained through these methods. This presentation will describe Physio-Relational Therapy—a theory that incorporates neurological and physiological processes in our understanding of intimate relationships and intervening in intimate relationships.

Abstract: Many theories and models for intervening in relationships focus on what we can observe or what is self-reported. This leads to interventions that focus on patterns of interaction between couples (Structural Family Therapy, Strategic Family Therapy) or each partner's perceptions and conscious thoughts about family members (Cognitive Behavioral Marital Therapy, Emotionally Focused Therapy, Integrative Behavioral Couple Therapy). Advances in assessing neurological and physiological processes have expanded observable relationship processes. However, theory development and intervention strategies in family therapy have not yet integrated knowledge gained through these methods. Based on Porges' Polyvagal theory, emotional regulation, and interpersonal neurobiology we theorize that relationship functioning is significantly influenced by pre-conscious physiological processes. In relationships, individuals perceive situations as threatening or not. When a situation is perceived as threatening, partners' innate response is the activation of the Sympathetic Nervous System, which is adaptive for survival and self-protection, but inhibits the ability of the social engagement system, the Parasympathetic Nervous System, to help family members connect. The protection mechanisms are designed to occur at appropriate times when we are in actual physical danger, but due to previous, painful life events (i.e., "sticky" negative life events), protection mechanisms can be activated when we are not in danger. Because these protection mechanisms occur prior to our conscious awareness in order to be more successful at improving intimate relationships, interventions need to be focused on reducing the activation of the pre-conscious processes that make connection difficult, and increasing the activation of the Parasympathetic Nervous System to facilitate our innate connection processes. Physio-Relational Therapy describes relationship functioning and intervention strategies dependent on three main ideas: 1) the ability of each person in the relationship to navigate pre-conscious, as well as conscious processes, 2) the ability of each person in the relationship to manage physiological and neurological responses to perceived (not actual) threats, thereby keeping the body's social engagement system active, and 3) the ability of the couple to work toward having more anxiety-reducing (and fewer anxiety-producing) interactions, thereby facilitating a physiologic profile conducive of connection.

Mobilizing Selfhood and Intersectionality to Foster Therapeutic Change

Rebecca Harveyr - USA

Christine Gabriel - Malaysia

Short Description: The intersectional, multicultural self-of-the-therapist is a powerful but under-utilized agent with which to promote therapeutic change. This workshop will explore specific ways, in training and supervision, to nurture self-development to empower clients and clinicians, lessen domination and promote social justice.

Abstract: As family therapists we believe in the power of relationships to harm or heal and are tasked to remain continually aware of the dimensions of our own self-hood which potentially nurture or constrain. Satir (2000) reminds us the self of the therapist does not only have destructive capacity but also the potential to empower clients. Selfhood is not a singular entity as it is often conceived, but rather comprises a complex multi-dimensional combination of social intersections of identity. We are irrefutably subjective as we see the world through the intersection of our family of origin, nationality, race, gender, class, sexuality, religion etc. While therapists are usually trained with an understanding of the power differentials inherent in therapeutic relationships, too often the discussion about power is limited to an examination of counter-transference and the ways in which therapist's personal reactions may be destructive to therapeutic relationships. These multidimensional factors are therefore inherently a part of all our relationships, therapeutic or personal, however too little attention is paid to how a clinician can use self--a multi-dimensional, intersectional self--to lessen domination, foster healing, and empower clients. Diversity can thus be viewed as a creative and challenging force which tests selfhood and, ultimately, enables transformation. In this workshop we will explore how clinical training and practice can promote the use of an intersectional self in therapeutic interactions. We will: • Describe why the positive use of and intersectional self is vital for novice and experienced clinicians alike. • Describe ways training can be structured to promote self-development and the use of an integrated intersectional self. • Explore specific ways supervision and clinical sessions can nurture self-development and the use of self to empower, promote social justice and lessen domination. • Explore possible difficulties, obstacles or common pitfalls while incorporating the work and language of intersectional self into clinical practice. • Provide case examples of incorporating the theme of diversity within session to empower client and clinician.

Couples' Health, Depression, & Marital Distress Longitudinally

Sarah Woods - USA

Jacob Priest - USA

Short Description: Poster presents results of a study exploring how spouses' reports of marital distress are associated with each spouse's experiences of depression and physical health over time. Using dyadic autoregressive cross-lagged models of Marriage Matters Panel Survey of Newlywed Couples data, we found multiple longitudinal actor and partner effects.

Abstract: Despite the increasing evidence supporting a connection between romantic relationship processes and mental and physical health, there remains little research examining all three factors conjointly, and even less is known regarding the temporal ordering of these variables. Recent reviews of families and health research suggest the use of dyadic-level analyses to model how relational processes link to health outcomes (e.g., Carr & Springer, 2010). The present study explored how spouses' reports of marital distress are associated with each spouse's experiences of depression and physical health over time. Data for this study were from the Marriage Matters Panel Survey of Newlywed Couples (MMPS; Nock, Sanchez, & Wright, 2012). The MMPS was conducted in three waves (3-6 months after marriage, 18 months later, and 12-24 months later) with adult couples (N=707 couples) who entered into either a covenant or standard marriage between 1998 and 2000. We used three autoregressive cross-lagged models to test the temporal connections between marital distress, depression, and physical health, for husbands, wives, and couples at Waves 1, 2, and 3. Results included multiple significant pathways over time for all three models. For example, at the beginning stage of marriage, physical health is an important predictor, as is wives' depression and husbands' distress (all three demonstrate partner effects). However, the effects of health are no longer observed at time 2. In addition, for wives there is a reciprocal relationship between distress and depression; for husbands, distress leads to depression. Implications for future research and clinical practice are discussed.

Families & Health: A Biopsychosocial Approach to Treatment

Sarah Woods - USA

Jacob Priest - USA

Short Description: This workshop will describe recent research findings linking close relationships and health, and the clinical implications for family therapists. An application of the Bio behavioral Family Model, a biopsychosocial approach to health, will be used to describe how to navigate therapy with families with an ill child or adult family member.

Abstract: Family and romantic relationships have been repetitively linked in research to both mental and physical health outcomes, for both children and adults (Carr & Springer, 2010). Providing care as a research-informed clinician requires understanding these research findings, and applying them in practice. In this interactive workshop, we will discuss the most recent research on close relationships and health, and discuss treatment implications relevant to family therapists. We will describe a recently developed biopsychosocial approach, the Bio behavioral Family Model (BBFM; Wood, 1993), which is based on Minuchin's (1974) psychosomatic family model and describes the impact of family emotional climate and bio behavioral reactivity (emotion dysregulation) on physical health outcomes. We will first describe the model in detail and then describe the presenters' recent research applications of the model for families with an ill child or adult family member, with underserved populations, with minority families, with a primary care sample, and with the distinctive, additional components of social support and allostatic load. In addition, we will present specific techniques for use in family therapy with child and adult family members with physical health issues, including the use of structural family therapy interventions to focus on triangulation, proximity, boundaries, responsivity, relationship quality, and depression and anxiety. We will also highlight the benefits of biopsychosocial collaboration with non-mental health providers in order to address the different areas of focus in the BBFM, including specifics regarding how to best collaborate. The focus of this workshop will be interactive and applied, describing the key research findings clinicians need to understand about families and health. Throughout the workshop, a strengths-based approach will be highlighted, in which MFTs can focus on the positive family relational aspects that can serve to buffer clients from worse mental and physical health outcomes.

The Influence of Father Involvement in Adolescents' Overall Development in Taiwan

Li Ping Su - USA

Bryan Kubricht - USA

Rick Miller - USA

Short Description: This study examined the effect of father involvement on adolescent's academic achievement, internalizing problems, externalizing problems, and self-esteem utilizing a national study funded by the National Health Research Institute of the Institute of Sociology Academia Sinica in Taiwan. Results showed father involvement positively influences adolescent's overall development.

Abstract: Father Involvement shows positive effects on adolescent's overall development in Western literature. However, there is little research on father involvement in Chinese societies. The role of fathers in traditional Chinese families was that of a strict, authoritarian, and distant parent figure, with their primary responsibility focused on affairs outside of the home. After splitting from China in 1949, Taiwan has had extensive interaction with Western societies, which moved Taiwan towards capitalism, rapid modernization, and extensive opportunities to be influenced by Western culture. With those transformations, Taiwan has experienced substantial social change, including changes in family structure, from intergenerational to primarily nuclear households, as well as changes in gender role ideology. Responding to those social changes, the Taiwanese government has put much effort to shorten the parental gap by implementing parent involvement programs and curriculums at public school, establishing family education centers across the nation, passing The Gender Equality in Employment Act, and extending paternity leave to five days. However, in the context of these changes, little is known about the role of fathers in families in contemporary Taiwan. The purpose of this study is to address the gap in the literature by examining the impact of father involvement on adolescent's overall development in areas of academic achievement, self-esteem, internalizing behaviors, and externalizing behaviors utilizing cross sectional data from a national study funded by the National Health Research Institute of the Institute of Sociology Academia Sinica in Taiwan. A total of 1043 11th graders including 517 males and 526 females participated in this study. Structural equation modeling with Mplus was used to test the cross sectional model. The results showed that father involvement has positive influence on adolescent's academic achievement, externalizing behaviors, internalizing behavior, and self-esteem. In terms of gender differences, father involvement has more positive effects on female's internalizing behaviors and slightly more on male's externalizing behaviors. These findings suggest that, although mothers are typically the primary attachment figure, the father-child relationship is still important for the well-being of adolescents. Fathers play an important role in adolescent's lives.

So Close To Paradise: Interactions in the Couple Construction Process

Annalisa Bossoni - Italy

Giancarlo Tamanza - Italy

Ettore De Angeli - Italy

Short Description: This longitudinal research aims to investigate the relationship construction process in young couples. It describes the transformation dynamics of the couple in order to identify the best strategies for training and support. The sample consists of 75 couples from the Italian national context.

Abstract: The paper presents the results of phase one of a longitudinal study. It aims to understand the structural and procedural features of the constitution of the couple relationship in the Italian context. The study looks at the plurality of institutional forms (cohabiting couples vs married couples) and the evolutionary dynamic that leads from the choice of the partner to the establishment of a stable, generative relationship. The study focuses on a sample of 75 heterosexual couples living in Italy. They met together a few months before the beginning of cohabitation or marriage. It is a multi-methodological research that points to the relational symbolic paradigm (Cigoli, Scabini, 2000) and that involves the use of two types of instruments: a joint interview (Generational Clinical Interview; Cigoli, Tamanza, 2009) and some self-report scales: QAI, (Di Nuovo, et al., 1998), POMS, (Mc Nair et al, 1991), interpersonal trust (Gennari, Tamanza, in press), Couple Self-efficacy (Caprara et al. 2004), Scale of couple's satisfaction (Aldermen, 1998), DAS (G. B. Spanier, 1976), ASQ (Feenay et al., 1994), ECR (Brennan et al., 1998) and the transmission of values (Di Nuovo, Barbagallo 2004). Data have been analyzed using the criteria of each instrument and have generated two levels of outcomes. The first level, with univariate and bivariate analyses, describes the structural and functional characteristics of couples and individuals who compose them. At the second level, with a cluster analysis, we have identified three different types of couples. These types are different on the basis of distinctive factors affecting two aspects: the development process of couple construction and its outcomes. Results of the study allow designing supportive interventions on the development of the process and promoting new training experiences that can support couples in the transition to family construction.

Use of Structural Family Therapy in Families of Children with Attention-Deficit/Hyperactivity Disorder (ADHD) and Parents Suffering Stress in Hong Kong

Yang Si - Hong Kong

Joyce Lai Chong Ma - China

Short Description: The purpose of the presentation is to explore the relationship of parenting stress and the parent functioning in families of children with ADHD from the clinical observations. The therapeutic methods in helping parents reducing parenting stress and empowering them to help will be discussed.

Abstract: ADHD is a widely accepted mental health disorder with features of inattention, hyperactivity, and impulsivity. These characteristics are often related to children's academic difficulties, social difficulties, and familial conflicts. Besides, ADHD is a familial disorder that parents may suffering ADHD themselves, which may increase the chance of marital breakdown, familial conflicts, parenting difficulties, and the level of parenting stress. In turn, a high level of parenting stress may impede their ability to help the children. The family problems are interactively reacted within each family member in families of children with ADHD; thus, family therapy is necessary to help the family as a holistic unit. We believe families have abilities and resources to resolve their own problems; therefore, the concept of mindful parents will be borrowed in the family therapy process, in order to help parents reducing the level of parenting stress, being aware of their parenting behaviors, and finding alternative ways as solutions. The interactional relationship between parenting stress and parent functioning will be described through a case illustration. The therapeutic methods in helping parents reducing parenting stress and empowering them to help in the family therapy process will be discussed.

The Practice of Marital and Family Therapeutic Interventions in Saudi Arabia: Assumptions, Concerns, Barriers, and Needs

Reham Gassas - USA

Short Description: This study is a multiphase mixed-method study on mental health professionals and psychotherapists in Saudi Arabia. Lack of clinical training and proficiency in handling cultural and societal barriers hinders the utilization of mental health and marital and family therapeutic interventions.

Abstract: Saudi Arabia as a country is facing rapid social changes, and the field of marriage and family therapy is still in its early development. There is a substantial indication of the existence of concerns in the context of partners, parental, and family relational challenges that necessities marital and family therapeutic interventions. Previous literatures conducted on Saudi Arabia indicates the following concerns: substance abuse, domestic violence, child abuse and neglect, partner relational problems, parent-child relational problems, and other mental health concerns (Albrithen, 2006; Al-Eissa & Almuneef, 2010; AlMadani, Bamousa, Alsaif, Kharoshah, & Alsowayigh, 2012; Almuneef & Al-Eissa, 2010; Aziz, 2013; Karthikeyan, Mohanty, & Fouzi, 2006). There is a lack of literature allowing an accurate assessment of the current understanding of the practice of marital and family therapeutic interventions. This study is a multiphase mixed-method study aims to bring understanding about the current status of the practice of marital and family therapeutic interventions in Saudi Arabia. As well as, professional's assumptions of the practice of marital and family therapeutic interventions and identify barriers to the current practice. Data is collected through online-based surveys targeting mental health professionals and psychotherapists in Saudi Arabia. Two groups of participants filled out the online survey; the first groups of the participants are professionals in mental health, and the second group of the participant are psychotherapists. The findings will discuss the assumptions of the mental health professionals about the practice of marital and family therapeutic intervention, and identify societal/cultural specific challenges. Moreover, the findings will discuss the needed training of professional, and identified solutions to enhance the current training to improve the delivery of marital and family therapeutic intervention. Data analyzed through MAXQDA software. Themes of content analysis and descriptive will be presented.

Yoga and Touch in Couple's Therapy: An Effective Way to Improve Intimacy

Jacqueline Tome - USA

Short Description: This interactive workshop will explore various techniques using Yoga and touch in couple's therapy to increase intimacy. The techniques may be applied for only one couple or in a group setting.

Abstract: Using body and non-verbal communication in psychotherapy continues to be challenging for many family therapists in different cultures. It is known scientifically about the importance of touch, and the connectedness of body and mind for physical and mental health. However this content is not part of most family and couple therapy training programs. Most theories and techniques are limited to verbal interventions. This workshop will explore studies on the importance of touch, benefits of yoga and safe ways to apply these concepts and techniques in couple's therapy for improvement of intimacy. "The true language of sex is primarily nonverbal. Our words and images are poor imitations of the deep and complicated feelings within us. Unsure of touching as a way of sharing with others, we have allowed our fears and discomforts to limit the rich possibilities for nonverbal communication. Sexual expression has a power most of us are still beginning to explore." Ashley Montagu.

The Confluence of Therapy, Culture, and Healing Practices

Kiran Arora - USA

Reenee Singh - United Kingdom

Short Description: Family therapists must be culturally sensitive in order to work with diverse populations. Discourses about problems, therapy and healing practices are embedded in cultural beliefs. We will use extracts from films, podcasts and experiential exercises to bring alive this fascinating subject about the confluence of therapy, culture, and healing practices.

Abstract: Clients and therapists may come to therapy with very different ideas about what the problem is and hence what treatment is appropriate. They may hold different views about what therapy means and the kind of relationship they would like to develop with the therapist. Some of the ideas or discourses about problems, therapy and healing practices are embedded in cultural beliefs. The discourse of 'the talking cure' for example, is a Western idea and may not be congruent with clients from cultural backgrounds where talking to 'outsiders' may be seen as shameful or inappropriate. When we work with clients from different cultural backgrounds, holding a multicultural or cross-cultural perspective requires that: (a) therapists understand their beliefs and attitudes regarding clients who are different racially and ethnically; (b) therapists understand their own worldview, especially the sociopolitical narratives that shape their lived experiences; (c) therapists develop a number of strategies and interventions that are respectful and culturally appropriate; (d) therapists take care not to appropriate healing practices (for example, perform a healing practice that is not theirs to perform, but is the client's to perform) Drawing on clinical and research experiences from two different countries (the U.S. and U.K) and originating in Asian worldviews and practices, in this workshop we will explore the following questions: (a) Wow does the client make meaning of their healing? What is the basis of healing in this person's life, family, cultural background? (b) Where might the incongruences in healing be located? Is the person expected to do something that goes against what they want to do in terms of healing? How does the person negotiate these differences? (c) Can the client invite a family member or community member to facilitate the healing process? We will use extracts from films and podcasts and experiential exercises to bring alive this fascinating subject about the confluence of therapy, culture, and healing practices.

Optimal Psychology and Family Therapy: An Alternative Paradigm to Treat Black Families

Ashley Hicks - USA

Jamari White - USA

Short Description: This workshop will present and discuss Optimal Psychology and its application within the field of family therapy. We will discuss current challenges in treating Black families, current theoretical and treatment approaches, introduce the theory of Optimal Psychology and present case examples of how this paradigm can be utilized with families.

Abstract: African Americans experience significantly higher rates of serious psychological distress than non-Hispanic Whites and are significantly less likely to receive treatment for mental health concerns. Mainstream psychology and psychotherapy has been criticized for its Western psychological analysis and ineffectiveness in addressing the mental health needs of people acknowledging African descent and non-immigrant African Americans in particular. Over the last 20 years, the field of marriage and family therapy has given increased attention to the significance of culture and race in these disparities of treatment (Boyd-Franklin, 1989). This has resulted in a surge of efforts to mitigate issues of cultural difference and their impact on treatment for a growing multicultural and global society, including cultural competency requirements, adaptation and modification of current theories, modalities and measurements, identification of new treatment approaches, and efforts to increase cultural diversity in the recruitment of faculty and students into the field. Less addressed is the framing of the dominating Western worldview and its shaping of our understanding of Black family functioning and treatment. Optimal Psychology (Myers, 1988) emerges from a need to elucidate and critique the role of a Eurocentric (sub-optimal) worldview and the role of oppression in our understanding of Black psychological experience, and offers an alternative paradigm, Afrocentric (optimal) worldview, in understanding and treating people of African descent. This lecture will present and discuss Optimal Psychology and its application within the field of family therapy. We will discuss current challenges in treating Black families, current theoretical and treatment approaches, introduce the theory of Optimal Psychology and present case examples of how this paradigm shift can be utilized with families. We hope attendees will walk away with an appreciation for Optimal Psychology's potential effectiveness with Black families, its potential for universal application, and a sense of ethical imperative for stretching the field to be inclusive of other cultural paradigms.

Mental health Services and Family Therapy in the United Arab Emirates

Saad Alkhanbashi - USA

Rajeswari Natrajan-Tyagi - USA

Short Description: This presentation focuses on the current mental health and family therapy services in the United Arab Emirates (UAE). The progress that the country has made in the last few decades, as well as the future needs and limitations the country is facing in the mental health field will be discussed.

Abstract: The United Arab Emirates has achieved many successful transformations on almost all social matrices. Perhaps the biggest achievement is the country's transformation from a poverty stricken, isolated and underdeveloped nation less than 45 years, to currently being a developed, wealthy, multiculturally diverse country. The mental health field has also experienced significant changes and transformations. This presentation will focus on the current status of the country's mental health field, the kind of services delivered in public and private hospitals or treatment centers. The presentation will also focus on the current status that family therapy occupies in the mental health field, and the existent ways in which family and systemic therapy is delivered to consumers. The presenters will shed light on the unmet needs of the population and the services that are either unavailable or inaccessible in the country that is hindering the mental health field from evolving and growing. Finally, the presenters will discuss how incorporating and expanding family therapy services will be advantageous in serving the families in UAE that are predominantly collectivistic in nature.

Agile: A project Management Framework that can be used effectively in Family Therapy

Jacqueline Tome - USA

Short Description: This presentation will share a collaborative framework that works systemically and can be applied successfully with families. The main focuses will be on adaptability, empowerment and storytelling.

Abstract: Family therapists have been bringing theories and techniques from the systemic approach and applying them successfully in organizations for a while. Now, it is time for the business world to share with the psychotherapy field a framework that works very well systematically and that has been showing great results when applied in family therapy. Agile is not a new concept among global leaders, but it is among mental health professionals. Considering that families are systems in constant change, adaptability is very important. It is one of the main topics discussed within the approach, as well as decision making, empowerment and importance of telling your own story. This presentation will explore tools to help families who feel overwhelmed to get more organized, to feel more connected and to achieve their goals. By focusing and intervening on specific areas of the system, families can make important and positive changes.

Harnessing the Power of Family Dinners to Create Change in Family Therapy

Anne Fishel - USA

Short Description: A large body of research shows that family dinners are beneficial to the brain, body, and mental health of its members. The presenter will demonstrate many ways of harnessing the power of family dinner with tools from The Family Dinner Project and clinical interventions that bridge therapy and dinner.

Abstract: Over the last 20 years, there have been dozens of studies documenting the many physical, academic, and mental health benefits of family dinners. Research links regular family meals with healthier eating habits and reduced obesity rates, lower rates of substance abuse, teen pregnancy, depression, stress, and anxiety, as well as stronger self-esteem, parent-child connectedness, and resilience, and even better vocabularies. The presenter will discuss several ways to harness the power of family dinners in the clinical setting: By discussing the scientific literature of family dinner benefits; by sharing tools for making dinner more healthy, fun, and meaningful that were developed with a non-profit she co-founded, The Family Dinner Project; and by discussing clinical interventions that bridge family therapy and family dinner. The presenter regards family dinner as an annex to the family therapy room-- new behaviors, roles and conversations that begin in therapy can be practiced and elaborated on during family dinner. Several case examples will be presented to demonstrate how change begun in therapy was extended during cooking and eating together at home. In addition, family dinner can be used as a lens to look at family dynamics. Many games and conversation starters that a family therapist can use to provide structure and play in therapy with families can be used again in the home setting at dinner. Objective: 1. Learn the scientific literature on family dinner benefits that explains why family dinner is so important. 2. Learn how to share these benefits with families and overcome the common obstacles of time, tension at the table, picky eaters. 3. Through clinical vignettes, understand the many ways that a family therapist can use dinner as a bridge to therapy.

Thematic Variations on the Experience of Sibling Death in Adulthood: A Systemic Exploration

R. Blaine Everson - USA

Short Description: This talk explores the grief and loss experience associated with the death of sibling in adulthood and offers new directions in the clinical approach to these issues within the practice of family therapy.

Abstract: The death of a sibling is not an uncommon experience in adulthood; yet, often family therapists and their clients may find themselves puzzled by the variety of reactions to such a loss. Even less understood is the dynamic experienced when there are only two siblings or cases where deceased sibling was incapacitated in some way (chronic illness, addiction, or disability). Much of the information related to the experience of sibling death is clinical or anecdotal with much of the peer reviewed information focusing on sibling death within childhood, adolescence, or late adulthood. Within the context of the existing information, there is limited focus on systemic approaches to clinical practice related to sibling death, the bereavement experience of surviving siblings, or the subsequent changes in family dynamics. In adulthood, the grief experiences related to the death of a sibling are dependent on a variety of factors: 1) the nature of the relationship between siblings (close vs. distant; fused vs. cut-off); 2)presence of illness, incapacitation, or addiction, in the deceased sibling; 3) role changes subsequent to death within the family; 4) lack of understanding of the surviving sibling's own experience by others, as well as the focus on parental care or wellbeing; and 5) birth order, number of siblings, etc. Knowing how to grieve and appropriate length of grief is a common factor affecting surviving siblings. These factors provide key challenges in family therapy related to the experience of grief and long term bereavement, or in some cases, the lack there of. The use of a loss history genogram is an important of beginning work with grieving surviving siblings, as is an understanding of the Healing Journey undertaken by the surviving siblings. The presenter will offer an overview of the phenomenon of the survivor experience of sibling death, discuss the research and theory related to the sibling death in adulthood, and provide further suggestions for clinical practice with family members. This presentation will provide the participants with information related to the assessment, treatment, maintenance, and follow-up with clients (families) if further treatment is needed.

Body on the mind: Links between Affective Disorders and Body Image

Emily Kahumoku-Fessler - USA

Short Description: This study makes the case that, though group averages of measures of body image are likely to vary, the relationships between deviation from body ideals and adjustment measures are likely to have the same negative impact on individuals regardless of one's sex, ethnic/racial group or level of acculturation.

Abstract: Background: The current study examined the associations between late adolescent college students' body ideals as well as perceived deviations from ideals and measures of affective disorders, namely depression and anxiety, as well as self-esteem and body image. Mean level comparisons were completed by sex, across ethnic/racial groups, and levels of acculturation; in addition, the links between body ideals (personal and cultural) and body ideal deviation scores were tested with measures of adjustment in path analyses by sex, across ethnic/racial groups, and levels of acculturation to understand whether similarities/differences existed in these relationships. Methods: Data were collected from N=10,573 late adolescents at 30 colleges and universities across the United States, part of the Multi-Site University Study of Identity and Culture (MUSIC). Participants completed an anonymous, computer-assisted online questionnaire. Results: Study findings provided evidence of significant mean level differences in ideal bodies by sex, across ethnic/racial groups, and across levels of acculturation. Path models provided evidence that students' body ideal deviations significantly predicted depression (up to 7% of the variance), anxiety (up to 4%), self-esteem (about 1%), and body image (up to 12%). They also provided evidence of few differences in the patterns of associations between body ideal deviations and the measures of adjustment by sex, across ethnic/racial groups, and across immigrant groups. Limitations: The data is cross-sectional and relies on self-report of participants. Conclusions: Findings suggest that the relationships between body ideal and body deviations or discrepancies and measures of affective disorders were largely invariant. Furthermore, findings suggest that, though group averages are likely to vary, the relationships between deviation from body ideals and psychological adjustment are likely to have the same negative impact on individuals regardless of one's sex, ethnic/racial group or level of acculturation.

Somatic Complains in Children and Adolescents - Comorbidities, Disease in Parental Subsystem and Family Functioning

Joana Sequeira - Portugal

Maria Filomena-Gaspar - Portugal

Short Description: Relation between somatic complains in adolescents/children, presence of diseases in the parents and family functioning is analyzed. Results show the presence of concomitant disturbances with the somatic complains (obsessive/schizoid, depression and anxiety). Disease in parents occurs in 78.8% of parents. Families perceive low levels of balanced cohesion.

Abstract: The aim of the present study was to analyze the relation between somatic complains in pediatric population with the presence of organic or psychiatric diseases in the parental subsystem, the comorbidity with other disturbances, and family functioning. The participants of this study were the parents of 33 children/adolescents attending the Clinical Psychology Service at the Child Development Center in the Children's Hospital of Coimbra by presenting somatic complains with no medical explanation, more specifically headache. Three instruments were applied: sociodemographic questionnaire; the Portuguese version of the Child Behavior Checklist; and the fourth version of Family Adaptability and Cohesion Evaluation Scale. The results point out several concomitant disturbances with the somatic complains, being the most frequent the obsessive/schizoid, depression and anxiety. Diseases in the parental subsystem are present in 78.8% of the families. Regarding family functioning, low levels of balanced cohesion, were observed, what might me a sign of cohesion family problems. However there was no tendency for disengage or enmeshed patterns, being in general balanced families. In a systemic view, we concluded that the misunderstanding of these children facing parent's disease, may increase their levels of anxiety, and trigger sadness emotions. The body manifests these emotions, once it's the way that these children have learned to be noticed. The somatic complains will then be selected by a family who is focused on illness behavior, as the process of selecting a random behavior has mostly behind fears and anxieties, inherent to system interactions in which this children fall. The incessant pursuits for physicians to give them medical explanations, and the exams performed, tend to amplify these children symptoms. Psychological interventions are required so that there is no crystallization of the symptom or trigger other more serious disorders.

From the Outside Looking In: Perceptions of Couples Therapy in Undergraduate Students

Christina Branham - USA

Short Description: The objective of this presentation is to expand understanding and awareness of how couples therapy is perceived by non-professionals once they are exposed to discipline specific research and theoretical data in a one credit hour seminar. A summation of topics presented and student reflections will be presented.

Abstract: The objective of this presentation is to expand understanding and awareness of how couples therapy is perceived by non-professionals once they are exposed to discipline specific research and theoretical data. Data were collected through reflections submitted by undergraduate students in a one credit hour seminar. Students were exposed to Emotionally Focused Therapy, Solution Focused Therapy, and Gottman based research and therapy along with topics that regularly present in couples therapy, such as infidelity, loss of intimacy, communication, chemical dependency, and domestic violence. A summation of the seminar information presented and student reflections will be presented. A discussion of how this data can help clinicians and educators communicate the valuable services offered through couple's therapy to potential clients and community members will conclude the presentation.

Sexpectations and Globalization

Emily Halverson - USA

Caitlin Hancock - USA

Short Description: Cross-national romances are increasingly common. Globalization may lead to conflicting sexual norms and cultural expectations. This presentation will share results of research with transnational couples in Mexico City. Therapeutic ideas for working with this population and self-of-the-therapist work linked to sex and intimacy will be discussed.

Abstract: Globalization is a reality and our theories of relational therapy have not fully addressed the resulting clinical implications. Emerging technologies, migration, immigration and working and studying abroad can shape the development of intimate and sexual relationships. The United Nations reported in 2013 that 3.2 percent of the worlds' population (around 232 million people) currently lives outside of their country of origin. This number is likely to grow and increasingly transnational relationships will be a likely result. For these individuals, a lack of connectedness, feelings of anonymity, confusion and culture shock can influence their perceptions of intimacy and sexual behavior. In attempting to form new partnerships, individuals are faced with different sexual, cultural and societal expectations. Increasingly, clinicians will be called upon to assist couples in navigating this change and to help them with forming fulfilling relationships. This presentation will share information gained from research conducted in Mexico City with transnational clients and will share some of the clinical considerations for assessing individuals living out of their country of origin. Participants will also gain ideas on how that experience can shape their client's sexual and romantic lives. Participants in this workshop will learn about how factors such as culture shock, language barriers, conflicting national values and customs, gender role differences, loneliness and isolation can influence perceptions and behavior related to sex and intimacy. Participants will also gain a greater awareness and knowledge regarding the critical issues and challenges that expatriates and immigrants face when adjusting to a new national context. Finally, participants will learn therapeutic approaches and creative interventions that can be used with clients to assist them with negotiating the complexities associated with globalization and intimate relationships.

The Influence of Client Clinical Anxiety and Attachment Anxiety on Alliance Development in Couple Therapy

Erica Delgado - USA

Bailey Selland - USA

Lee Johnson - USA

Short Description: Examines impact of client anxiety on therapeutic alliance in couple therapy. Female clinical anxiety negatively impacts starting alliance. Male attachment anxiety negatively impacted male alliance. Male attachment anxiety increases the rate of change in male alliance. Female attachment anxiety decreases the rate of change in male alliance scores over time.

Abstract: Examination of the slopes and intercepts indicated that male and female ratings of the alliance were different and grew over time. The intercept, or starting point, for females was 4.97 (p < .001), indicating that the starting point for females was significantly different than zero. Scores on the alliance measure ranged from 0-7 and an intercept of 4.97 indicates a positive. The intercept for males was 4.65 (p < .001), indicating that the starting point for males was different than zero and represented a positive alliance. Next, the rate of change in alliance over time was examined. Analysis of the slopes suggests that both females' (female slope = .21, p < .001) and males' (male slope = .26, p < .001) alliance ratings do change over four sessions of therapy. There was a significant effect of female clinical anxiety on female alliance scores (Estimate = -0.44, SE = XX, p = .05). The effects of female attachment anxiety (Estimate = -0.09, SE = XX, p = .42), male clinical anxiety (Estimate = 0.0, SE = XX, p = .99), and male attachment anxiety (Estimate = .08, SE = XX, p = .48) did not significantly impact female alliance intercept, or starting point, scores. The effect of the four predictor variables on intercept for male alliance were examined. Only male attachment anxiety had an impact on male alliance intercept scores (Estimate = -0.30, SE = XX, p = .01). The effects of male clinical anxiety (Estimate = .34, SE = XX, p = .23), female clinical anxiety (Estimate = 0.14, SE = XX, p = .52), and female attachment anxiety (Estimate = -0.18, SE = XX, p = .11) did not significantly impact male alliance intercept, or starting point, scores. Taken together, these results suggest that female clinical anxiety negatively impacts starting alliance scores, while male attachment anxiety negatively impacted male alliance scores. These results suggest that male attachment anxiety increases the rate of change in male alliance scores while female attachment anxiety slightly decreases the rate of change in male alliance scores over time.

Healing and Change Practices of Latin America: Ideas for Family Therapy

Jason Platt - Mexico

Leticia Gonzalez Pileski - USA

Short Description: While family therapy was born within the United States, many theories focused on systemic change originated in other areas of the world. This presentation will highlight several important and creative Latin American originating approaches to healing and change that can complement and address limitations found in traditional family therapy practices.

Abstract: While family therapy was born and largely developed within the United States, many theories that have focused on creating systemic change originated in other areas of the world. This presentation will highlight several important and creative Latin American approaches to healing and change that can both complement and also address some limitations that are found in traditional family therapy practices. Systemic Latin American approaches, such as those developed in Brazil and El Salvador, can be particularly useful for better addressing systemic issues at the macro-systemic level. While it has been stated within the AAMFT Code of Ethics that therapists are charged in addressing the macro-systemic issues that influence their client's mental health, therapists may struggle with developing concrete ideas on how to successfully take on this responsibility. This presentation will provide three distinct Latin American methods that may be particularly useful for providing services to underserved populations.

Integrating the Mind and Body: Using Movement Based Approaches for Work with Couples

Noah Gagner - USA

Short Description: This poster will advance theoretical assumptions of physical based interventions for work with couples. Findings based on individuals engaged in physical activity have consistently demonstrated improvements across markers of cognitive functioning, mood, internalizing and externalizing behaviors, and mental illness. These findings, however, have been limited to work with individuals.

Abstract: As early as Descartes, or earlier, the bifurcation of the body and mind (e.g., dualism) has led to discrepant ideas of health. As a result, the etiology of disease (or dysfunction) became localized to existing knowledge and/or frameworks evident in one's respective field. For instance, many interventions for individuals and couples therapy remain situated within the mind. Whereas, body processes (e.g., biological) are usually talked about on a limited basis and/or relegated to pharmacological interventions within the medical profession. Within the last forty years, however, the introduction to the biopsychosocial framework has suggested the interdependence of biological, psychological, social, and spiritual domains on health. Interdisciplinary research across biological, psychological, and social domains has suggested positive effects of engaging individuals in physical exercise, for both body and mind. Findings from extant literature has demonstrated decreases in anxiety, depression; increases in positive mood states; improved memory; improved behaviors; decreases in substance abuse; and decreases in behaviors associated with ADHD (Biddle & Asare, 2011; Brosnahan et al., 2004; Carek et al., 2011; Cussen, Sciberras, Ukoumunne, & Efron, 2012; Erickson et al., 2011). Despite the known benefits for individuals, little is known about the systemic benefits for couples. This poster will explore theoretical explanations for clinicians to improve couple relationships through exercise based approaches.

Addiction: Changing the Matrix of Families through Recovery

Meri Shadley - USA

Short Description: Similar to recovering individuals, families recovering from addictions have intricate challenges to face. Utilizing a systemic framework, this workshop will focus on aspects of family recovery that include healing trauma, redesigning relationship dynamics, and utilizing the family's resiliency in order for family growth and wellness to occur.

Abstract: Those who have suffered with addiction in the family may have done so for generations. The unit and many of the members are left devastated and dramatically altered by the effects of substance use, trauma, and co-occurring disorders. Even during recovery, long-held core beliefs and dysfunctional engagement patterns may still live within their relationships. For example, some families may not talk freely about their history or feelings due to a fear of upsetting the delicate balance that has developed. On the other hand, some families may not know how to stop talking about the addiction; leaving little time to reestablish themselves into a healthier unit. The historical trauma creates a yearning for safety and authenticity but frequently blinds people to the possibilities of change. Yet, families are resilient! With assistance, family members can also experience the hope and excitement that recovery brings. Patterns can be altered and wellness can be established when the losses and positive changes are addressed simultaneously. As the recovering person integrates their new "family of friends" into their life they are ready to interrupt old patterns of relating and rewrite their future relationships. SPATS, a framework created by the presenter (and a colleague), is utilized as a teaching, supervisory, and clinical tool. SPATS (Structure, Process, Assessment, Technique, Self) assists new and seasoned therapists alike to effectively assist these previously "dis-eased" families by utilizing a systemic framework oriented towards growth resources, trauma recovery, and positive change. Developing a matrix map for improved relationships allows the therapist to guide without direct and to more effectively use their own "use of self" style.

"It's Date Night – Let's Study": Romantic Relationships during Graduate Training in Psychology

Jay Burke - USA

Short Description: Graduate training in psychology can have a profound impact on romantic relationships. A general review of these effects will be presented, along with a discussion of common challenges and practical implications for maintaining romantic relationships while completing graduate training in psychology.

Abstract: Graduate training in psychology can have a profound impact on romantic relationships, both because of the stress of the graduate training process itself, and also because of the influence the training process can have on an individual's understanding of relational dynamics, along with their perception of how such factors impact their own romantic relationship. An overview of the major effects that graduate training in psychology can have on romantic relationships will be presented, including the impact on both personal and relationship stress, flexibility, sexual expression, and the personality and value changes that can occur during training. Personal anecdotes will be used to illustrate common challenges and practical implications, as well as to facilitate a discussion around these effects and how they can best be managed. Audience members will be welcome to share relevant experiences, their own relationship care techniques, and lessons learned from engaging in and managing romantic relationship during their own graduate training in psychology.

LGBQ International Students: A Systematic Review

Hoa Nguyen - USA

Fred Piercy - USA

Short Description: Few studies explore the experiences of LGBQ international students. Thus, we conducted a systematic review to determine what we currently know about LGBQ international students. Despite their differences, the majority of the articles points to how structural stigma and institutionalized stigma influences sexual orientation worldwide.

Abstract: Few studies explore the experiences of LGBQ international students who are at increased risk for psychosocial distress and multi-minority stressors. We conducted a systematic review to determine the state of literature on LGBQ international students. Guided by the PRISMA protocol evaluating the title, abstract, and in-text articles, we removed articles that did not fit our inclusion criteria. Our criteria required articles to focus on LGBQ-identified international students, including both empirical and theoretical articles. The search was completed on Ebsco, which encompasses multiple databases including American Search Complete, Family and Society Studies Worldwide, and PsycInfo. Our electronic search produced 77 articles, the gray literature search produced 6 theses and dissertations, and the hand search added 3 articles. Deleting duplicates, screening title, abstract, and full-text for eligibility narrowed this down to 11 articles. Out of 11, 6 articles were empirical, qualitative studies. The majority of the articles originated from the field of education or student leadership followed by the field of counseling and clinical psychology. Only one article came from the field of family studies and human development. One article and one dissertation discussed the influence of family relationships and expectations. Only one article discussed how the process of migration influences the experiences of these students. Overall, most scholars in our sample noted the importance of cultural sensitivity when working with LGBQ international students, given the various structural and institutionalized stigma toward sexual orientation worldwide. This review sheds light on the gaps in our understanding of how international students navigate their sexual and cultural identities. Research implications are provided for studying cultural narratives about sexual orientation.

Who Comes to Couple Therapy?

Rick Miller - USA

Lee Johnson - USA

Tiffany Migdat - USA

Melanie Cox - USA

Short Description: Research has validated the effectiveness of couple therapy. However, there is great variation in the characteristics of couples who come to therapy. This presentation will use results from a large study to report couples' levels of psychological distress, relationship distress, attachment styles, and patterns of demand/withdraw.

Abstract: Research has validated the effectiveness of couple therapy in alleviating relationship distress. However, additional research has shown that not all couples respond to couple therapy; only about half of couples become nondistressed. Recognizing the variability in the response of couples to therapy, it is important to explore the different factors that are involved in the process of therapy. The purpose of this presentation is to present the results of a study that assessed the characteristics of couples coming to therapy. Data came from two university-based MFT clinics located in the Southeastern region of the United States. When couples reported for the first session of couple therapy, they were asked to complete an assessment battery that consisted of demographic, psychological, and relationship measures. A total of 720 clinical couples participated in the study. The average age of the men and women was 32.1 and 30.1, respectively. 62% of the couples reported that they were currently married. 52% of the men and 66% of the women reported that they had previously been in therapy. In terms of distress, 38% of the males and 52% of the females scored above the clinical cut-off of the Symptom Distress subscale on the OQ-45. 77.6% of females scored in the distressed range of the RDAS, compared to 72.7% of the males. Responses to the ECR indicated that 63.1% of the women and 49.1% of the men reported moderate to high levels of anxious attachment. In contrast, relatively few partners substantial levels of avoidant attachment (22.6% of women and 18.0% of men). In terms of couple patterns, only 15.0% of the couples had an anxious female partner and an avoidant male partner. In addition, 15.6% of the couples had an avoidant female partner and an anxious male partner. In terms of demand/withdraw patterns, the majority reported a pattern of female demand and male withdraw, while one-third reported mutual withdraw.

The Importance Of Therapist 'Use of Self' When Treating Addiction In Individuals Or Families

Teresa McLellan - Canada

Short Description: Satir Transformational Systemic Therapy offers a humanistic approach to addressing addiction and creates transformational change in individuals and their families. Participants will learn how important the use of self is for making genuine contact with both the individual and their family and stimulating the internal healing energy that promotes growth.

Abstract: Satir Transformational Systemic Therapy offers a humanistic approach to addressing addiction and creating transformational change in individuals and their families. Stigma, shame and despair commonly plague individuals suffering from addiction. Families are impacted by the devastating effects of addiction and are often left feeling stressed, afraid, depressed, disconnected, and resentful. With Satir's positive outlook, change is always possible and people have all the resources they need to grow, make new decisions and change. In this workshop participants will learn how important the use of self is for making genuine contact with both the individual and their family to stimulate the internal healing energy that promotes growth. Using the experiential process of the Satir Model, participants will explore their own coping as well as the impact of their coping on themselves, their clients and the therapeutic relationship. This process helps participants become more aware of their feelings, perceptions, judgments, assumptions, expectations and yearnings. They will then explore and experience how becoming congruent allows them to meet their own yearnings and live from their spiritual essence to build healthy meaningful relationships. By offering acceptance, safety, honesty, compassion, hope and new possibilities, congruent therapists help clients access their own healing energy, build self-compassion, develop positive connections and take responsibility for their own experience all of which are vital to creating lasting change. Thus the goal of therapy is to have clients move from coping to congruence.

Bullying and the Transparent Brain: Constructing Circuits of Biosocial Healing

Suzanne Hanna - USA

Short Description: Bullying is physiological and social trauma with developmental consequences, regardless of victim's age. This presentation describes the neurobiology of victims and their liberation. Healing emphasizes family/social involvement that rewires brains, providing a blueprint for growth. Clinicians leverage these resources for brain-informed, family-involved transformations.

Abstract: Bullying can mean physiological and social trauma that has developmental consequences, regardless of a victim's age. Because the brain is not fully developed until age 24, this form of abuse can create complex developmental trauma that leads to chronic hypervigilance, shame, and nervous system dysregulation. Reconciling the gap between the age of the trauma and the age of the survivor when they seek help is an important therapeutic goal. Healing lies at the intersection of child development and brain-based trauma recovery. This presentation describes the neurobiology of bullied victims and their paths to liberation. The process emphasizes family and social involvement that can rewire the brain and serve as a blueprint for growth and healing. A central element in trauma recovery involves accessing the body's own resources and reintegrating healthy survival responses into everyday living. Family and social networks can promote and validate these important responses to speed recovery. The involvement of family is often overlooked in trauma recovery programs; however, the influence of family has the potential to offset modern-day excesses that ignore physical health as a central part of mental health. Clinicians can leverage these resources to develop brain-informed, family-involved transformations. A five-point plan includes assessment, psychoeducation, biosocial mindfulness, tracking developmental resources, and team-building rituals. Case studies will illustrate how recovery can evolve across multiple dimensions of personal development. An integration of the best of neuroscience and the best of family therapy can shorten recovery time and celebrate new identities that emerge from competence, resilience, and creativity within one's social network.

Supervision: Characteristics of Competent Supervision

Lois Paff Bergen - USA

Short Description: A practice analysis study of clinical supervision was conducted to identify the domains, tasks, and knowledge needed for competent supervision of clinicians. Sharing these results at IFTA is to promote discussion and share perspectives among practitioners engaged in clinical work and supervision about what constitutes competent supervision in varied contexts.

Abstract: The Association of Marital and Family Therapy Regulatory Boards (AMFTRB) conducted a practice analysis study of clinical supervision competencies. The primary goal of the study was to identify the tasks performed by clinical supervisors across a range of settings in which practitioners work and the knowledge needed to perform those tasks. Clinical therapists who supervise students training to be clinicians and who are candidates for state licensure in the United States as therapists, participated in this analysis of supervisor competencies. The participants rated the tasks performed by supervisors, how frequently they performed each task, and how critical the task was to protecting clients from harm. Further they reviewed seven domains of practice of supervisors identifying the percentage of their time spent performing the tasks in these domains. The seven domains identified were developed from an extensive literature review of supervision. These domains are: Supervision Relationship/Process; Ethical/Legal Issues; Management of Supervision Practice; Methods, Techniques, and Theories-Psychotherapy; Methods, Techniques and Theories-Supervision; Evaluation and Assessment; Personal/Professional Development. This practice analysis study enables AMFTRB to begin to characterize clinical supervision and to assess the state of the contemporary practice of supervision. Results of the study will be used to develop recommendations about supervisor competence for US state behavioral health licensing boards. The presentation at IFTA of the results is intended to broaden the scope and discussion of supervision competencies with participants at IFTA who are engaged in the supervision of clinical practitioners in their country.

Ethical Challenges when Working with Families

Aida L. Jiménez - USA

Short Description: Working with families presents a unique set of ethical dilemmas when compared to individual treatment. Today's family therapist is working amidst changes in family structure, demographic changes, and new information and communication technologies. We will discuss some ethical concerns when working with families and with using technology in therapy.

Abstract: Working with families presents a unique set of ethical dilemmas when compared to individual treatment. Today's family therapist is working amidst changes in family structure, demographic changes, social policies, immigration, and new information and communication technologies. Ethical challenges of working with families and the use and impact of technology in family work will be highlighted. During this presentation we will discuss some ethical concerns when working with families and with using technology in therapy. We will leverage the importance of understanding diversity and highlight potential challenges in working with a "new" American family.

Drawing out the Feelings of Mental Health Stigma through Art in Multiethnic Communities

Ana Jimenez-Hami - USA

Short Description: Research has shown that an effective method for reducing mental health stigma is through the use of art. The purpose of this presentation is to discuss the effect of drawings, as an expressive methodology to reduce mental health stigma in society. We will present drawing from diverse multi-ethnic groups.

Abstract: Societal reaction to severe mental illness results in stigma and discrimination that unjustly impede the person with psychiatric disability from attaining work, and seeking mental health treatment. Research has shown that an effective method for reducing mental health stigma is through the use of art. The purpose of this presentation is to discuss the effect of drawings, as an expressive methodology to reduce mental health stigma in society. We will present drawing from Latinos, Koreans, Arabs, Chinese, Iranian, and Vietnamese populations. A cross sectional study, mixed method design was conducted. One hundred and twenty adults between the ages of 18 and 70 years old, who lived in Orange County, California were selected using convenience sampling. The participants were mental health consumers and family members of diverse multiethnic communities. Preliminary data will be discussed on the themes collected from the drawings by cultural groups.

The Four A's of Forgiveness

Derek Ball - USA

Short Description: Helping clients understand each step of the forgiveness process is essential for addressing emotional injury and encouraging relational growth. This four-step model for forgiveness helps both sides of the injury participate in the healing process and gives them a structure they can follow.

Abstract: Forgiveness is an issue in therapy for couples, families and individuals alike. Helping clients understand each step of the forgiveness process is essential for addressing emotional injury and encouraging relational growth. This four-step model for forgiveness helps both sides of the injury participate in the healing process and understand what is required of the other party as well. The instructors will describe each of the Four A's of Forgiveness, suggest interventions for each step and explain how each step moves the clients closer to relational healing.

The Brazilian General Public's Opinion about Lesbian and Gay Families and their Children – A Quantitative Research

Carlos Temperini - Brazil

Short Description: This quantitative research describes a Brazilian general public's opinion about Lesbian and Gay Families and their Children. It was compounded by 1055 participants from all regions of Brazil. It analyzed three main topics: Lesbian and Gay Marriage, Lesbian and Gay Families and Children development of Lesbian and Gay Parents.

Abstract: The issue of lesbian and gay families is one that is high current, in terms of political controversy, Brazilian media and all daily homophobia cases. Increased society attention to lesbian and gay families is in part a response to the increased visibility of lesbian and gay parents in media, which is in turn a function of a actual increases in the number of those families. Day by day many couples become officially married and bring the desire to raise a child and build a family. The new possibilities to marriage (officially) by Brazilian authorities brought a new discussion about the capacity of those parents to nurturing, parenting and taking care of their children. The current quantitative research is a response to this increased interest in lesbian and gay families and their children. Furthermore this research is part of a doctoral thesis in Clinical Psychology at Pontifícia Universidade Católica de São Paulo funded by CAPES. To analyze the Brazilian general public's opinion, was built an online survey (questionnaire), which invited participants to answer questions about three topics: Lesbian and Gay Marriage, Lesbian and Gay Families and Children development of Lesbian and Gay Parents. The sample was consisted of ordinary people over the age of 18 years. It wasn't any participation restriction in terms of gender, race, academic background, profession, Brazilian region or religion. It had a sample of a thousand and fifty five people from all Brazilian regions: South, Southeast, Middle West, Northwest and North. It is concluded that from an individual perspective the majority of the people accept those Lesbian and Gay Marriage and their Families and they don't believe that the Children will have any developmental issues to be raised in a same sex family. Despite the good individual perspective about those families, the research participants mentioned that the main problem consists in Brazilian society, which is not "prepared" to accept and support those families, in other words, full of prejudice and discrimination.

Assessing Narrative Change in a Parent Group: The Incredible Years Basic Parent Program

Maria Filomena-Gaspar - Portugal

Joana Sequeira - Portugal

Short Description: We discuss the results of narrative transformation in an education parenting group (Incredible Years Basic Program from Webster-Stratton). Results support the hypothesis that changes in narratives are linked to the success of the intervention.

Abstract: In this paper we present the results of an exploratory study that sought to assess some of the mechanisms of change that operated in a parenting group where one of the most known behaviorally oriented parenting program was applied: the Incredible Years Basic (Webster-Stratton, 2012). Several RCT conducted in different countries (Menting, de Castro, & Matthys, 2013), including Portugal (Webster-Stratton, Gaspar, & Seabra-Santos, 2012), show the efficacy of the program in parenting skills and well-being and in child behavior problems (Azevedo, Seabra-Santos, Gaspar, & Homem, 2015). Our hypothesis is that in an educational group operate mechanisms of change similar to those operating in a therapeutic intervention with families, thus overcoming the dichotomy parent education versus therapy. We focused specifically on narrative change over the 14 sessions of the program. The instrument used for the assessment of change through the program sessions was the Grid Therapeutic Process Analysis – GAPT (Sequeira, 2012). The 5 GAPT dimensions correspond to axes considered important in the narrative organization and respective transformation in therapeutic context. The success / failure of the intervention was assessed considering the changes in parent wellbeing (Beck Depression Inventory; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and parenting practices (Parenting Scale; Arnold, O'Leary, Wolff, & Acker, 1993) and children's behavior problems (Strengths and Difficulties Questionnaire; Goodman, 2001), with self-report measures completed before and after the intervention. 10 subjects participated in the group: 7 mothers and three fathers (3 couples). Families with more successful in terms of outcomes, specifically, more significant reductions in negative parenting, child behavior problems and parental depression, are also those where there were more marked changes in the narratives. The parents' group interactions had an important role in narrative transformation, especially contributing to the amplification of new meanings and interactions in micro and macro contexts. Despite the limitations of this study, including those referred to be based on the analysis of a single group, its contributions to the study of the effectiveness of parenting interventions in terms of processes, specifically the changes in the narratives, should encourage us to continue this line of research.

Pioneering Marriage and Family Therapy Education in Kenya

Evangeline Willms Thiessen - Canada

Short Description: Come celebrate the graduation of the first MAMFT cohort in KENYA! Pan Africa Christian University in Nairobi, Kenya is the only university in the country to offer systemic marriage and family therapy education. Visit our poster session regarding the development, implementation and relevancy of systemic MFT training in Africa.

Abstract: The pioneering Master of Arts in Marriage and Family Therapy programme in KENYA graduated its FIRST cohort in October 2014. Pan Africa Christian University in Nairobi, Kenya is the first and only university in the country to offer systemic marriage and family therapy education and training. Fully approved by the Commission of University Education in Kenya, and currently in progress for accreditation with IACSTE, the MAMFT program at PAC University is a comprehensive, contextually relevant, 2 year/6 term degree with 500 clinical practice hours. Over the past decade, PAC University has become a leader in providing clinically strong psychotherapy degrees in Kenya. The first degree, a BA in Counselling began in 2003 and has attracted students from Kenya and surrounding countries. These graduates, along with other counselling professionals requested advanced education in the helping professions, especially training to work with couple and family relationship issues. Professional counsellors and psychologists who participated in Clinical Supervision Courses, sponsored by PAC University, in 2005, 2007 and 2011 repeatedly requested educational & training resources in marriage and family therapy. The current MAMFT programme, started in 2012, seeks to provide high quality education in a Christian context that facilitates professional training and personal development. The programme aims to prepare marriage and family therapists in systemic approaches who demonstrate: *Academic & theoretical excellence. *Personal awareness & self-reflection. *Ethical knowledge & practice. *Cultural sensitivity to diversity issues. *Competent clinical practice. Once again, leading Kenya in the field of systemic MFT education and training, PAC University initiated the development of a PhD in Marriage and Family Therapy. This January 2016 term the first students have been admitted to begin their coursework. The 88 credit hour degree requires successful completion of MFT theoretical courses, an extensive one-year clinical internship, a research dissertation and two publications in peer reviewed MFT journals. Contact Dr. Evangeline Willms Thiessen, Program Consultant, at vangewt@gmail.com or Dr. Anne Wambugu, Department of Psychology HOD, at: awambugu@pacuniversity.ac.ke regarding the development, implementation and relevancy of systemic MFT education in Africa.

IFTA and MFT Students

John Lawless - USA

William Hiebert - USA

Abstract: 3 sections: Intro to IFTA, What is coming up over the next 3 days, and how to get the most out of your congress experience

Embracing Their Out of Home Care Children: Stories of Parents with Children in Care

Ng Lai Tuen Monica - Hong Kong

Mooly Wong - Hong Kong

Short Description: Parents with children in care are ambivalent with the return of children. Using clinical cases as examples, the presenters will share the parents' struggle of being a competent caregiver and process of re-building parent-child relationship. Some effective intervention strategies of working with these parents will be discussed.

Abstract: Parents with children in care are very often struggling with the return of their children. On one hand, they were overwhelmed by their unresolved issues and regarded themselves as incompetent parents. On the other hand, they tried very best to regain the custody of their children for the hope of re-establishing the relationship with the children. In view of the needs of the parents, a practice research project was jointly organized between a local university and a non-government organization rendered residential childcare services in Hong Kong. The project provided clinical casework and group work for families with children in care, as well as training for the staff of the agency. This presentation will highlight the clinical casework experiences of the presenters when worked with the parents. Using clinical cases as examples, the presenters will share the parents' struggle of a being competent caregiver and process of rebuilding the parent-child relationship. They will also discuss some effective strategies of working with the parents such as understanding the parents' history, timing of intervention etc.

Multiple Family Group Therapy for Children in Care and their Families in a Chinese Context

Mooly Wong - Hong Kong

Short Description: A service initiative that used multiple family group therapy for children in care and their families was launched in an NGO in Hong Kong. It aimed at providing quality family time, improving parent-child relationship and building mutual support among families. The model and the research findings will be reported.

Abstract: Residential childcare service is one of the longest-running social services provided in Hong Kong. The function of the service is to provide temporarily shelters for children and adolescents under the age of 21 who cannot be adequately cared for by their caregivers due to a family crisis. According to the official statistics, the admission of children to the service is precipitated by family issues and majority of these families have manifested multiple problems such as poverty, single parenthood, parents suffered from mental illnesses, etc. Although the local government emphasizes that family reunification is the most desirable outcome for children in care, the existing service model is tended to be child-centered and child-protection, focusing on behavioral management, discipline and control of children. Little has been done to address the family needs of the children. In view of this service gap, a service initiative, that is, the use of multiple family group therapy (MFGT) for children in care and their families was launched in a residential childcare service provided by a non-government organization from 2010 to 2014. It aimed at providing quality family time, improving parent-child relationship and building mutual support networks among families. In the long run, the groups might facilitate a smooth family reunification. This presentation will highlight the backgrounds of residential childcare service in Hong Kong, describe the adapted model in this service initiative and report the findings of a research study on the effectiveness of MFGT to the serving families.

The Next Generation: Post-Millennials...The iGeneration

Douglas Tschopp - USA

Abstract: Now that the millennial generation has not only gone to college, but entered the workforce, what's next on the horizon? What traits does this generation have, and what impact will they have on the work you do? The presentation will review current research on the iGeneration and late millennials.

Internalized Other Interviewing as an Unique Clinical Method

Karl Tomm - USA

Abstract: When 'an individual person' comes to be seen as constituted by 'an internalized community,' it becomes coherent to interview any member of that inner community as part of the self. As a result, previously internalized patterns of interaction with others can be re-externalized and become available for systemic work. If 'the actual other' happens to be physically present while he or she is being interviewed as 'an internalized other', he or she 'meets' aspects of their 'distributed self' which opens space for even more therapeutic possibilities. This method of working systemically will be explained and demonstrated.

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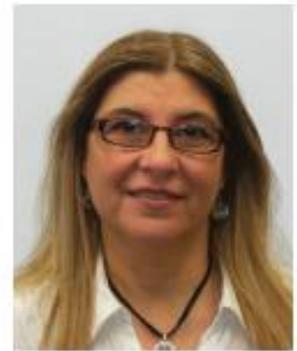
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Conference – Friday June 24 to Sunday June 26, 2016
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Other presenters include: Maria Gomori, Kathlyne Maki-Banmen, Sharon Loeschen, Janet Christie-Seeley Stephen Buckbee, Nitza Broide-Miller, Sandy Novak and many more.......

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