



**International Family  
Therapy Association**

# IFTA World Therapy Congress

## Aberdeen, Scotland

March 28 – 30, 2019



**AB  
DN**

Visit**Aberdeenshire**



# Welcome to the IFTA Congress

---

Dear Colleagues,

Welcome to Aberdeen Scotland! This is the International Family Therapy Association's 2019 World Family Therapy Congress.

This is another of those rare and wonderful opportunities in which we can renew ourselves and enrich our practice skills in family therapy. The goal for the congress, in a larger sense, is the same as it has been since IFTA was founded in 1987: Advancing family therapy worldwide by promoting research, education, sound practice, and promoting international cooperation. We hope that this Congress facilitates an exchange of knowledge and ideas that support the health and well-being of families and other human systems. The Congress provides magnificent opportunities for face-to-face sharing of ideas and networking with colleagues from various parts of the globe. The 2019 Congress Committee invites family therapists to explore both new and familiar ways to assist families.

We live simultaneously in "one world" and many worlds. Thus, family therapy is a mutual, interactive process in which we learn new ways from colleagues from many lands. Communicating and networking among over 350 therapists from over 35 countries during this congress will provide professional contacts and information to support the exchange of knowledge and the growth of family therapy in many countries.

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

*Warwick Phipps*

Warwick Phipps, Ph.D.  
President

## What is IFTA?

---

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

# Conference Code of Conduct

---

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

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

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

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

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

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

## Mission Statement

---

### Adopted December 2005

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

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

## IFTA: Celebrating 30+ Years

---

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

---

### Thank You to the Following Organizations Who are Co-Sponsoring the Coffee Breaks:

Satir Institute of the Pacific  
International Accreditation Commission for Systemic Therapy Education

## Plenary Speakers

---

### Monica McGoldrick



#### **Transforming Life Narratives: Context, Connection, Genograms, Legacies and Having A Sense Of Home**

This presentation will be about the key dimensions for assessing human problems and evolving healing solutions. Genograms are the core mapping tool of this work. A genogram is a map of who you belong to. This presentation will focus on viewing each person in the context of his or her cultural background, social class, gender and sexual orientation, family history, life cycle trajectory, and multiple identities in terms of interests, affiliations, and values.

Monica McGoldrick, MSW, PhD (h.c.), Director of the Multicultural Family Institute Teacher, author and family therapist. She has an international reputation as a trainer and author. She is on the Clinical Faculty of the Psychiatry Department of the Rutgers Robert Wood Johnson Medical School. Her books include *Ethnicity and Family Therapy* (3rd ed), *The Expanded Family Life Cycle* (5th ed. 2017), *Genograms* (3rd ed), *Living Beyond Loss* (2nd ed), *Re-Visioning Family Therapy: Race, Culture and Gender in Clinical Practice* (2nd ed), *Women in Families*, and *The Genogram Journey: Reconnecting with Your Family* (2nd ed of *You Can Go Home Again*, 2011). Her newest book the *Genogram Casebook* was published by W.W. Norton in 2016. She is also the author of a number of clinical videos available through [www.psychotherapy.net](http://www.psychotherapy.net)

### Imelda McCarthy



#### **Co-Creating Fifth Provinces or Islands of Support in These Times of Social Crises**

We are at a time of social, financial and ecological mis-alignment at this point in our experiences of living on our planet. From her own experience, Imelda, over the years, has come to appreciate and know the importance of solidarity and communities of support (Fifth Provinces) professionally and personally. When we were building the field of family therapy this was true and it is more so called for at this time of contraction (of money services, treatment possibilities, etc.) and rising inequalities. She will also talk about the importance of systemic reflexivity in coming to know, 'who we choose to be and what we stand for' together with the consequences of our (inter-)actions for our own and our client's contexts and ecologies. She will also suggest that meditation practices can play a big role in helping us to achieve equanimity in our lives and work.

Imelda McCarthy PhD has been a family therapist, supervisor, writer and international presenter for almost forty years. Her writings have been translated into nine languages and cover the areas of sexualised abuse, poverty, gender and spirituality. In addition to developing the 'Fifth Province Approach' with Nollaig Byrne and Philip Kearney, she has also spent over 25 years as an academic in the Social Sciences. Now, she works as a therapist and supervisor from her home under the rubric of, 'The Fifth Province Centre' where she also facilitates meditation groups (Fifth Province Sangha). For the past number of years she has been facilitating one and two-day retreats for those interested in meditation and consciousness evolution. Throughout her practices with meditation she has integrated her systemic and spiritual experiences together with training alongside her teacher, Sri Vasudeva.

# Cross Cultural Kids and The “Forgotten Minority”: Implications for the Family Therapist

*Lucinda West - United States*

**Short Description:** This presentation will increase awareness of Cross Cultural Kids (CCKs), and more specifically Third Culture Kids (TCKs). With an increasingly mobile world, the number of TCKs is growing. When TCK families move back to their home country they may attend counseling, so it is important to understand their special needs.

**Abstract:** Cross Cultural Kids (CCKs) are defined as “those who have interacted or are interacting significantly with two or more cultural worlds during childhood” (Pollock, Van Reken, & Pollock, 2017, p. 216). Most are typically easy to spot, including children of multi-cultural/biracial parents, international adoptees, immigrants, migrants, refugees, and children of minorities. Third Culture Kids (TCKs; children raised outside their passport country for a significant period of their developmental years) are a largely unrecognized minority group of CCKs often showing up in the family therapist's office. With an increasingly mobile world, the number of TCKs is growing including missionary, diplomatic, business, and military families. When TCK families move back to their home country they may attend counseling, so it is important to understand the special needs of this population. This presentation will increase counselor self-awareness and CCK/TCK-awareness, increase knowledge about the benefits and challenges CCKs and TCKs face, and identify skills to work with the TCK population and their families. The presenter uses a variety of mediums to engage the audience and enhance learning potential.

# Understanding Caregivers and Patients with Chronic Stage IV Metastatic Breast Cancer

*Lucinda West - United States*

**Short Description:** This program will increase knowledge for couple therapy with women diagnosed with Stage IV Metastatic Breast Cancer. The term metastatic and these patients are misunderstood. While terminal, patients are living longer due to research and invention of new treatment options; yet, they face mortality on a regular basis.

**Abstract:** According to the World Cancer Research Fund International, breast cancer is the most common cancer in women worldwide, with nearly 1.7 million new cases diagnosed in 2012 (it is the second most common cancer overall) and the fifth most common cause of death from cancer in women. Up to thirty percent of women with Breast Cancer will eventually develop Metastatic (terminal) Breast Cancer. Currently, between 150,000-250,000 women and men are living with Metastatic Breast Cancer (MBC). Metastatic Breast Cancer is largely misunderstood. Per a recent study of the general population, 60% say they know little or nothing about it; 72% incorrectly believe advanced stage breast cancer is curable if diagnosed early. A brief review of research will be presented.

Much has been done to advance treatment and add years to a breast cancer patient's life. Lifespan statistics are based on old data and old treatments, so patients and counselors often think breast cancer is an automatic death sentence. The stages of cancer will be discussed, to educate participants about the language used by cancer patients, with emphasis on Stage IV Metastatic Breast Cancer patients and their caregivers. Terms like "terminal diagnosis," "incurable," and "remission" have been replaced with more palpable language. This is important information for counselors to know when treating these couples.

This program will increase the knowledge base for working with couples when a woman is given a diagnosis of Stage IV Metastatic Breast Cancer. Couples experience many issues related to intimacy, spirituality, body image, anxiety, depression, finances, and more.

# Parental-Growth and its Clinical Implications for Family Therapists: A Mixed-Methods Study

*Sebastian Perumbilly - United States*

*William Boylin - United States*

**Short Description:** “Parental-growth” is a clinically significant topic for psychotherapists. Most of the parenting literature focuses on behavioral outcome on children. Using a mixed-methods design, this research-study examines key-components of parental-growth from the perspectives of parents from the United States (n=214); and discusses its clinical implications for couple and family therapists.

**Abstract:** Most of the parenting research literature generally focuses on behavioral outcome on children and ignores key aspects of parents’ personal growth and its implications in couple and family therapy. There has not been any published research study, to date, that has systematically examined “parents’ personal-growth” as a unit of analysis from the perspectives of parents. After providing a critical review of existing literature on parenting from the perspectives of Family Therapy, Parenting Research, and Parent Training and Education, and identifying limitations in the existing research literature, I propose that family therapists and couple therapists significantly benefit from attending more to parents’ personal experiences related to how they grow as persons while raising children. Using an online survey instrument, specifically developed for this study based on a mixed-methods research approach with a focus on concurrent strategies, this study examines the meaning and experience of “Parental Growth” from the perspectives of parents from the United States (n=214). This presentation will systematically and critically investigate key components associated with parental-growth; analyze crucial systemic factors that influence parenting processes; and will examine results from a factor-analysis focusing on four important relational dimensions; and will discuss how the experience of parenting may potentially change parents’ attitude towards the other parent, ability to balance personal boundaries, changes in intrapersonal qualities, self-care, and on parents’ work/professional life. This presentation uniquely contributes to Couple and Family Therapy literature and has significant clinical implications for psychotherapists working with parents, and couples intending to raise a family. Despite the many uncertainties and challenges inherent in the parenting process, the experience of parenting offers parents many opportunities for personal growth. We conclude that it is crucial that parents and clinicians have clarity on the core components of parental-growth and use them to facilitate parents’ personal growth in psychotherapy.

# A Spirituality of Presence Helping Clients Find Meaning and Purpose Through Loss and Trauma

*Geraldine Kerr - United States*

**Short Description:** Presence has been described as one of the most therapeutic gifts a therapist can provide for a client (Geller & Greenberg, 2012). Presence, an emptying out and bracketing of self (Clarkson, 1997) represents specific steps. Therapist presence mirrors divine Presence, moving beyond loss to find meaning and purpose (Walters, 2001).

**Abstract:** Although the practice of psychotherapy springs from many theories and techniques, the basic unit of importance remains the relationship between therapist and client (Geller & Greenberg, 2012). Therapists hold enormous power, and since clients present for treatment with tremendous vulnerability, therapists become catalysts for healing and growth. Therapy, a deeply intimate and vulnerable experience, requires sensitivity of therapist to self and other. It is a meeting of the deepest self with the deepest self of the client (Geller & Greenberg, 2012; Satir, 1987).

When we care for another person, we embody caring that divine Presence has for all. We make ourselves available to another's vulnerability, fear, hope, and joy. We open ourselves to client's pain not solely to help them heal, but to take them into our heart to share and care. In therapeutic caring, we open our hearts to enhance opening of another's heart as well (Walters, 2001). Presence is an aspect of Buber's I-Thou relationship (1996). In the I-Thou relationship healing emerges between two people as they become fully present to each other, spiritually connected through sacred space between them (Buber, 1966).

Therapeutic presence is not a replacement for technique but a stance that supports deep listening and understanding of the client in the moment. A working model of therapeutic presence includes three domains. Preparation, occurring prior to or at the beginning of a session as well as in daily life, involves actively clearing a space inside, bracketing personal issues. Recognizing that therapists touch and are touched by the essence of the client, a second domain includes process issues, those of receptivity, inwardly attending, and outwardly extending toward the client. A third domain reflects the actual in-session experience of presence, including markers highlighting when presence has become interrupted or disconnected (Geller & Greenberg, 2012).

The role that spirituality plays in helping clients transcend loss and trauma into meaning and purpose in their lives will be discussed.

This includes the role of spirituality in the healing process, the relationship between trauma, spirituality, and recovery, and how spirituality can be integrated into psychotherapeutic work (Meichenbaum, 2018).



# Building Bridges for Children Through Divorce: Past, Present, Future

*Geraldine Kerr - United States*

**Short Description:** Family systems become destabilized through divorce. Relationships, rules, roles, and routines disintegrate into chaos which children have neither knowledge nor comprehension to understand. Therapists who help divorcing parents become aware of Relational Ethics (Boszormenyi-Nagy & Ulrich, 1981) simultaneously help build bridges between parents and their children's pasts, presents, and futures.

**Abstract:** Divorce has long been discussed and debated by adults for adults on behalf of the adult point of view (Marquardt, 2005). Increasingly, adult children of their parents' divorces are speaking out about devastating issues sparked through divorce that led to painful childhood wounds. Through similarities and differences, their stories reveal that divorce leads to the death of a family system that ultimately impacts the human heart in universal ways (Miller, 2017).

Destabilizing factors in divorce may include distancing between parents and children, children blaming themselves for the divorce, parents denigrating the other in the presence of children, or parents who distance or absent themselves from children's lives because separation is too painful for the parent. Nonetheless, children tend to love both parents and expect to be loved in return (Kaslow & Schwartz, 1997).

Contextual Family Therapy with divorcing couples focuses on actions and behaviors of divorcing parents that become foundational for what children learn about relationships and life, generationally and inter-generationally. Communication that reflects inter-subjectivity, a give-and-take process, respects mutual recognition as two subjects relate to each other. A give-and-take approach helps to shape meaning to build bridges between parents and children (Boszormenyi-Nagy & Krasner, 1986). Therapists working with divorcing families place at the forefront the welfare and interest of every relational member of the family, including the voice of the very youngest. Building bridges based on love, trustworthiness, and respect are powerful determinants for post-divorce relational life. Parents ARE bridges to children they co-created and it is through respect for those bridges built in the past, that exist in the present, and will continue into the future that children will make sense and find meaning for how life, loyalty, and relationships are to be lived.

With a preponderance of evidence found in the new brain research highlighting negative impacts of childhood trauma on the developing brain (Siegel, 2012) alongside statistics for increasing high conflict divorce, a Contextual Relational Ethics Model is strongly proposed.

# Socioculturally Attuned Family Therapy

*Teresa McDowell - United States*

*Carmen Kundson-Martin - United States*

**Short Description:** Presenters share core principles for Socioculturally Attuned Family Therapy. They explain how this approach can be applied across family therapy models to promote relational equity. They highlight the importance of connecting societal systems and power dynamics and offer a transtheoretical framework for encouraging transformational, 3rd order change.

**Abstract:** Preparing to be effective, compassionate, equity-based professionals requires us to attend to the impact of societal systems on family dynamics, including family power dynamics. Our own social awareness is paramount to navigating the many practical and ethical considerations in supporting just and equitable relationships. Socioculturally Attuned Family Therapy is a transtheoretical framework that provides guidelines for equitable practice. The approach integrates interdisciplinary concepts for understanding how societal systems, culture and power impact individuals, families and communities.

Presenters argue that social and relational justice are integral to positive mental health and relational wellbeing and thus foundational to good practice. They demonstrate how analysis of power can be infused into existing family therapy models in ways that are both theoretically congruent and practically applied. Presenters share transtheoretical practice guidelines for supporting just relationships among all populations. They use the acronym ANVIET (attune, name, value, interrupt, envision, transform) to describe steps therapists can take to help clients explore and move toward more just relationships. These guidelines bring societal processes into focus so they can be more intentionally considered. This includes noticing, or attuning, to experiential and relational effects of societal systems on individuals and relationships. Carefully and thoughtfully noticing and naming what is unfair allows unjust societal and relational dynamics to be acknowledged and overt. Therapists are encouraged to listen carefully, value, and help clients put into words what has been silenced, dismissed, or marginalized. The guidelines expect therapists to actively interrupt unequal power dynamics when they witness them by assuming it is not enough to simply notice or understand what is unjust. As therapists and clients gain awareness of the impact of societal forces on relationships they are better prepared to envision options for what is possible and imagine alternative ways to organize relationships. Therapists then work with clients to support them in transforming their relationships into what they have envisioned.

Presenters for this workshop are the authors of a recently released text entitled "Socioculturally Attuned Family Therapy: Guidelines for Equitable Practice. They are family therapy educators and AAMFT Approved Supervisors who live and work in the United States.

# Engaging Families in Child Trauma Treatment

*Susan McConnaughy - United States*

**Short Description:** Widely-used, evidence-based child trauma treatment models view the possibilities of engaging parents and families in the child's recovery in very different ways. Family therapists can draw from these models a variety of useful evidence-based treatment strategies parents and families can use to help their children recover from trauma.

**Abstract:** Widely used, evidence-based child trauma treatment models view the possibilities of engaging parents and families in the child's recovery from trauma in very different ways. While each of the models has proven efficacy, each takes a different position on how to engage the parent as a positive force in the child's recovery during treatment; how and when to utilize the parents' knowledge; how to divide up the treatment roles between the clinician, the parent and the child; how to help build the parent-child relationship in the face of trauma; how to address the parents' potential hampering of the child's recovery; how to work with the parents' sense of responsibility for the trauma; and how to prepare the parents and family to maintain the child's recovery after termination.

Few of these EB child trauma treatment models are rooted in a family systems approach, and so for many of the models, parent and family participation in the child's treatment is not central. But because the models have proven efficacy in treating child trauma, we family therapists can still learn much by comparing the models and extracting useful components. Likewise, the child trauma treatment models could benefit from our re-imagining their approaches from a systems perspective.

This workshop will help family therapists identify useful evidence-based treatment strategies parents and families can use to help their children recover from trauma.

# Experience of Grandchildren Facing In-law Conflict between Mother and Paternal Grandmother

*Ching Chi Maria Ho - Hong Kong (China, SAR)*

**Short Description:** Literature lacks the perspective of grandchildren in facing adult's inter-generational conflicts. Using a qualitative research design, this study examined the subjective experiences and impacts of grandchildren coping in-law conflicts between mother and paternal grandmother living together and discussed the clinical implications for family counselling and intervention on inter-generational families.

**Abstract:** With the aging population, there are more multi-generational families living together while inter-generational conflicts are common in families. Inter-generational family relationship has become a more popular research topic. In-law relationship, especially the one between daughter-in-law and mother-in-law, has been the most challenging relationship among the inter-generational conflict. Yet, literature lacks the perspective of grandchildren in facing adult's inter-generational conflicts. The study examined the perspective of the grandchildren and their coping experience in facing in-law conflict between mother and paternal grandmother in Chinese families. The study had interviewed 7 Chinese adults having the childhood experience of sustained conflicts between mother and paternal grandmother in the family and co-residence of the three generations. From the interviewee's narrative of their experience, the study revealed that the life course perspective and systemic view of the family could help explaining some common themes of the grandchildren's experiences. Most of the grandchildren had been drawn into the triangulation of two parties in the family, most likely between grandmother and mother. The grandchildren were mostly forming alliance and had developed strong attachment with the caregiver. They faced much difficulty in handling the problem of divided loyalty, being the main target of expressing grievances, and facing the long-term conflicts in the family. They also expressed their views about their fathers and other in-law relatives on their participation and role in the issue of in-law conflict. Although most of the grandchildren had experienced separate household between the three generations afterwards, the family relationship could hardly improve or recover as original. The study also found the cultural concerns had affected the grandchildren's experiences living in Chinese families. It was suggested family-based, child-focused and cultural sensitive service is needed for working with multi-generational families. The complexity and ripple effect of in-law conflicts are needed to be carefully assessed. Besides concerning the needs of the adults in the family, the distress and needs of the grandchildren have to be taken care. The children need to be supported in terms of self-development, emotional support, and peer network support.



# Solution-Focused Time Travel

*Alexey Mikhalsky - Russian Federation*

**Short Description:** We present a therapeutic technique for working with life events in a solution-focused way, applying to marital and couples therapy. The discussed method can be classified as an integrative therapeutic approach based on postmodernist and constructivist methodology as well as on the previous findings in Russian psychology and consulting practice.

**Abstract:** The short presentation describes a therapeutic technique for working with clients' life events of the past, present and future in a solution-focused way, in application to marital, family and couples therapy. The discussed method can be classified as an integrative therapeutic approach based mainly on postmodernist and constructivist methodology. Discussed matters include integrative constructivist ideas and social constructionist ideas, cognitive therapeutic work and solution-focused dialogue used for exploration of shared desired futures through the conversation between the therapist and clients. We are also building this technique on the findings in Russian psychology dated back to 1970–1980s (known as “kauzometry”). This resembles the narrative approach in some ways but was emerging independently and approved its effectiveness during the work with victims of Chernobyl nuclear disaster in 1986.

As we look for some important life events (and also search for the future events using a special procedure) we build a timeline of life of one client or couple's mutual life. Then we start building desired links and consequences of the events, finding new meanings and drawing connections between them in a solution-focused talk. We can find more meaningful and supporting periods in life and discuss them to find resources and mutual understandings, as well as the shared vision of a couple or family, making small steps more clear.

# Countries as Families: Systemic Conceptualization and Treatment Plan for Different Countries Across the Globe

*Yudum Soylemez - Turkey*  
*Judith Kellner - United States*  
*Martine Nisse - France*

**Short Description:** Countries, just like families, are systems that have interactional patterns that transmit across generations. In this panel, Turkey, United States and France will be explored from a systemic perspective and similarities, differences and ideas for collective growth will be discussed.

**Abstract:** Countries, just like families, are systems that have interactional patterns that transmit across generations. Within the socio-political and historical context that they are embedded in, they have a specific role and they function according to a hierarchical structure, specific rules, boundaries and communication patterns. They can be assessed just like families in terms of resilience, cohesion and commitment, meaning-making processes, coping strategies which determine how they will be able to cope with stress and trauma.

This panel is intended to expand the discussion that we have started on the specific dynamics of Turkey in IFTA congress in 2018. We had examined Turkey in terms of multi-culturalism, the function of bridging east and west, usage of humor and hospitality as resilience. This year, by bringing professionals/scholars to represent United States and France, we would be willing to explore a systemic ground to discuss similarities and differences between countries and brainstorm ideas for collective growth. Genograms will be used to explore context, intergenerational themes and values, structure, critical life events, current stressors and strength.

# Treating Children's Trauma Using EMDR in a Family Context

*Marshall Lyles - United States*

**Short Description:** Eye Movement Desensitization and Reprocessing (EMDR) has become a mainstay in the treatment of trauma. This workshop will aid participants in understanding how EMDR can be integrated with family-based play and expressive arts therapy when working with children and families affected by trauma.

**Abstract:** Eye Movement Desensitization and Reprocessing (EMDR), due in part to its significant empirical support, is widely used for the treatment of all types of trauma with multiple clinical populations. However, as with all models and theories, knowledge of play therapy is needed in order to most effectively and ethically use EMDR with children. This workshop will help therapists understand the mechanisms of EMDR (based on AIP theory) and how it integrates with play therapy. Additionally, this workshop will introduce attachment-informed adaptations to EMDR processes that allow for children to address trauma while increasing secure connection to caregivers. While not a substitute for EMDR basic training, therapists will be able to better evaluate whether they could benefit from EMDR training. Therapists already trained in EMDR will learn an approach to play therapy, expressive arts and EMDR-integrated treatment planning as well as ways to introduce play theory techniques into trauma-focused work.

# Practicing What We Preach: The Systemic Impact and Ethics of Therapist Self-care

*Kevin C. Garrett - United States*

**Short Description:** Family Therapists (FTs; clinicians, educators, and supervisors) often talk with clients, students, and supervisees about the importance of self-care. So, why do FTs continue to struggle with personal self-care? Participants will learn about and discuss barriers to self-care, dangers of not practicing self-care, self-care resources, and plan customized self-care regimens.

**Abstract:** Family Therapists (FTs) often talk with clients about the importance of self-care, including specific practices, to prevent and combat the effects of relational strain, as well as depressive, anxiety, and other distressing symptoms. FT educators and supervisors similarly teach students and supervisees about the importance of self-care in the prevention or combatting of burnout, secondary and vicarious traumatization, and compassion fatigue. Moreover, the extant body of self-care literature points to the importance of clinician self-care, and professional mental health codes of ethics include mandates about not practicing therapy in an impaired state. Why is it then that FTs often continue to struggle in their personal practice of self-care?

Multiple barriers frequently prevent FTs (clinicians, educators, and supervisors) from engaging in adequate self-care. Inadequate self-care affects FTs personally on the physical, emotional, mental, social, occupational, and spiritual levels. Lack of self-care also systemically affects FTs in far-reaching ways. It impacts those with whom the FT works and associates – clients, trainees, co-workers, loved ones, and friends – and is therefore an ethical concern. FTs owe it to themselves, to those with whom they associate, and to the profession to regularly practice self-care.

This interactive and engaging workshop's overarching goal is for participants to learn about and plan to engage in deliberate, regular self-care. This workshop will be comprised of three seamless parts. Part 1 will include several FT vignettes and a brief overview of the self-care literature; will succinctly highlight the personal barriers often preventing FTs from practicing regular, adequate self-care; and will outline the ways inadequate self-care personally affects FTs and systemically affects those with whom the FT associates. In Part 2, participants will meet briefly in small groups to discuss their own self-care regimens, what does and does not work for them, and what they will do to improve their personal self-care. Participants will have the opportunity to share what they learned and what they will do for self-care in a larger group discussion. Part 3 will conclude with a presentation of various self-care resources, including smart phone applications (apps), that participants can use in their personal self-care practices.



# Seeing Through a Systems Lens Clearly

*Martha Laughlin - United States*

*Kate Warner - United States*

**Short Description:** Learning to do systemically informed therapy that is guided by systemic theory but is not restricted by a model that requires "seeing" in a particular way can be difficult and confusing. This presentation offers a clear and concise relational orientation that provides an easy framework for working with clients.

**Abstract:** When students begin family therapy training they are usually thinking like typical Westerners. That is, they assume that the way to solve therapeutic problems is to get rid of them. So, when clients sits before them with depression, grief, anger, hallucinations, confusion, the learners impulse is to make clients unpleasant feeling go away. They think in terms of getting rid of clients' depression, grief, anger, hallucinations, or confusion. Such thinking exerts considerable stress and pressure on students because they do not know how to make problems disappear. That is the very thing they thought they would learn in a program teaching family therapy. On some level—mostly intellectual—students know that they can't "make " clients problems disappear. But because they don't know what else to do, because they have no other way of knowing how to help, they start applying logic, and, often with great kindness and patience, to persuade/cajole/convince clients to stop the problematic behavior. In short, they position themselves in opposition to the problem. This is precisely what the client has done to herself—she has come into therapy with a problem that she, too, has been unable to make go away. She has come to see a "problem expert," someone she believes is in the business of making problems disappear.

We begin by introducing the notion that how therapists think, how we "know," shapes how problems and solutions are approached (7 – 10 minutes). We then move to a presentation of how therapeutic problems are relationships, rather than "matter," objects, things that can be thrown out) (7 – 10 minutes). We next discuss how thinking of problems as relationships rather than objects, moves us away from forming oppositional relationships with clients' problems (10 – 15 minutes). We conclude with the idea of thinking that orients in the direction of "changing relationship to" rather than "getting rid of." We don't get rid of depression, anger, grief; rather, we change clients' relationship to these symptoms. We offer 2 short case vignettes to illustrate these concepts. Then we take questions (7 – 10 minutes).

# **An exploratory study on the sexuality establishment of female studying in religious uni-sex school and the resultant implication for sexuality education.**

*Ka Yan Karen Chan- Hong Kong (China, SAR)*

**Short Description:** Exploration on how experiences of receiving education in religious uni-sex school help shape the views of sexuality among the women was conducted. The resultant impact correlates positively with the interviewees' acceptance of the unitary concept towards sex instilled by school and possible implication for future sexuality education had been mentioned.

**Abstract:** In this this research, literature reviews over religious uni-sex school, the corresponding education provided, and the importance of sexuality education are examined. In-Depth interview with 6 ladies are adopted to explore the subjective experiences and views in studying religious uni-sex school regarding the education they received, and the impact resulted in their sexuality formation, which included the difficulties and hesitation they have had in developing and maintaining intimate relationship in adulthood. With the partial sex education received during different lessons plus the constrained atmosphere in terms of the topic of "sex", the formation of sexuality in terms of sexual health and reproduction, sensuality, sexual identity and intimacy had also been affected adversely and in turn affected their views of self too. As with few exposures in terms of the topic of sex, they tend to be more ignorant about the way men and women tend to interact, the resultant frustrations and disappointed is not uncommon among them. Besides, the unfamiliarity also deterred them from attempting to know more about their own needs in an intimate relationship and thus an inherent belief that male dominance in a relationship had been instilled. The instillation of the belief made it very difficult for them to enjoy themselves in an intimate relationship. Therefore, the author is aiming at bringing about the discussion of the impact of religious uni-sex school and rethinking an approach that could suit the needs of the girls and allow them a better preparation in terms of intimate relationship.

# Power dynamics in therapeutic relationships: Lessons learned from immigrant therapists

*Alba Nino- United States*

**Short Description:** As people, we have different social locations (race, gender, etc.) Consequently, we have experiences of privilege and/or oppression. These affect the power dynamics in therapeutic relationships. We will learn from immigrant therapists' testimonies how these dynamics manifest clinically, how obstacles can be handled, and how to use our power wisely.

**Abstract:** As human beings, we all have different social locations. We are gendered, we have an age, we are racial beings. Each of these locations puts us in different continuums of power, depending on whether our location is socially valued or demeaned. Thus, these social locations would give us some privileges, and/or would put us in positions of oppression. These power dynamics that are part of our social interactions in daily life are also part of the microcosms that is the therapeutic relationship.

The social locations of the therapists (and the associated positions of privilege and/or subjugation) influence how we and our clients see each other and interact with each other. These social locations can also affect the dynamics of power in the therapeutic relationship. For example, minority therapists can be seen as less capable than therapist belonging to majority groups.

In this presentation, we will discuss how immigrant therapists in the U.S. experience dynamics of power in the therapeutic relationship. The information for this presentation was taken from interviews with 13 immigrant therapists clinically active in the U.S. The interviews were transcribed and subjected to thematic analysis. The findings show the difficulties these therapists faced because of their minority status, roadblocks they surmounted, and astute ways in which they used their power, both their experience of privilege or experience of subjugation, in their clinical work.

# An Intervention for Young Mothers and Their Children Experiencing Homelessness

*Natasha Slesnick - United States*

**Short Description:** Mothers experiencing homelessness with young children in their care not only contend with homelessness, substance use, victimization and mental health struggles, but also must meet the multiple and varied needs of their children. This study examined mother and child outcomes associated with an intervention integrating housing and supportive services.

**Abstract:** Several reports note that families with children are the fastest growing segment of the homeless population, and on average, children account for 41% of the homeless population with half of these children under the age of 6 years (National Coalition for the Homeless, 2006). Unfortunately, the literature is characterized by a dearth of studies focused on identifying effective intervention strategies for homeless mothers. Intervention directed at the multiple domains which affect these women may prevent chronic homelessness, substance use and related problems for mother and child.

The current study extends our line of research developing and testing an effective intervention for these mothers and children. Three focus groups with mothers were conducted in order to identify participants' needs and intervention processes and foci. Information from the focus groups and questionnaires were used to develop an integrated comprehensive intervention named Ecologically-Based Treatment (EBT). In line with a housing first approach, EBT includes housing and supportive services focused on increasing successful experiences of homeless mothers, and subsequently, improved individual and family outcomes. EBT was tested with 240 women (18-24 years old) who met diagnostic criteria for a substance use disorder and had a biological child under the age of 6 years in their care. Families were randomly assigned to one of three conditions: (1) housing and support services (EBT) (N = 80), (2) housing only (HO) (N = 80), or (3) TAU only (N=80). Participants were assessed at baseline, 3, 6, 9 and 12 months post-baseline. Preliminary findings show that 19/32 (59%) of women receiving housing + supportive services were living in their original grant-supported housing 3-months after rental assistance ended. Additional preliminary data shows that housing + supportive services results in superior outcomes to TAU on substance use frequency ( $F(2, 85) = 14.5, p < .001$ ) and housing stability (i.e., # of days in own apartment) at 6 months ( $F(2, 85) = 7.29, p < .01$ ). This intervention shows significant promise for homeless families and may be transportable to communities without crisis shelters and to homeless mothers who do not access shelter or residential treatment services.



# The Subjective Experiences of First-Time Chinese Parents' Transition to Parenthood

*Amy Wan - Hong Kong (China, SAR)*

**Short Description:** This qualitative study examines the subjective experiences of first-time Chinese parents across their transition to parenthood, the causes of conflicts and their needs through in-depth interviews. Results indicated a need for education and counselling for the couples with regards to the impact of having a child on their marital relationship.

**Abstract:** The arrival of a new baby to first-time parents is an exciting and joyous occasion, yet, the daunting task of raising the baby and the uncertainty of how it will affect the lives of the couple present a great challenge to them. This study examines the causes of conflicts and needs of the new parents through a qualitative research of five pairs of new parents in Hong Kong. Semi-structured in-depth qualitative interviews were conducted to explore the changes babies brought to their marriage, sources of support they received and found important and assistance they feel would help with their transition to parenthood. Thematic analysis was used to analyze the commonalities and differences between the five couples' subjective experiences. Narrative analysis was used to compare the experiences of two parents who are the under-functioning parent of the couple, to study the different strategies they employed in response to the over-functioning parent and to analyze how the marital relationships were affected. Four main themes emerged from the study: 1) Change and adjustment in marital relationship, 2) parents' level of involvement, 3) support in childcaring, and 4) challenges faced by the parents. Results from the study indicated that father involvement in childcaring is an important element in mother's marital satisfaction. Father's marital satisfaction is dependent upon the mother – her satisfaction with father involvement, which affects the mother's marital satisfaction. Marital convergence and co-parenting alliance acted as moderators for marital satisfaction. Implications from the study include: 1) offering programmes that improve couple relationship and enhance parenting efficacy in tandem to improve overall marital satisfaction, and 2) offer prenatal counselling services or provide education to new parents from prenatal to postnatal period that can help couples reduce discrepancies between expectations and realities of their marital relationship and parenting responsibilities after their baby is born.

# Change in Couple Therapy a proposal of Generic Indicators of Change for Couple Therapy

*Diana Rivera-Ottenberger - Chile*

**Short Description:** A naturalistic observation conducted of episodes and change moments in diverse couple's therapies, aimed at discovering the episodes and change moments in relationship during sessions of couple's therapies. The study methodology considered the structure and sequence of Consensual Qualitative Research

**Abstract:** Within the diversity of psychotherapy modalities, couples' therapy, comparatively presents less research in the process of change yet. The investigation in couples therapy isn't well established what and how the change occurs in the diverse theories models of couples therapy. The study seeks to propose a listing of General Change's Indicators (GCIs) for the couple unit and to explore how the therapist can support or block the relationship's change. A naturalistic observation conducted of episodes and change moments, aimed at discovering the change in relationship during sessions of couple's therapies of different theories perspective, but all of them with a systemic vision of conflict in close relationships. For the more, will be evaluated the emotional climate of session, marital satisfaction and subjective well-being. The study methodology considered the structure and sequence of Consensual Qualitative Research, a primary group of judges observed the sessions independently, then consensus was established on the episodes and moments identified and their domains and core ideas. Preliminary results show that it's evident that in the context of couple therapy, it's difficult to establish a moment of change in a turn of the word, as is done in the analysis of individual GCIs, preferring to refer to episodes, also observed episodes of change that begin and end in one session and others that develop in several sessions, obtaining more relevance the extra session changes reported by patients. Respect to therapeutics' action, initially it's possible observed that poor focus on equilibrate of therapeutic alliance difficult the change's process.

# Songs in Therapy – Not Only for Music Therapists: Neuroscience, Music & Family Therapy

*Beth Nemesh - Israel*

**Short Description:** Childhood songs enable clients to tap into unconscious memories, activating the body memory. Musical neuroceptions raise awareness to childhood yearnings and habitual survival stances. This holds new opportunities to appreciate and respect childhood experiences and resources, and recruit internal resources to promote personal growth, congruence and changes in present life.

**Abstract:** As a child I was puzzled by the physical pain I experienced when a piercing voice seemed to create transparent holes in my heart. I felt I was bleeding inside, the pain was real, but there was nothing external. This was incomprehensible.

Contemporary neuroscientific research and developments including Porges's polyvagal theory, Van der Kolk's works of body and trauma, Peter Levine, Daniel Stern, Pat Ogden, Daniel Siegel's work and many others establish a scientific foundation for understanding the link between body and mind, social neuroscience and the crucial importance of parental physical and emotional attunement and attachment. Clinical and self evident experiences are now gaining validity and legitimacy.

Satir's experiential family therapeutic model implies that in therapy you experience "the impact of a past event in the present" (Banmen, 2014, p. 126). Change takes place using experiential interventions in the present addressing past impacts. Using songs in therapy is a unique, easily implemented, experiential intervention. It can be easily applied by therapists without musical training.

Past and developmental histories impact our inner and relational wellbeing. Internal and external cues and events trigger our reactions. These cannot be fully explained using the cognitive, newer evolution of the brain. In many cases our bodies are triggered by cues stimulating unconscious childhood memories. The body reacts reflexively without conscious awareness, according to our internalized survival strategies. Reactions are mobilized by older parts within the brainstem without understanding why.

In this workshop we use childhood songs to tap into internal strengths and resources developed to survive life's challenges. Songs in therapy help clients tap into unconscious memories and activate the body memory. Musical neuroceptions (Porges, 2004) of sounds, voices and body experiences bring awareness to childhood yearnings and habitual survival stances. They hold a new opportunity to appreciate and respect childhood experiences which helped develop our internal resources. It is an opportunity to recruit these internal resources to promote personal growth, congruence and change in our present life and goals.

Family therapist and other professionals who are trained to use verbal and talk interventions, may find new and experiential interventions powerful and impactful.

# Video Feedback Intervention to enhance Parental Reflective Function in Primary Caregivers of Inpatient Psychiatric Children: A Pilot Feasibility Trial

*Fanny Leyton - Chile*

**Short Description:** The objective of this study is to implement a Video Feedback (VF) intervention to enhance Parental Reflective Function in primary caregivers of inpatient psychiatric children. Because there is no published research using VF with parents of children with severe psychopathology and in hospitalized context, this study is a pilot study.

**Abstract:** Introduction: One of the challenges when a child is hospitalized is working with the family. Parental reflective function (PRF) could be especially important in coping with conflict and negative emotions in older children. Video assisted therapy has demonstrated to be a powerful tool in promoting change in parent–child relationships with few sessions.

Objective: To implement a Video Feedback (VF) intervention to enhance PRF in primary caregivers of inpatient psychiatric children. Because there is no published research using VF with parents of children with severe psychopathology or in a hospitalized context, this is a pilot study which is needed to provide evidence for a larger randomized control trial (RCT).

Method: An ongoing pilot using a RCT with a sample size of 30 primary caregivers of children hospitalized at a public hospital. The intervention consists of four modules; every module has both one video-recorded play session and one VF session (in a group setting) per week. Evaluation of the caregivers will include a FMSS-RF to assess PRF, the GHQ-12, and the OPD-SQ. Children will be given the SDQ and CGAS. After every VF session, a new FMSS-RF, GHQ-12 and CGAS will be administered. To determine effect size, the results will be analyzed using a multiple linear regression.

Results: To date there are 15 caregivers recruited, the eligibility rate is 62.96%, the recruitment rate is 88.23%, the compliance rate for the intervention is 100%, the follow-up completed is 93.33% and the missing data is 5.6%. All caregivers are middle-aged women with low levels of education. The average age of the children is 11.8 years (SD 1.6) with no difference between the control and intervention groups. There is a trend in the intervention group to improve their PRF level, reaching an average score of 4 points in the intervention group and 2.5 in the control group.

Conclusion: Preliminary results will be presented. This study is expected to demonstrate the feasibility of implementing evidence-based interventions in a public service context. Additionally, it is expected this study will find a suitable effect size to design a future RCT.

# Working with Abused Children in Bolivia: Changes in Empathy and Self-Efficacy

*Michele Smith - United States*

**Short Description:** Mission trips are opportunities to get resources to areas that have great need and provide support to the community being served. Altruism is associated with greater well-being, but are there other benefits? This study examined changes in empathy and self-efficacy in a group working with abused children in Bolivia.

**Abstract:** Many people participate in service or mission trips through educational, religious, or philanthropic organizations. These trips may include clean-up, construction, healthcare, education, mental health, social support, conservation, etc. They often occur after natural disasters, but can also be part of ongoing care in a community. The goal is to provide a service to the people in the area. But what is the value to the participants? We know that altruism is beneficial to our overall well-being. This study looked at changes in empathy and self-efficacy in a group of teens and adults who spent a week working with abused children in Bolivia. Assessments on each measure were given to all participants, and each participant was age-matched with someone not participating in the mission trip. Each participant was given the measures again within 1 week of return. Both the mission trip participants and the control group were given the measures again 6 months after the initial assessment. Family therapists may be participants in service or mission trips, or may provide training for others who are going. This presentation will review results of the study, benefits and challenges in short-term community service, and ideas around training.

# Gray Divorce: Splitting Up Later In Life

*Linda Hershman - United States*

**Short Description:** While divorce rates in many countries have leveled out or declined since the 1990s, one demographic is experiencing a surge in divorces. Known as “gray divorce,” couples aged 50 and older are choosing to dissolve decades-long unions. This presentation will explore unique reasons for and challenges of late-life divorce.

**Abstract:** In the United States, it’s known as “gray divorce,” while the UK calls it “silver splitting.” The Japanese have dubbed it “retired husband’s syndrome.” These terms refer to the rising phenomenon of divorce after age 50, oftentimes after decades of marriage, and frequently initiated by women.

While the divorce rate in many countries has leveled off or decreased since the 1990s, the rate is rising in this demographic group. According to a March, 2017 Pew Research Institute study, divorce among baby boomers and seniors in the US has doubled. The think tank, International Longevity Center (ILC-UK), reveals that the divorce rate for those over 60 has increased by 85 per cent between 1990 and 2012. Canada, Switzerland, Spain, and France report rising divorce statistics among older couples. Western nations are not alone in this trend; India, Japan, and China also report a surge in silver separations.

Older couples part ways for reasons that often differ from those of the younger generation. For many, divorce in the “final third” can offer opportunities and fulfillment not available in the marriage. However, gray divorcees confront age-related obstacles, as well.

In the years 2025 to 2050, the older population is projected to almost double to 1.6 billion globally (An Aging World: 2015, International Population Reports, Wan He, Daniel Goodkind, and Paul Kowal, March 2016). Marriage and Family Therapists can expect to see an increase in older couples seeking counseling in the upcoming years as they discern how they wish to spend their later lives. This presentation positions therapists to work with the over-50 demographic by exploring unique reasons for and challenges of late-life divorce.

# Art-Based Genograms in Family Therapy: Sharing Family Stories, Finding Places for Change

*Deborah Schroder - United States*

**Short Description:** This workshop will explore the deeply meaningful use of Art-Based Genograms in family therapy. Together we will create art-based genograms and experience the depth of meaning present in symbols and metaphor. Intergenerational beliefs, and ancestral strengths and challenges, are visible as the traditional genogram squares and circles become images.

**Abstract:** Family therapists for many years, have depended on the use of genograms to understand families' multigenerational histories, issues and beliefs. Developed by Murray Bowen and extensively explored and explained by Monica McGoldrick, these detailed visual diagrams have helped therapists make sense of "who's who" in families for years.

This workshop will explore what can happen when we ask families to create art-based genograms together, using images and symbols to identify family members, ancestors, the quality of relationships through-out family history, and the issues and beliefs that move from one generation to the next. Suddenly, through art, an almost magical movement into deep meaning and understanding happens. Stories of ancestors' strengths, struggles, family patterns, beliefs, rules (spoken and unspoken) come alive as family members become visible on the page.

We can also understand the historical and multicultural contexts for our client's family members. The creation of an art-based genogram allows the "landscape" or "backdrop" to be present too. Art allows historical trauma to literally be in the picture and the intergenerational transmission of trauma can be made visible through colors, shapes and lines.

Participants will have the opportunity to explore the power of imagery present in their art. No prior art making skills are required. The value is in the honesty - even a little stick-figure bear can bring memories and stories to life. We will explore how to take the basic facts present in a traditional genogram, and transform that information into a deep, meaningful reflection on a chosen handful of our relatives. And once the deeper meanings appear, we each have a choice about how to move forward into the future. "No matter how the stories become visible in the art . . . once they are visible, we have choice. We can choose whether the volcano's way of being, or the dolphin's way of interacting in the world, are embraced and then bestowed upon the next generation" (Schroder, 2015, p. 110).

Schroder, D. (2015). Exploring and developing the use of art-based genograms in family of origin therapy. Springfield, IL: Charles C. Thomas.

# Art-Based Genograms in Family Therapy: Sharing Family Stories, Finding Places for Change

*Deborah Schroder - United States*

**Short Description:** This workshop will explore the deeply meaningful use of Art-Based Genograms in family therapy. Together we will create art-based genograms and experience the depth of meaning present in symbols and metaphor. Intergenerational beliefs, and ancestral strengths and challenges, are visible as the traditional genogram squares and circles become images.

**Abstract:** Family therapists for many years, have depended on the use of genograms to understand families' multigenerational histories, issues and beliefs. Developed by Murray Bowen and extensively explored and explained by Monica McGoldrick, these detailed visual diagrams have helped therapists make sense of "who's who" in families for years.

This workshop will explore what can happen when we ask families to create art-based genograms together, using images and symbols to identify family members, ancestors, the quality of relationships through-out family history, and the issues and beliefs that move from one generation to the next. Suddenly, through art, an almost magical movement into deep meaning and understanding happens. Stories of ancestors' strengths, struggles, family patterns, beliefs, rules (spoken and unspoken) come alive as family members become visible on the page.

We can also understand the historical and multicultural contexts for our client's family members. The creation of an art-based genogram allows the "landscape" or "backdrop" to be present too. Art allows historical trauma to literally be in the picture and the intergenerational transmission of trauma can be made visible through colors, shapes and lines.

Participants will have the opportunity to explore the power of imagery present in their art. No prior art making skills are required. The value is in the honesty - even a little stick-figure bear can bring memories and stories to life. We will explore how to take the basic facts present in a traditional genogram, and transform that information into a deep, meaningful reflection on a chosen handful of our relatives. And once the deeper meanings appear, we each have a choice about how to move forward into the future. "No matter how the stories become visible in the art . . . once they are visible, we have choice. We can choose whether the volcano's way of being, or the dolphin's way of interacting in the world, are embraced and then bestowed upon the next generation" (Schroder, 2015, p. 110).

Schroder, D. (2015). Exploring and developing the use of art-based genograms in family of origin therapy. Springfield, IL: Charles C. Thomas.



# What you see is not what it is: Functional Dialectic System approach

*Moshe Almagor Tikotzki - Israel*

**Short Description:** The FDS approach is a short - term -focused therapy The approach is based on three suppositions: A. Behavior is goal-directed and functional. The goal is satisfaction of basic needs provided by the system. Meaning of behavior is best elucidated by Hegelian dialectics. Thus, the problem is actually the solution.

**Abstract:** The Functional Dialectic System (FDS) approach is a short - term focused therapy designed to be used in an individual, couple, or family therapy. The approach is based on three basic suppositions: A. Every behavior is goal-directed and functional. The behaviors and difficulties brought for therapy are actually the solution to the problem. The problem the client copes with is more threatening to the person's vital needs. B. The system provides its members' vital needs; order, security, belongingness and identity. C. The multi-meaning of behavior is best elucidated by the use of dialectical thinking. Hegelian dialectics sees an inherent conflicts between the opposing meanings of things. The conflict leads to a change in the direction thought of as leading to need satisfaction. When the person feels anxious and insecure regarding his/her need satisfaction, he/she may develop behaviors aiming to secure gratification of these needs. This behavior, when evaluated out of its systemic context, may appear inadequate or pathological as anxiety, depression, conduct disorder, etc. Understanding the dialectical meaning of behavior is instrumental in elucidating its functionality. Anxious behavior may represent an attempt to cope with the fear of loss of control. This behavior is actually a means to gain control over a more threatening issue such as the breakdown of significant relationship. Consequently, the goal of therapy is the problematic relationship. The ensuing functional dialectical cognitive shift leads to a quick second-order change. The ability to think dialectically empowers the person and enables him/her to see the opportunity embedded in the crisis situation and be optimistic about his/her competency.

# Point of View Matters: Celebrating the 100th birthday of John H. Weakland - Family & Brief Therapy Pioneer

*Wendel Ray - United States*  
*Samuel Shannon - United States*

**Short Description:** 2019 marks John Weakland's 100th birthday. An important contribution of Weakland's & MRI colleagues was outlining why and how Point of View matters – it is not a matter of IF but HOW therapist biases influence therapy / supervision. Implications to systemic practice of therapist biases will be explored.

**Abstract:** While systemic thinking permeates family theory and therapy, clear expression of conceptual presuppositions can be obscured with the passage of time and the resurgence of alternative approaches. 2019 marks the 100th birthday of John Weakland, an irreplaceable pioneer of Communication / Interactional Theory, Conjoint Family Therapy, and Brief Therapy. Accomplished chemical engineer and cultural anthropologist, Weakland was asked by Gregory Bateson to join his renowned Palo Alto Research Team. John was also among the first persons asked by psychiatrist Don Jackson to join him at the Mental Research Institute (MRI). Later, Weakland joined psychiatrist Richard Fisch and Paul Watzlawick in founding the MRI Brief Therapy Center.

In a 1979 memo to the MRI Board of Directors, Weakland proposed a Mission Statement: "The basic aim of the institute is to explore and encourage the use of an interactional view toward better understanding and more effective resolution of human problems – from the family to all other levels of social organization." Weakland went on to state, "Despite its brevity and apparent simplicity, the implications of this statement – that is, what sort of actions ... would constitute pursuit of this aim and what would not – may not be clear to some ... I believe failures of understanding mainly concern the central term "the interactional view." My experience is that it is very difficult to convey that "view" should be taken both literally and seriously. That is, the central concern of the Institute's work is not a matter of what, concretely, is to be observed and studied – not even the family, despite the importance of family study and family therapy in the origin and development of MRI. Rather, it is a question of how, the (conceptual) angle or point of view from which observations are made. ... What is so special or distinctive about the interactional view?"

Weakland's focus on current interaction and what he terms "point of view" lies at the heart of seeing, hearing and acting in systemic research, therapy, teaching and supervision from an Interactional perspective. The implications of Weakland's call for an Interactional View will be explored.

# A Qualitative Study Exploring African-American Lesbian Mothers' Family Experiences Using Both an Intersectionality and a Risk-Resilience Framework

*Brie Radis - United States*

**Short Description:** To generate an understanding of perspectives of lesbian African-American parents from an urban area on well-being, risk, and protection; explore reasons for risk and what parents need to protect members their families, and their community; and to identify strategies to support lesbian-parenting families; and to inform professionals.

**Abstract:** This was a qualitative research study and data collection was through semi-structured, open-ended interviews with a purposeful sample of 15 African-American lesbian mothers. The participants were between the ages of 27 and 52, and had been with a partner for over a year. All interviews were audio recorded and transcribed, and analyzed using a modified constructivist grounded theory methodology.

Results: The experiences of participants in this study did not fit easily into the categories of risk and protective factors. Some mothers experienced both safety and risk for the same factors. Each of the family constellations was unique and the mothers used diverse pathways to parenthood. Families who experienced racism often felt more protected from racism in predominately African-American neighborhoods but still experienced homophobia. Risks that most commonly presented themselves were feeling unsafe in their neighborhoods especially in the current political context, discrimination towards themselves, their families and their children, institutional racism, and having to come out over and over again. Protective and safety factors that were most prevalent were family support, the Black Lives Matter Movement and spiritual support. Prominent themes supporting family well-being were spending time together as a family, the home environment as a safe place, and the mothers experiencing family support within the household and from extended family. Class was a protective factor for individuals who were middle to upper class. Spirituality, marriage, and gender non-conforming presentation were considered both risk and protective factors.

# Using the Person of the Therapist Training (POTT) model in supervision

*Alba Nino - United States*

**Short Description:** In this presentation, we will discuss how the Person of the Therapist Training (POTT) model can be used in supervision. We will describe POTT's premises, and present tools and assignments supervisors can use to help supervisees increase self-awareness, and use the richness of their personal experience in their clinical work.

**Abstract:** The Person of the Therapist Training (POTT) model was developed by Dr. Harry J. Aponte in the 1980s in the United States. The goal of this model is to help clinicians use different aspects of their personhood to enhance their therapeutic effectiveness. This model focuses on helping clinicians gain self-awareness, access different parts of themselves, and purposefully use these personal resources to better serve their clients.

At the core of this model is the concept of the signature theme. This concept refers to the lifelong struggles that we face in our lives and the pains, losses, and traumas that are at the core of these struggles. From the perspective of this model, it is in these struggles and in how we manage them that we are most in touch with our humanity. By focusing on signature themes, POTT helps trainees to be more clearly connected with their own humanity, which helps them to see and connect with the humanity of their clients.

In the implementation of POTT, Dr. Aponte has developed specific assignments and tools to help trainees identify and understand their signature themes, and to use this renewed embracing of their own humanity in their clinical work. Two of these tools, the Supervisor Instrument and the Post Supervisory Questionnaire are very useful in conducting supervision using the POTT model.

In this workshop, participants will become familiar with the premises of POTT and will learn about how to use these premises in supervision. Participants will also learn how the Supervisor Instrument and the Post Supervisory Questionnaire can be used in supervision to promote a more humanistic and compassionate view of clients, and a richer and more purposeful use of self.

Note: this presentation is part of a Supervision Track organized by Dr. Bill Northey.

# Using the Person of the Therapist Training (POTT) model in supervision

*Senem Zeytinoglu Saydam - Turkey*

**Short Description:** In this presentation, we will discuss how the Person of the Therapist Training (POTT) model can be used in supervision. We will describe POTT's premises, and present tools and assignments supervisors can use to help supervisees increase self-awareness, and use the richness of their personal experience in their clinical work.

**Abstract:** The Person of the Therapist Training (POTT) model was developed by Dr. Harry J. Aponte in the 1980s in the United States. The goal of this model is to help clinicians use different aspects of their personhood to enhance their therapeutic effectiveness. This model focuses on helping clinicians gain self-awareness, access different parts of themselves, and purposefully use these personal resources to better serve their clients.

At the core of this model is the concept of the signature theme. This concept refers to the lifelong struggles that we face in our lives and the pains, losses, and traumas that are at the core of these struggles. From the perspective of this model, it is in these struggles and in how we manage them that we are most in touch with our humanity. By focusing on signature themes, POTT helps trainees to be more clearly connected with their own humanity, which helps them to see and connect with the humanity of their clients.

In the implementation of POTT, Dr. Aponte has developed specific assignments and tools to help trainees identify and understand their signature themes, and to use this renewed embracing of their own humanity in their clinical work. Two of these tools, the Supervisor Instrument and the Post Supervisory Questionnaire are very useful in conducting supervision using the POTT model.

In this workshop, participants will become familiar with the premises of POTT and will learn about how to use these premises in supervision. Participants will also learn how the Supervisor Instrument and the Post Supervisory Questionnaire can be used in supervision to promote a more humanistic and compassionate view of clients, and a richer and more purposeful use of self.

Note: this presentation is part of a Supervision Track organized by Dr. Bill Northey.

# Expressive Therapy Techniques for Working With Adolescents Impacted by Shame

*Daniel Sweeney - United States*

**Short Description:** Shame is an intense systemic emotional state based on the distortion that one is fundamentally flawed. Adolescents experiencing shame need a therapeutic experience that is nontoxic. Expressive therapies (art, sandtray, drama) provide a kinesthetic experience and therapeutic distance that helps adolescents process shame and experience abreaction in a safe environment.

**Abstract:** One of the most challenging and impactful challenges faced by adolescents is the issue of shame. Shame, by its own nature a systemic issue – is an intense and painful experience and emotional state based on a distorted belief that one is fundamentally flawed [and therefore not worthy of approval and attachment] – can cause various levels of pathology. Expressive therapies [such as art, sandtray, & drama therapy, etc.] can provide hurting adolescents a safe relationship and place in which to abreact: (1) through the use of metaphors & symbols, where the projective medium may represent the shame & trauma; (2) through the use of projection, where intense & frightening emotions may be projected onto the expressive medium; & (3) through sublimation, where the emotions of shame from & toward people may be displaced onto expressive media.

Adolescents experiencing issues of shame need a therapeutic experience that is physically, emotionally, and relationally secure. Expressive therapies provide a therapeutic distance and kinesthetic nature that helps adolescent clients process the intra- and interpersonal pain of shame and thus experience abreaction in a safe environment. Expressive therapies have established developmental, psychological, and neurobiological benefit. This workshop will explore the theory and practice of shame & expressive therapies, including specific examples and suggested interventions.

# LGBTQ+ Individuals and Spirituality

*Faith Wonbin Jung - United States*

**Short Description:** In this workshop, the presenter will discuss negotiating the intersection of sexual and religious identities, religious traumas that LGBTQ+ individuals face in religious environments, LGBTQ+ individuals' sexual identity development in a heteronormative religious environment and clinical implications as to how to honor religious LGBTQ+ individuals' stories in practice.

**Abstract:** Religion and Sexuality, the two words, usually do not belong in the same sentence - this is especially true in the LGBTQ+ community. However, as we practice, we frequently meet LGBTQ+ clients who come from religious backgrounds. In this workshop, the presenter will discuss negotiating the intersection of sexual and religious identities, religious traumas that LGBTQ+ individuals face in religious environments, LGBTQ+ individuals' sexual identity development in a heteronormative religious environment and clinical implications as to how to honor religious LGBTQ+ individuals' stories in practice.

# The Use of Sculpting in Therapy: Satir Transformational Systemic Therapy

*Jennifer Nagel - Canada*

**Short Description:** This experiential workshop will explore the use of sculpting to externalize the internal dynamics of what is going on within an individual, couple, or family in their relationships with themselves and others.

**Abstract:** Virginia Satir often used sculpting in her work to externalize the internal dynamics of what was happening both within and between individuals. Sculpting is a vehicle for change as it taps into the wisdom of the body to access possibilities that are out of an individual's awareness. Memories are stored at a cellular level in the body. Sculpting is one way of accessing cellular memory and the subconscious knowledge that would otherwise be unavailable to them. In this experiential workshop, we will explore a variety of ways to use sculpting in therapy and group processes. The neurobiology of sculpting will be explored for a greater awareness of the power of experiential processes to bring about transformational change. Creative options for how to use sculpting in individual, couple, and family therapy will also be explored. Through lectures, small group discussion, and experiential learning, participants will have an opportunity to both conceptualize and experience sculpting for themselves.



# Creative Techniques in Supervision

*Martin Gill - United Kingdom*

*Hannah Sherbersky - United Kingdom*

**Short Description:** From the collaborative perspectives of systemic and psychodramatic psychotherapy, this workshop presents key example of supervisory action methods and draws on theoretical material from contemporary schools of training. Supervisors will be invited to explore the application of these models to their existing work context.

**Abstract:** Martin and Hannah have been delivering experiential workshops in creative action methods and their applied use in individual and group clinical supervision nationally for many years.

In this challenging and rigorous era of evidence-based practice and treatment pathways, the pressure is on to maintain creative energy. Many clinicians work creatively in their clinical settings, but may lose spontaneity and vitality in the supervisory process. This workshop explores and encourages clinicians to develop their creative energy and innovation within their supervisory practice.

This training provides practical skills in actions methods and demonstrates the compatibility of action methods with the competencies identified in the supervision of psychological therapies framework (Roth & Pilling, 2009). Our aim is to strengthen and extend existing supervision practice within multi-disciplinary contexts.

The training presents several distinct supervisory action methods and draws on theoretical material from contemporary schools of supervision training. From our collaborative perspectives of systemic and psychodramatic psychotherapy, we encourage supervisors to explore the application of these models to their existing work context. It is designed for any allied health professional involved in the supervisory process.

This training draws on material from the chapter 'Integrating Creative Approaches within Family Therapy Supervision' by Hannah Sherbersky from Supervision across Modalities (Ed. Chesner & Zografou, 2013). It also includes material from Martin Gill's research interest on family therapy and therapeutic spontaneity.

Past trainee feedback;

"Brilliant, I came away feeling inspired and refreshed!"

(Adult Mental Health Nurse, Derby NHS, Supervision in Action, 2014)

"By far one of the best, practical trainings to support my clinical practice."

(Clinical Psychologist/Supervisor, Cardiff University, 2017)

Sherbersky, H. (2013) 'Integrating creative approaches within family therapy supervision' in Creative Supervision across Modalities (Ed. Chesner, A., & Zografou, L) London: Jessica Kingsley

Sherbersky, H., & Gill, M. (2013) Rediscovering Spontaneity. Context, p.34-38.

# Systematic Model of Intervention in High Conflict Post-Marital Child Alignment/Rejection

*Robert Colby - Canada*

**Short Description:** Intervention of the REACH Team focuses on understanding the personal and family history of individual family members in order to facilitate resolution in high conflict marital break-up where children become drawn into the conflict.

Interventions that incorporate the historical personal dynamics can facilitate the family in refocusing on resolution.

**Abstract:** Parenting involvement is heavily influenced by each parent's personal family history and personal experiences. The breakup of the family triggers each parent's greatest fears of loss of their self-definition and role. They engage in a manner to address threat in what they believe will protect both themselves and their family. Their responses are reactive and reflect experiences of trauma and reactive self-protection that can integrate protectiveness, aggression and hatred.

The REACH Team is made up of psychologists working as an integrated team. The practitioners have years of experience in Family Court, Family Law, Custody, and Access Assessments, Integrated Divorce Services, Collaborative Law, Family Therapy, Child Therapy, and Play Therapy, within both therapeutic and forensic settings.

The treatment team is made up of three to four therapists. Each parent has a therapist and there is a child therapist for the children. In a case where there is a significant age difference within the child group, two separate therapists may be used, consistent with their experience with specific age children. An essential team member is the Court Designate who establishes a barrier between the litigation and therapeutic processes. They communicate with legal counsel, the Court, and act as a Case Manager when required. The REACH therapeutic team has two integrated goals. Firstly is to explore and understand the family relationship system. Secondly to help the parent-child relationship move forward, keeping with the best interests of the children.

The process begins with each therapist working with the client separately, before engaging in group meetings with both parent-therapists and both clients to define issues and seek understanding and resolution. The child therapist(s) meets with each of the parents separately before meeting with the children separately and then with each of the parents and the children together. The child therapist(s) will provide briefs and communicate with the parent's therapists in terms of the status and concerns regarding the children.

The team moves forward under case management and with team meetings while continuing to engage with the clients, assisting them in moving forward and resolving the issues of child-parent detachment.

# Creating Reality Through Language: Paul Watzlawick & the MRI Brief Therapy Team

*Wendel Ray - United States*  
*Theresa Dronet- United States*

**Short Description:** Paul Watzlawick, and MRI Brief Therapy Center colleagues Dick Fisch and John Weakland, made influential contributions to the interactional view of human behavior and creation of brief therapy. Using rare video and audio recordings Watzlawick's contributions the pragmatics of human behavior, interactional/radical constructivist theory, and brief therapy will be presented.

**Abstract:** Well known in communication and constructivist theory, family and brief therapy Paul Watzlawick, with MRI Brief Therapy Center colleagues Dick Fisch and John Weakland, made influential contributions to the interactional view of human behavior and the creation of family and brief therapy. Prolific author translated into 80+ languages, Watzlawick & colleagues described interactional and constructivist processes, creating a non-pathology-based understanding human behavior, and effective approaches to family and Brief Therapy. Watzlawick vividly described the implications of communication and interaction; the relational/contextual nature of human existence - what Gregory Bateson called a more ecologically sound epistemology. Trained in traditional individual analytic theory, after meeting family pioneer Don Jackson, Watzlawick completely shifted orientation, abandoning individual conceptions of human behavior and fully embracing the communication/interactional approach. Student of the three founding thinkers: Gregory Bateson, Don Jackson, and Milton Erickson, Watzlawick adopted this radically alternative science, conducting research leading to numerous influential publications, for example, *Pragmatics of Human Communication*, with Beavin-Bavelas and Jackson; in constructivism (see *How Real is Real* and *The Invented Reality*). A life devoted to clinical practice, research and teaching, fluent in five languages, Watzlawick taught students at MRI and across the globe, becoming nearly as well-known as Gregory Bateson or Milton Erickson, quite a testimony to decades of pedagogy. A gifted therapist, Watzlawick pioneered use of interactional/communication precepts in doing therapy briefly. Original member of the MRI Brief Therapy Center Team (BTC), Watzlawick's collaboration with Weakland and Fisch created one of the most effective and efficient therapy approaches – MRI Brief Therapy (see for example the article *Brief Therapy: Focused Problem Resolution*, 1974), and book *Change – Principles of Problem Formation and Problem Resolution*, 1974.) Through training multitudes, and prolific writing, Watzlawick left an inspirational legacy. In communication/interactional and constructivist theory Watzlawick stands among such giants as Gregory Bateson, Heinz von Foerster, and Ludwig Wittgenstein; and in brief therapy among such pioneers as Don Jackson, and Milton Erickson. Rare video and audio recordings will be used to outline Watzlawick's contributions to the understanding the pragmatics of human behavior, interactional and radical constructivist theory, family and brief therapy.

# The "Nuts and Bolts" of Clinical Supervision

*Jay Burke - United States*

*Katheryn Whittaker- Cayman Islands*

**Short Description:** Clinical supervision is essential to the development of competent marriage and family therapists. This presentation will discuss the logistical "nuts and bolts" of the supervision process, including contracting, resources, necessary technologies, format, roles, and establishing expectations.

**Abstract:** Clinical supervision is the signature pedagogy of the mental health professions. The most common clinical training models utilized involve a journeyman clinical supervisor working with an apprentice trainee or intern. Additionally, supervisors hold a key role in the training process and commonly act as one of the gatekeepers for burgeoning clinicians to advance to the next level of training or to independent licensure. As such, clinical supervision is imperative to both the development of therapeutic competence and the subsequent delivery of effective clinical practice for mental health professionals across all mental health disciplines. An overview of the essential components of clinical supervision, including key elements of a successful supervisory working alliance and relevant support resources, in addition to other practical considerations will be discussed. Firsthand experience and personal anecdotes will be used to illustrate common challenges and practical implications, as well as facilitate discussion around troubleshooting strategies.

# Role-play and skills development

*Mo Yuen Han - Hong Kong (China, SAR)*

*Chiu Man Sze - Hong Kong (China, SAR)*

**Short Description:** This study was about a social work degree program for social work students to develop core skills in client-centered therapy, solution-focused therapy and structural family therapy. Role-plays, based on scenarios designed by the students, were recorded as video and played within workshop's presentation. Peers and tutor provided feedback on role-plays.

**Abstract:** It is essential for social work students to learn different counselling theories and to master the core skills of each counselling approach. Skills development was a major component of social work teaching in counselling practice. Bolger (2014) considered video-modelling as an effective means for social work students to improve their counselling skills. Fukkink, Trienekens, and Kramer (2011) conducted a meta-analysis of 33 studies during the period from 1973 to 2009 to investigate the effect of video playback on learning interaction skills. The results demonstrated the significant effects of video playback because it offered opportunities for a person to review his or her performance. This study was about a module specially designed in a social work degree program to enable social work students to develop core skills in client-centered therapy, solution-focused therapy and structural family therapy. The three counselling approaches were taught in a core social work subject. Role-plays, based on scenarios designed by the students, were recorded as video and played within workshop's presentation. Students were required to role-play the skills in any one counselling approach. Peers and tutor provided feedback on role-plays. 60 students, divided into four groups, were enrolled in the role-play workshops and their written feedbacks were collected. Most students valued for their skills development in this role-play teaching method. Student participation and engagement were high. Future change to the role-play method should address the anxiety facing students on being recorded, the amount of workload and the time students spent on fulfilling the course requirement.

# Conquering client feedback jitters: Build a bridge and get over it!

*Khadijah Bhutto - United States*

*Mary Bozigian - United States*

**Short Description:** This workshop addresses common therapist reservations related to incorporating Feedback Informed Treatment (FIT) into clinical practice with adults and children. FIT can improve client outcomes, retention rates, and length of treatment. Participants will demonstrate competency in the three I's of FIT and learn to integrate evidence-based measures with confidence.

**Abstract:** This workshop will address common therapist reservations related to incorporating Feedback Informed Treatment (FIT) into clinical practice. Research shows that FIT improves client outcomes. It has been shown to double the effect size of client improvement, reduce hospitalizations, boost retention rates, and shorten the course of treatment. FIT has been shown to be especially helpful for clients who are not improving. Many clinicians believe they already incorporate client feedback. However, in one study, 90% of therapists who believed they were already incorporating feedback into their clinical practice, further improved client outcomes after the application of FIT. Soliciting client feedback using FIT measures can seem daunting and anxiety provoking at first, but it can be greatly beneficial to both the client and the therapist.

In this workshop, learners will increase professional awareness of obstacles, objections, and hesitations to the clinical application of FIT. Participants will demonstrate competency in the three I's of FIT: Introducing, Integrating, and Informing. Learners will gain working knowledge of the application of the Outcome Rating Scale (ORS) and Session Rating Scale (SRS). Participants will learn to integrate evidence-based measures to gauge treatment progress, goal alliance, and the therapeutic alliance, with confidence. Apprehensions regarding discussions about the therapeutic alliance will be thoroughly examined. Special attention will be dedicated to the clinical application of FIT with children and their families.

# Connecting from a Distance: Nuts and Bolts of Online Supervision

*Yulia Watters - United States*

**Short Description:** Online based supervision continues to raise questions among practitioners and scholars (Twist, Hertlein, & Hider, 2016). Using the materials from recently conducted qualitative studies, as well as specific examples from the online based supervision practice, the presenter will engage participants in a reflection on best practices in online supervision.

**Abstract:** Online based supervision modality continues to raise questions and sparkle curiosity among practitioners and scholars (Perry, 2012; Twist, Hertlein, & Hider, 2016). The presenter of this workshop teach, practice, supervise, and conduct research in an online environment. Using the materials from recently conducted qualitative studies, as well as specific cases and examples from the online based supervision practice, the presenter will engage participants in a reflection on best practices in online supervision. Attendees will also learn about practical guidelines that make a distance-based interaction more meaningful for both supervisors and supervisees. In an interactive workshop participants will review technological perks and downfalls of an online setting, reflect on engaging strategies in online supervision, and examine ethical questions pertaining to a distance-based environment. The presenter will also engage attendees to consider the formation of a MFT identity in the context of online education.

# Constellation exercises for supervision: Bringing somatic intelligence to reflective practice

*Roger Lowe - Australia*

**Short Description:** Systemic constellation work brings a felt sense of bodily and spatial awareness to clinical supervision. It works in a language of intuition, gaze, direction, and proximity, adding to the richness of reflective practice. This experiential workshop will guide participants through a series of structured exercises aimed at illuminating these dimensions.

**Abstract:** Sometimes standing and moving can be more useful than sitting and talking. Systemic constellation work is an active experiential method that complements conventional forms of reflective practice by bringing somatic intelligence to the fore. A supervisee is invited to step out of the immediate content of the issue and experience the situation from different perspectives in an embodied rather than cognitive way. A key feature is the physical and spatial representation of important elements in a supervision dilemma. A variety of verbal and non-verbal methods are used to physically map the hidden dynamics of the dilemma and explore possibilities for change.

Constellation work is about showing, rather than telling, enriching the scope and vocabulary of reflective practice.

However, the success of the method involves participants learning to experience a 'felt sense' of their body in space, a form of 'somatic intelligence', based in a language of embodiment, intuition, gaze, directionality and proximity. This can be challenging for supervisors accustomed to more cognitive or systematised ways of working, and can discourage attempts to engage with the approach.

The aim of this experiential workshop, therefore, is to encourage participants to develop their sense of somatic intelligence. Participants will be guided through a series of structured exercises aimed at enhancing this capacity in the context of professional supervision. This can prepare the way for engaging in constellation work.



# Islamic Psychology as an applied theory

*Heather Laird - United States*

**Short Description:** This session presents the theory of change, the role of the therapist, key concepts, interventions and treatment utilizing an Islamic Psychology. This is helpful in learning how to be a competent therapist for treating the Muslim population. Muslims make up almost 2 billion people of the world's population (roughly 25%).

**Abstract:** Muhammad ibn Abdullah (also known the as Prophet Muhammad of Islam) received the first revelation in 610 A.D. After the period of revelation, a systemic approach to society from the macro level to the micro level was established in Arabia. This civilization prospered and expanded as far east as China and Indonesia and as far west in modern times to the United States. Out of this civilization developed a handful of Islamic law canons which heavily influenced and continue to influence how Muslims live around the world today. This way of living has created patterns of behavior and thinking that are the fundamental elements of an Islamic Psychological framework. As such, there is a need to develop a working theory to represent this systemic view and provide concrete interventions to use with this population of clientele. This session presents the theory of change, the role of the therapist, key concepts, interventions and treatment utilizing an Islamic Psychology. This is helpful in learning how to be a competent therapist for treating the Muslim population. Muslims make up almost 2 billion people of the world's population (roughly 25%) and are the fastest growing population of religious peoples. This is an interactive session, and beneficial for those wanting to expand their skill sets.

# Keep the Experience First: Bridging the Gap between Spirituality & Emotion Focused Therapy

*Michelle Engblom-Deglmann - United States*

**Short Description:** Given the highly relational and often spiritual nature of Emotionally Focused Therapy, removing the spiritual-self of therapists of faith from therapy is often impossible, and should instead be integrated in a thoughtful and intentional way. This presentation, through an experiential process, will examine how this can be accomplished.

**Abstract:** Faith integration with therapy is so often interpreted as bringing scripture into the therapy room (Hardin, 2014; Johnson & Sanderfer, 2016; McFee & Monroe, 2011). Emotionally Focused Therapists (EFT) have sought to find other authentic ways to integrate Christianity, ranging from scriptural integration (Hardin, 2014) to more emotion-based integration with an emphasis on the therapeutic process

(Hart & May, 2003). Gaps still remain for many therapist in bridging these two potentially complementary constructs. This presentation will examine bringing the therapist's spirituality into the room in an organic, sincere way. Emotionally focused therapy seeks to make emotional and spiritual connections with loved ones in authentic, emotionally deep ways, which are, in themselves, spiritual experiences

(Elliot, 2006). The significance of emotion to well-being is evident, first and foremost, in many spiritual words and books (Kim-van Daalen & Johnson, 2013). The hurt and emotional injuries that exist in the lives of people reveal the need for emotional healing. Many Christians and spiritual beings know a higher power and/or their partner loves them, yet are plagued with feeling of unworthiness insecurity. It is by experiencing spiritual love, or the commitment of a loved one, that love can become real. People in marital relationships and relationship with a higher power often need a corrective therapeutic experience that encompasses deep healing, attunement, connection and a sense of being seen, and Emotionally Focused Therapy provides this. The experience of connection that occurs between couples in EFT exudes a spiritual process. Through an experiential process, we will demonstrate that the work of emotionally focused therapists is, in itself, spiritual and, for Christians, a Christ-based process, without having to attribute scripture to the process, thereby creating a dynamic that can be beneficial for clients regardless of their spiritual or religious background.

# Metaphors in Healing Stories and Stories that Heal

*William Scott - United States*

**Short Description:** The therapist as an audience, empowers clients to become author-ities, and more involved in the construction of their own healing stories while also using metaphor and storytelling principles to construct and share stories that heal. Key elements of narrative practice will be shared which create space for transformative, client-generated metaphors.

**Abstract:** The collaborative therapist both shares potentially healing stories and as an audience to client's 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, 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 will be reviewed. Finally, storytelling principles for constructing healing stories will be discussed. Lankton's story construction using embedded metaphors (a story within a story within a story) will be shared and participants will be invited to construct their own healing stories. Finally, metaphors in therapy can serve many purposes. The utility of client- and therapist-generated, and co-constructed metaphors will be discussed. Specifically, metaphors during termination will be explored experientially. For example, metaphors that highlight cleaning up, travel, new ways of sensing or understand the world, obtaining a better position, or having acquired gifts, tools, and keys to use will be shared with participants who will be invited to construct their own significant metaphors. Deeper understanding should result from an activity to explore the story within the story metaphor.

In the first part, the narrative metaphor will be explored and the guidelines for effective practice in facilitating the co-construction and re-authoring of healing stories will be presented. In the second part, storytelling practices that assist the counselor in the telling of metaphorical, and healing stories will be reviewed and practiced. Multimedia and slides will be used throughout the presentation. Quotes, graphics and art from multiple sources will be used to illustrate the points. Humor will be incorporated and stories will be shared. This presentation is regularly updated with new material.

# **Integrating EMDR and the Metaframeworks perspective to Heal Psychological Trauma in Couples.**

*Diana Mille - United States*  
*Anibal Torres Bernal - United States*

**Short Description:** This presentation provides an innovative and in-depth look into the integration of Eye Movement Desensitization and Reprocessing (EMDR) and a seldom considered and carefully crafted family systems modality, namely the Metaframeworks Perspective, to heal trauma in a systems paradigm.

**Abstract:** Psychological trauma affects not only those exposed to it, but also those around them. It is often the case when working with couples that we discover that one if not both individuals are suffering from psychological trauma informed by earlier insecure attachment and toxic memories that can manifest as intense reactivity within the couple framework. As a neurobiological protocol, Eye Movement Desensitization and Reprocessing (EMDR) assesses and re-processes insecure attachment, quickly locates emotional blocks and trauma, and changes negative cognitions. This affords the couple system an opportunity to disclose their stressful narratives, practice more systemic skills, and attain a more empathetic and safer environment. While there is scholarship that addresses the integration of EMDR with Family Systems Therapy (FST) (i.e. modalities such as Emotionally Focused Therapy (EFT), Conjoint Couple Therapy, Social Construction (Narrative Therapy), psychodynamic therapy (Object Relations), among others, there has been little consideration of integrating a well-crafted family systems modality such as the Metaframeworks perspective whose intent is isomorphic with EMDR. Therefore, this presentation has three objectives. First, we seek to theoretically define and characterize both EMDR and the Metaframeworks perspective, placing an emphasis on the latter assuming our audience has less familiarity with this family systems modality than with EMDR which has been researched, published and presented with increased regularity. We will summarize, for instance, the major concepts of the Metaframeworks perspective including the theories of the human condition, constraints, perspectivism, isomorphism and the therapeutic alliance to establish an isomorphic presence with the theoretical and practical application of EMDR. The second objective of the presentation is to summarize the all-important multicultural, spiritual, and gender-specific conversations that the Metaframeworks perspective “brings to the systemic table.” Finally, this presentation aims to interweave segments of our individual EMDR and FST couple sessions where both individuals experienced psychological trauma came to understand the reactivity of the “other,” share their experiences with curiosity and compassion, and develop an ability to self-regulate. In the end, we hope our presentation clearly articulates how two isomorphic practices, one neurobiological, the other therapeutic, can successfully be integrated to help clinicians heal trauma in couples.

# Family therapy and an adult with Asperger Syndrome

*Joyce Lai Chong Ma - Hong Kong (China, SAR)*

*Lily Xia - Hong Kong (China, SAR)*

*Joanne Chi Yan - Hong Kong (China, SAR)*

**Short Description:** This presentation would share our clinical experience in helping a Chinese family of a father with HFA in Hong Kong, who was depressed, became withdrawn and disconnected from his wife and the two children after a bankruptcy resulted from high-risk stock trading.

**Abstract:** High-functioning autism (HFA) is a neurodevelopmental disorder characterized by normal intellectual functioning but significant social communication impairments as well as rigid thoughts and behaviours. Their difficulties in understanding others' perspectives, as well as limitations in emotional comprehension and expressions may affect their social and intimate relationships throughout their lifespan. Early identification and training for children with HFA has been emphasized overseas and in Chinese societies. Social communication skill training, in individual or group format, has shown to be effective in improving peer relationship of children and young adults with HFA. However, existing intervention strategies have the limitation to address the intimate relationship and parental relationships of adults with HFA as they move along the developmental stages. In clinical practice, there are increasing number of couples, with one or both partners with HFA, seeking intervention on their couple or family relationships. Despite the increasing demand, there is not yet any study exploring ways of helping these couples or families in a Chinese context such as Hong Kong. In view of the service gap, the SAHK, an non-profit organization, which has a project specializes in supporting adults with HFA, in collaboration with the Family and Group Practice Research Centre, Department of Social Work, CUHK, has launched a pioneer clinical project, aiming to develop a family centered intervention, which comprises family therapy and multiple family therapy, to Chinese families of a parent with HFA.

In this presentation our research team would like to share our clinical experience in helping a Chinese family of a father with HFA in Hong Kong, who was depressed, became withdrawn and disconnected from his wife and the two children after a bankruptcy resulted from high-risk stock trading. There are four parts of the presentation: (a) developmental challenges faced by an adult with HFA and his or her family; (b) family assessment of the Chinese family of a father with HFA; (c) family treatment of this family; and (d) the healing journey of the family. Clinical insights and treatment principles would be delineated on the basis of this case study.

# Supervising Cross the Professional Life Span

*William Northey - United States*

*Mark Rivett - United Kingdom*

**Short Description:** Exploration of the different styles, focus, and methods needed to supervise across the professional life cycle concentrating on approaches to supervising newly qualified family therapists and experienced clinicians who may pose new challenges in supervision. Exploration of the processes that occur in these different stages will be explored.

**Abstract:** Every model of psychotherapy has an assumption that as skills develop, the model of supervision changes (Lee and Everett 2004). Indeed Taibbi (1995) argues that even supervisors have a 'life cycle' in which their ways of supervising change as they become more experienced. This workshop will explore the different styles, focus, and methods needed to supervise across the whole professional life cycle. We will predominantly concentrate upon approaches to supervising newly qualified family therapists and also those who are very experienced and pose new challenges in supervision. We will explore the various processes that occur in these different stages which may evoke some humour and provoke discussion.

The workshop will end with audience reflections on the supervision stream that has run through the day.

# Relationally-Focused Addiction Treatment: Creating a Group Process

*Eugene Hall - United States*

**Short Description:** As rates of substance abuse increase in the U.S., so does the need for effective, broad-based systemic treatment of addiction. This workshop details the development and implementation of a relationally-focused group process for the treatment of substance abuse in inpatient settings. Research, clinical, and organizational implications will be discussed.

**Abstract:** In 2013, approximately 20.2 million people were diagnosed with substance use disorder and required substance abuse treatment (SAMHSA, 2014). As this number rises, more strain is put on organizations that serve those struggling with addiction, which increases the need for effective broad-based treatment modalities. Substance treatment can take on many forms, however, a higher proportion of group vs. individual treatment has been shown to be correlated with improved treatment outcomes (Panas et al, 2003). Substance abuse treatment programs often utilize large revolving groups in order to maximize limited resources. Although this increases access to treatment, less process oriented (and more psychoeducational) groups are implemented. The workshop will outline how group processes in inpatient substance abuse settings can be integrated into principles of family therapy.

This workshop will showcase the development and application of a group process in a residential chemical dependency treatment setting. This process is rooted in Experiential Group Therapy, which can be an effective way to encourage insight and behavior change (Hagedorn & Hirshorn, 2009). Mindfulness and music therapy were incorporated to ground the experience and give clients multiple ways to connect. Active leadership and predictable structure are important aspects of maintaining a large group format, (CSAT, 2005) so the combination of these frameworks is designed to provide structure and guide the overarching process. The construction of a curriculum around this process allowed for relationally-focused group treatment to be easily implemented in a setting where the needs of clients too often outweigh the resources of the organization. This workshop will disseminate important considerations in the development (and revision) of this group process, which include qualitative data from group participants, in a format that parallels the group process itself. The workshop will provide researchers and clinicians with innovative ways to create and integrate ways to work with clients that are seeking to repair relationships in recovery. Implications for group, individual, couple and family therapy will be discussed.

# Practicing Evidence Based Treatment In Evidence based ways

*Thomas Sexton - United States*

**Short Description:** Systematically monitoring the process and outcomes of treatment become one of most important emerging areas of research and development in Family Therapy. Measurement-Feedback systems provide an opportunity to significantly improve the translation of good practices into community settings, improve outcomes and move the field forward.

**Abstract:** After nearly a decade of research we have identified a group of highly effective treatment programs to help families and communities struggling youth behavioral and mental health problems. More programs are being tested and developed to meet specific needs of youth and communities all the time. Unfortunately, that same research suggests that despite the good outcomes of evidence based programs and regardless of how high quality or extensive the research might be, the positive effects of all programs are reduced up to 50% when they are implemented with diverse youth in real life community settings. That should be no surprise given the complexity of real life community based contexts in which programs are actually practice. In real practice, FT must be able to make a multitude of clinical decisions that both demonstrate model fidelity and fit the unique nature of the youth or family being served so that the intervention. To do so clinicians must be able to evaluate whether a client is improving, remaining stable or deteriorating in ways that go beyond clinical observation and the core fidelity measure of evidence based programs.

Measurement-Feedback systems bring an opportunity to significantly improve the translation of good practices into community settings and move the field forward. In fact, systematically monitoring the process and outcomes of EBP in community-based settings has become one of most important emerging areas of research and development and as a central feature in various approach to continuous quality improvement (CQI).

Using Functional Family Therapy and its integrated measurement feedback system as an example, this presentation will focus on the ways in which client monitoring and measurement feedback systems can enhance and improve the implementation and the ongoing quality of any EBP in community settings. The goal is to provide a mechanism for translating client perspective data into clinical feedback using real- time technology. This allows clinicians to focus on the effect of treatment session by session, and make decisions about the course of treatment. It also means that client have a central, systematic, and important voice in the course of treatment.



# Evidence-based clinical supervision

*Thomas Sexton - United States*

*Astrid van Dam - United States*

**Short Description:** Current advancements in technology are providing unique opportunity to bring evidence to the process of clinical supervision to improve clinical outcomes and therapist competence. Evidence based supervision allows the voice of the client to be included not just in overarching case plans but in session by session decisions.

**Abstract:** Clinical supervision plays an important role in Couple and Family Therapy. As a teaching intervention, supervision is central in helping bridge the knowledge and practice gap in trainees. As a clinical tool, supervision is intended to improve services and there by outcomes for clients. As a quality improvement tool, supervision helps ensure that what works is delivered to clients seeking services.

While central to the profession, clinical supervision is frequently a non-specific activity defined by the theoretical perspective of the supervisor or a developmental activity focused on the self of the therapist. Current advancements in evidence-based practices and in measurement feedback approaches provide a unique opportunity to bring evidence to the process of clinical supervision to improve clinical outcomes and therapist competence. Evidence based supervision allows the voice of the client to be included not just in overarching case plans but in session by session decision made by the clinicians. Integrating process focused treatment impact and progress measures taken by the family members, with systematic treatment planning tools brings an evidence based to the complex process of clinical supervision.

Using Functional Family Therapy and its integrated measurement feedback system as an example, this presentation will focus on the ways in which client monitoring and measurement feedback systems can enhance clinical supervision. The goal is for the supervisor to have specific client-based evidence to use in helping the therapist fit the treatment to the family. This that client have a central, systematic, and important voice in the course of treatment.

# Ambiguous Loss & Families Affected by Mental Illness

*Anna Bohlinger - United States*

**Short Description:** In this workshop, participants will use a U.S. based sample to understand how parents of children affected by mental illness conceptualize the diseases in their own and family lives, understand how these parents experience ambiguous loss, and construct and enact hope in their own, their families', and their community lives.

**Abstract:** About 20% of children and adolescents live with mental health disorders worldwide, and suicide is the third leading cause of death for adolescents across the world. Families of children affected by mental illness are impacted by these diseases. Previous research has examined the moment-to-moment variability in the experience of parenting someone living with a mental health disorder. At times, the experience can be deeply painful, paralyzing, or terrifying, and at other times, it can feel like a profound blessing. Navigating those changes with both flexibility and willingness requires courage and community. In this workshop, participants will use a U.S. based sample to understand how parents of children affected by mental illness conceptualize the diseases in their own and family lives, understand how these parents experience ambiguous loss, and construct and enact hope in their own, their families', and their community lives. Utility of mixed methods approaches are also discussed as it relates to this population.

# Building integrated teams to address mental and behavioral health needs in rural primary care

*Mike Olson - United States*

**Short Description:** A practice transformation program to coordinate and integrate team-based mental/behavioral health in rural primary care was developed. The presentation will describe how rural medical clinics partnered with a family medicine residency program and a HCO to build more effective teams, including medical family therapists and other mental health professionals.

**Abstract:** Primary care in the U.S. is often called the “de facto mental health system.” Researchers estimate that anywhere from 40-60% of patient complaints in primary care have no organic or medical origin (Kessler et al., 2005). A practice transformation program to coordinate and integrate team-based mental/behavioral health in rural primary care was developed. Potential practices completed initial assessments and were stratified into “coordinated”, “co-located”, or “integrated” tracks. Participants completed monthly visits, onsite-training, coordination with residency faculty (St. Mary’s) and our RMHP (Rocky Mountain Health Plans) partners, an annual learning collaborative, and exposure to family physician residents with experience in team-based integrated behavioral/mental health care. Our program targeted small primary care practices (<6 providers) in rural, underserved communities. Key stakeholders included rural populations at risk, physicians, mental health providers, and MFT training programs. The project began in August, 2015 and concluded in August of 2018. Ours was the first partnership of its kind in our region, bringing a family medicine residency (including MFTs) together with a health insurance team to focus on mental/behavioral health risk in rural primary care. The project has penetrated the rural Western Slope of Colorado serving hundreds of thousands of patients. Our finish rate has been >98% with clinics completing varying levels of the program, many hiring full-time mental health providers as team-members. We have worked in concert with the State Innovation Model (SIM) team in Colorado, a 65 million dollar CMMI grant/project to improve integrated care in the state and develop new payment models for team-based care. All materials developed during this program are publically available. Conclusions: Rural practices completed varying levels of the program, thereby enhancing care to vulnerable/at-risk rural populations. Our family physicians, trained in integrated care, have completed electives and rotations in rural practices and many graduates have chosen to practice in these communities. There is interest from multiple stakeholders around creating better models/teams to provide integrated mental health/behavioral health care in rural communities. Provider champions in QI process/teams is critical. Patient engagement in rural settings around enhanced teams requires cultural awareness, competency, and sensitivity.

# Integrating Neuroanalysis, Neurofeedback and Marriage and Family Therapy on the Cutting Edge of Mental Health Treatment

*Jeff Schutz - United States*

**Short Description:** This presentation provides innovative yet practical insights into how Neuroanalysis and Neurofeedback may be used as complementary treatment modalities to enhance Marriage and Family Therapy interventions.

**Abstract:** Can what we know about electrical processes in the brain be of any value for the practice of Marriage and Family Therapy? Can change in brain regulation impact family systems and enhance Marriage and Family Therapy treatment outcomes? Simply stated, Yes! – and likely in a paradigm-changing way. Over the past few decades, our understanding of EEG (Electroencephalogram) characteristics – that is, brainwave patterns, features and norms – has revealed a correlation between neuro-electrical functioning and symptoms associated with mental health disorders. With Neuroanalysis, we can literally “see” symptoms associated with diagnoses such as GAD, PTSD, ADHD, and Depression in the EEG. Clinicians can now gain unprecedented insight into the root and nature of symptomatology with far greater relevance, detail and specificity than the DSM-V provides. Neurofeedback is the treatment used to effect change in neuro-electrical processes that result in symptom reductions. The purpose of this presentation is to identify the ways in which both Neuroanalysis and Neurofeedback have been used to significantly enhance the treatment outcomes of couples and families. Imagine being able to recommend parenting interventions and create discipline strategies based upon an actual understanding of a child’s neuro-electrical processes and predispositions. Or consider the possibility of significantly reducing the emotional triggers and reactivity that seem resistant to talk-based treatment but consistently sabotage the couple’s interactions. The Objectives of this presentation are, first, to define and describe Neuroanalysis and Neurofeedback. Second, this presentation will describe several ways that Neuroanalysis and Neurofeedback can be integrated into the family systems paradigm to enhance outcomes for parenting and couple counseling. Actual case studies will be summarized to illustrate how Neuroanalysis and Neurofeedback were used to break through change-resistant relational systems and dramatically improve outcomes. Finally, this presenter will describe several practical ways for Marriage and Family Therapists to access these resources and integrate them into their clinical practice.

# Online MFT Students' Experience in Professional Identity Development

*Linna Wang - United States*  
*Sage Jaurequi - United States*

**Short Description:** Online MFT students will share their perceptions and experiences of what hinders or contributes to their professional identity development process; if/how the lack of face-to-face interaction impacts the process, and if/how the in-person residency component of the online program alleviates the impact of lack of in person interaction.

**Abstract:** In 2002, the APA Task Force on Distance Education in Professional Psychology addressed developments in distance education and the need to establish a foundation for the development of standards and quality assurance, examined the best practices, and identified considerations that must be addressed to apply the APA CoA accreditation standard.

APA's Commission on Accreditation (CoA) adopted an implementing regulation (C-27) in 2010 that prohibits doctoral programs that are primarily or completely online from being APA accredited. This decision sent a clear message that APA not only does not embrace the model of online training, it is actually pulling back and going the other direction.

Meanwhile, more educational institutes are offering psychology online programs at bachelor's, MA, and doctoral levels. The penetration rate of psychology is 24% compared with 16% of engineering and 33% of business. The high concentration rate demonstrates the strong needs for online psychology education.

The concerns behind the CoA decision seem to be: lack of face to face interaction, and quality assurance. CoA identifies face-to-face, in-person interaction between faculty members and students as necessary to achieve many essential components that are critical to education and training in professional psychology including socialization and peer interaction, faculty role modeling and the development and assessment of competencies.

These concerns are conceptually valid, yet without empirical evidence. Even though there is a significant body of literature on online education, much of it focuses on undergraduate population. Literature of online professional psychology graduate education is from very limited to non-existence.

This presentation attempts to address the concerns of the negative consequences of lacking face-to-face interaction with faculty on online MFT students' professional identity development. Online MFT students will share their perceptions and experiences of what hinders or contributes to their professional identity development process, if and how the lack of face-to-face interaction with faculty impacts the process, and if/how the in-person residency component of the online program alleviates the impact of lack of in person interaction.

# Responding to Risk Collaboratively

*Philip Messent - United Kingdom*

**Short Description:** In this workshop we will explore ideas about how we can respond to 'risk' in ways that are relational and contextual, open and collaborative, and appreciative of the strengths and perspectives our colleagues, our clients and their families.

**Abstract:** 'Risk' has increasingly dominated the way in which health and social care professionals have engaged with their practice over the past 15 years, with practitioners, supervisors and managers required to ensure that they prioritise 'assessing for risk' for every piece of work undertaken. At times in our work in the British NHS it seemed that 'risk' overrode all other considerations, becoming the prime determinant of the sort of service offered.

What the concept of 'risk' involves is however rarely examined. Clinicians are routinely required to complete risk assessment forms and place these in client files, but this is often done in a cursory way, with no discussion with clients about what is being recorded about them. Where 'risk' is discussed in teams, different disciplines often become polarised about how best to respond, and decisions taken can veer from seeming to ignore risks, to being extremely cautious and risk-averse.

In this workshop we will examine the meanings of and relationships to 'risk' in our different working contexts. We will explore ideas about how, as clinicians, supervisors and managers, we can respond to 'risk' in ways that are relational and contextual, open and collaborative, and appreciative of the strengths and perspectives our colleagues, our clients and their families.

# Self-Care for Therapists: Using creativity to explore self-as-therapist

*Jennifer Patterson - Portugal*

**Short Description:** How we show up in the treatment room, hold space with the client, and take care of ourselves within the context of self-as-therapist help us to stay present. This workshop will demonstrate via an experiential exercise (no art skills needed!) how creativity can benefit our self-care process.

**Abstract:** The purpose of this workshop is to help psychotherapists, psychologists, psychiatrists, social workers, and other mental health professionals increase their awareness of how the self of the therapist plays a role in the therapeutic relationship and impacts their own self-care needs. Therapists who actively engage in their own self-care are typically more able to be fully present in the treatment room.

Mental health professionals are highly skilled at giving care, attention and time to others. No matter the theoretical approach, we all have one thing in common – we show up for other people, and this use of self guides the process of change.

In this workshop, we will creatively explore the ways in which sharing parts of yourself, also known as how you show up, is present in the therapy space. We will also look at how we take care of ourselves, how we acknowledge our own vulnerability, and how we take care of ourselves within this context of self-as-therapist. These concepts will be explored via an arts-based approach (no experience necessary!) and combined with writing and group discussion.

Participants can expect to leave the workshop with a clearer idea of how our personhood shows up in the work we do. Participants will also learn to identify what they currently do, or what they need to do in terms of self-care, and how to continue to meet those needs.

# Positioning Change - Changing Position

*Simon Burton - United Kingdom*  
*Benedicte Schilling - United Kingdom*

**Short Description:** Without awareness of ourselves as tools for creating change, we can become an obstacle to any change to take place. It is so easy to get stuck and stay stuck. The ability to change our position and maintain good therapeutic relationships can make all the difference.

**Abstract:** Positioning Change - Changing Position

Default Positioning & the Development of Positional Abilities for professionals in social and mental health care eager to improve their performance.

Without awareness of ourselves as tools for creating change, we can become an obstacle to any change to take place. It is so easy to get stuck and stay stuck. The ability to change our position and maintain good therapeutic relationships can make all the difference.

In this workshop we are going to explore strategic awareness and how to use our default positions, those unconscious positions we take that get us stuck so as to maximise our chances of achieving beneficial change and better outcomes.

Default positions protect us from uncomfortable feelings and tend to come to our rescue when we feel stuck, awkward, uneasy etc. in the company of other people and in our work as family therapists and clinical professionals. They result in us adopting familiar and well-worn strategies that may or may not suit the piece of work we are involved in. This often leads to further frustration and more work.

Together we will investigate strategic ways of using our default positions so that we can improve and maintain our creativity and focus in all aspects of our work and as a result increase our effectiveness. This presentation will inspire us to welcome and utilize feelings of frustration, discomfort etc. as a drive to creating greater positional dexterity with clients, colleagues etc.



# Individual, Relational and Familial Factors in Change Over Time of Newlyweds' Adjustment

*Nilufer Kafescioglu- Turkey*

**Short Description:** This presentation is about a longitudinal study with 252 newlywed couples conducted to understand the associations between their individual, relational, familial factors, and changes in dyadic adjustment over time. The presentation will include discussion of how newlyweds' marital adjustment changes and clinical implications that can be concluded from the findings.

**Abstract:** The purpose of this study was to examine the changes in the marital adjustment of newlyweds in association with individual, relational and familial factors. Data were collected from 252 couples who have been married for a maximum of 16 months at the first time point. The self-report data were collected at four time points over two and a half years. Relational data included attachment, conflict resolution styles, and communication patterns. Individual factors included emotion regulation, and levels of depression, anxiety, and stress. Data on familial factors included each spouses' parents' relational status, satisfaction with and stress levels in their relationships with their parents and parents-in-law. Parallel processing and conditional longitudinal growth curves were used to analyze changes in dyadic adjustment and its associations with individual and relational variables. Findings indicated a decrease in dyadic adjustment of the newlyweds over the two and a half years. Positive conflict resolution, submission, constructive communication and satisfaction in the relationship with parents-in-law showed positive associations with dyadic adjustment. Depression, anxiety, stress, negative conflict resolution, nonconstructive communication, demand/withdraw pattern, attachment anxiety and avoidance, stress in relationship with parents-in-law and with parents were found to have negative associations with couples' dyadic adjustment. The findings will be discussed in the light of couples relationship literature as well as couple therapy. This project was funded by TÜBİTAK 1001 Program (The Scientific and Technological Research Council of Turkey, Project #113K538).

# It's not just a dog: The role of companion animals in the family's emotional system

*Cassandra Leow - United States*

**Short Description:** This study explored the role of companion animals in the family's emotional system through the lens of Bowen Family Systems Theory.

**Abstract:** Past studies have looked into the role of companion animals in families. This study intended to explore the role of companion animals in the family's emotional system through the lens of Bowen Family Systems Theory. Data from a study on companion animal loss and grief were used. A qualitative phenomenological approach was adopted to analyze the data from interviews. Three primary themes emerged from the data: balanced family emotional system, response to relational anxiety and role of the absence companion animal. The first theme suggested that human family members and companion animals developed a balanced family emotional system through companion animals integrating into the family's daily routines and into the family's emotional system as an individual member of the family. The second theme suggested that human family members and companion animals responded to relational anxiety which was seen through Bowen Family Systems Theory concepts such as individuality, togetherness, emotional distancing, emotional fusion, underfunctioning-overfunctioning and pursuer-distancer. This supported the dynamic process that occurs between human and companion animal and as such, supporting companion animals as being a part of the family's emotional system. The third theme is the impact brought upon by the role of the absence companion animal in the family's system, where there was evidence of an imbalance in the system and the surviving members' attempts to rebalance the system. Findings indicated that companion have a stabilizing and dynamic role in the family system and the absence of the companion animal resulted in the family system destabilizing. Implications for clinicians is to consider the role that companion animals play in the family's emotional system and the impact it can bring towards clients. The stabilizing role that companion animals play can also be a good resource when individuals are faced with emotional distress and require emotional support.

# Engaging spirituality journeys in Family Therapy

*Hugo Kamya - United States*

**Short Description:** How do we as clinicians engage our personal journeys in our work in family therapy? How do we connect to our spirituality in this endeavor? This presentation will offer some ways to incorporate and harness our spirituality in our clinical work.

**Abstract:** In many parts of the world, and especially in many African societies, religion and spirituality are closely linked and spirituality may be regarded as an extension of religion (Mugisha, Hjelmeland, Kinyanda, & Knizek, 2013). Religion and spirituality may help people to deal specifically with illness by providing a “cognitive framework that can reduce suffering and increase one’s purpose and meaning in life” (Kagimu et al., 2013); when people commit themselves to serving God or their higher power through service to others, it may function to divert attention away from their own problems and instill in them a greater sense of self-worth (Kagimu et al., 2013).

Religion and spirituality are considered to be the most central facets of African heritage and the strongest social forces in Africa today, permeating all aspects of community life and playing a major role in daily decision-making (Mugisha et al., 2013). It has been suggested that spiritual explanations consistent with one’s worldview – such as those invoked by the Baganda – enable patients to make meaning of their psychotic experiences in ways that promote social relatedness and cohesion, while the imposition of a purely psychiatric explanatory model has the potential to undermine the “socio-centric model of healing currently engaged in within the community” (Teuton, Bentall, and Dowrick, 2007). This has numerous implications for mental health treatment, given that embracing spiritual and religious frameworks has been found to have a positive influence on both the nature and prognosis of mental illness.

As clinicians, if we are to ask our clients to grapple with and explore their own connections to spirituality, we must be willing to do likewise. To work effectively and ethically with our clients, we must recognize how our own backgrounds, experiences with and perceptions of spirituality and religion, affect our thoughts and our work. This presentation will examine how clinicians can engage spiritual journeys in their clinical work.

# Attachment: Family Therapists Partnering with Schools and Communities

*Elisabeth Bennett - United States*

**Short Description:** Every child needs a foundation of secure belonging; sadly, not all children find this at home. This presentation provides a knowledge base and hands-on application for therapists when partnering with school personnel and community leaders to create conditions for children to develop healthy attachment styles and thereby promote healthier families.

**Abstract:** From the early days of family therapy the importance of what we now call attachment has been made evident with phrases in the literature describing attachment as, "the heart of family life" (Byng-Hall, 1995). Sadly, many children do not experience necessary elements that help the child develop secure attachment at home. While this is a tragic condition, there is hope in that most children in developed countries attend school where many missing elements can be introduced to children in a manner that can promote the foundation of attachment.

To that end, family therapists can play a critical role in the development of secure attachment in children by partnering with school personnel and community leaders. To do so, the family therapist must have a working knowledge of the particulars of a school's culture (MacNeil, Prater, and Busch, 2009), of the politics of the school system (Ball, 2017), and of community politics and culture (Giroux, 1997, 2018). With these understandings in mind, the therapist can partner with school and community members to create venue for teaching moments and hands-on activities that assist children in developing the basis for increasing or supplementing secure attachment patterns.

Theory and practice hold that these secure attachment patterns can follow the child into adulthood. Such adult patterns can then support healthier family dynamics that, subsequently, support the development of healthy attachments in their children (Mikulincer & Shaver, 2007; Mikulincer, Shaver, & Nitzberg, 2005, Slade, 2005).

# Utilizing Sex Positivity as a Model for Sexual Assessment with Couples

*Shannon Dermer - United States*

*Molli Mercer - United States*

*Nicole Randick - United States*

**Short Description:** Couple therapy tends to be dominated by a sex negative approach rather than a sex positive approach. Sex positivity is a model that highlights the right to pleasure, eroticism, positive attitudes toward sexuality, and engagement in a variety of consensual, responsible sexual behavior free from fear, shame, and guilt.

**Abstract:** In the medical and behavioral health fields, have been dominated by sex negative models of assessment and intervention rather than by sex positive approaches. Sex negativity is reinforced through a focus on treating sexual dysfunction, preventing or treating sexually transmitted diseases, preventing teenage pregnancy, and addressing sexual problems in couple relationships. In addition, sex negativity privileges traditional forms of sexuality, gender, and sexual behavior and marginalizes those who are considered “outside” of “normal” sexuality. Rather than focusing on problems and a narrow definition of sexual health, sex positivity approaches include the right to pleasure, eroticism, positive attitudes toward sexuality, sovereignty of sexual and gender expression, and engagement in a variety of consensual, responsible sexual behavior free from fear, shame, and guilt. For couple therapy, this means focusing on the positive, healthy, and need-satisfying aspects of sexuality. Sex can be about desire, attraction, pleasure, self-confidence, attachment, commitment, love, and eroticism.

Rather than focusing on sexual problems, sex positivity highlights the physical, emotional, and relational benefits a mutually satisfying sexual life can have for individuals and couples. Embracing a sex positivity approach creates a new sexual morality that encompasses need-satisfying behaviors of inclusivity, respect for oneself and others, personal and relational responsibility, the right to pursue and experience sexual pleasure, the right to engage in a variety of sexual behaviors, and freedom of sexual and gender expression. This type of sexual revolution is about freeing individuals and societies to re-imagine and re-construct the ideas of the dimensions of sex, love, and friendship in a couple's relationship.

# Creative Approaches to Difficult Situations: Speed Dating Style

*Elisabeth Bennett - United States*

**Short Description:** Rejuvenate your practice using creative techniques when working with difficult cases. This presentation involves a brief informative theoretically grounding PowerPoint followed by rotations in speed-dating format through difficult cases during which small groups conceptualize and develop creative interventions to fit each case using materials provided. Fun! and immediately applicable.

**Abstract:** Effective therapy demands the provider is capable of creating a therapeutic relationship and is grounded in current and classic theory that promotes intentionally chosen techniques to fit the client, the issue, and the goals of treatment (Carkuff, 1976/2018; Turkington, Spencer, Lebert, & Dudley, 2017). While some of the time the therapist can apply tried and true techniques in a timely and effective manner, much of the time efficiency demands creativity to make theory fit the client, issues, and goals (Isis, Busch, & Siegel, 2010; Bertman, 2018; Carson & Becker, 2004)

Therapists can develop the capacity to be more creative by practice, observation, and supervision that promotes blending sound best practices and the use of the arts, alternative materials, and imagination (McDaniel, Weber, & McKeever, 1983). A therapist trained in an accredited program or one that has been thorough in building a sound knowledge base of classic and current theory often needs a solid nudging and non-threatening experiences applying these ideas creatively to meet the presenting needs. A speed-dating approach to such practice can be fun, engaging, and ripe for learning.

# The patterns of mutual recovery between persons with psychiatric disability and their caregiver under the Strength-based family intervention

*Li-yu Song - Taiwan*

**Short Description:** This study aimed to explore the patterns of mutual recovery among the persons with psychiatric disability and their caregiver after receiving the Strength-based family intervention. The results revealed two major types: “Mutual bonded spiral recovery” and “accompanied mutual recovery”. A close and harmonious relationship was conducive to the mutual recovery.

**Abstract:** This study aimed to explore the patterns of mutual recovery among the persons with psychiatric disability (hereinafter called consumer) and their caregiver after receiving the Strength-based family intervention. A three-year experiment was implemented and qualitative approach was adopted. Twenty-one dyads were in-depth interviewed concerning their wants, goals, efforts for pursuing their goals, and outcomes. The case records and supervision notes were also used for the analyses. The results revealed six types of mutual recovery. Two major types were “mutual bonded spiral recovery” (9 dyads) and “accompanied mutual recovery” (7 dyads). Those dyads in “mutual bonded spiral recovery” had tight bonding and highly inter-influenced. However, there were conflicts between the consumer and the caregiver. Caregivers could not let go of the worries for consumers, thus they could not pursue their own wants. Nevertheless, the consumers still made some progress in recovery. Those dyads in “accompanied mutual recovery” had a close relationship and highly inter-influenced. Their relationship is more harmonious. Through the encouragement and support of caregivers, the caregivers could let go a few of their worries and could pursue their own wants. Both the consumers and caregivers experienced the joy of recovery. By synthesizing the analyses, the author proposes the ideal pattern of “mutual full recovery”. The interrelationships between dyads changed from enmeshed, conflict, dependent, worried, ashamed, and depressed to differentiated, harmonious, reciprocal, let go, ascertained, and joy. The results revealed that a close and harmonious relationship was conducive to the mutual recovery, whereas support but conflict relationship was harmful to the recovery. The stability of symptoms, change perspective, quality of a relationship, and resources were the key factors of the mutual recovery experiences.

# A New 'U' in Systemic Bereavement: Undigestible Grief, Embodied Stories, Spirituality & CMM

*Tracey Jane Johnston - United Kingdom*

*Peter Robinson - United Kingdom*

**Short Description:** Possibilities Psychotherapy Centre aims to present systemic bereavement therapy findings, whilst using the Co-ordinated Management of Meaning (CMM) as an interactional model to help therapists consider grief as a relational process, with an emphasis on stories of spirituality and grief, reflexivity and explorations of embodied and 'undigestible' grief processes.

**Abstract:** The workshop aims to present our systemic bereavement therapy findings and to help therapists consider grief as a relational process, with an emphasis on stories of spirituality and grief, reflexivity and explorations of embodied and 'undigestible' grief processes.

The workshop will offer participants the opportunity to consider our systemic approaches to working with 'grief as a relational process' with the bereaved in individual, couple, family and group therapy at 'Possibilities Counselling and Psychotherapy Centre', an independent service based in Aberdeen– the 'Oil Capital of Europe'.

The workshop will explore:

- Grief as a relational process and the possibilities of co-constructed identities through the collaborative co-creation of new stories with the bereaved person about the deceased.
- The 'Remembering Practice' (Narrative Therapy) idea that the relationship with the deceased doesn't have to end when a person dies but can be a resource for an ongoing continued bond.
- Our use of Co-ordinated Management of Meaning (CMM) as a helpful interactional methodology used to explore the spirituality of grief and also
- Consider the embodied experience of grief as an 'Undigestible' story, which we have introduced as a new 'U' in CMM's 'LUUUUTT' model. (The LUUUUTT Model is an acronym for Stories Lived, Untold, Unheard, Unknown, Unallowable, Told and story Telling.)
- Show how the extension of this model can be used to facilitate therapeutic re-storying of the process of grief from an individually held position toward relationally held healing experiences.
- 'Radical Presence' and 'Spiritual Relational Reflexivity' in therapeutic work with bereavement, spirituality and the dying. (Johnston, 2017)
- Additional findings from two systemic bereavement groups, one of which, as CMM Fellows, we previously presented at the CMM Institute Learning Exchange Fellows Program at the Institute of Family Therapy (IFT), London in October 2017.

The workshop will consist of an overview of the above with examples from our practice shown via presentation, case descriptions, and client feedback, short video clips from clients on the impact of the approach plus exercises and group discussion.

Reference: TJ Johnston (2017): ANZJFT, 38, 115 - 124.



# Optimizing Supervision through Innovative Technologies

*Andrea Wittenborn - United States*  
*Sailaja Subramaniam - United States*

**Short Description:** In this workshop, we will demonstrate a new off-the-shelf technology with the capacity to dramatically improve live and video supervision. We will also share findings from a recent study that tested the efficacy of implementing the new technology in a couple and family therapy clinic.

**Abstract:** Emotionally Focused Therapy (EFT) is an empirically validated treatment for relationship discord. Achieving fidelity in EFT can be difficult as trainees acquire the skills of working with emotions according to carefully delineated steps and stages (Johnson, 2004). A significant challenge in learning the model is to stay with, expand and process emotions. The focus on the “here and now” also creates challenges for supervision. In EFT training, effective supervision relies upon clarity, specificity and timing of the feedback provided (Olsen, Gold, Woolley, 2011). In the traditional plan-observe-feedback model of supervision, feedback to the therapist is usually provided post-session. We will present recent findings from our research testing the effectiveness of a new technology for EFT supervision using a multiple baseline design. While observing a live or recorded video session, the video observation and analysis technology, Morae, allows the supervisor to type notes and flag important moments that are then saved directly on the video at the moment in which they occurred. The data is recorded digitally and the supervisee can playback the flagged key moments and read the supervisor’s observations to learn more from autonomous video reviews. Using the technology also saves time during tape review and helps supervisors get to the “heart of the matter” more quickly. The technology is particularly well-suited to an experiential approach like EFT since it provides supervisors and supervisees the opportunity to be as close to “in the moment” as possible by quickly returning to key moments in the session to watch, read feedback, and further discuss or role-play. In this session, we will provide an overview of the EFT model of supervision and the technology used to enhance it. Attendees will learn through multiple training approaches, including didactic methods, technology demonstrations, and role-plays of EFT supervision enhanced by the new technology.

# Multiple family group Intervention for Chinese families of children with dyslexia

*Tak-Mau, Simon Chan - Hong Kong (China, SAR)*

**Short Description:** Multiple family group intervention, with reference to the key concepts of narrative practice, for those Chinese families will be demonstrated with live episodes. This presentation will focus on the intervention process of how to foster the family agency and identity, with pre- and post- intervention episodes to demonstrate its effectiveness.

**Abstract:** Based on the estimations of local academics in Hong Kong, the prevalence of dyslexia in children is between 9.7% to 12.6%. Local studies reported that the family members were victimized by the educational system in Hong Kong, in which academic performance is a dominant indicator of a person's competence. This attitude also prompted teachers in the education sector, friends and relatives to insist that parents should push children with dyslexia to meet higher standards. Parent-child conflicts were commonly found in these families, as were marital conflicts, which further increased their traumatic experiences. As a result, they suffered from mental health illnesses, such as symptoms of depression and high levels of anxiety in daily life which led to further intensive family conflicts.

With such a vast demand, effective means to deal with the issues of dyslexia are still a myth. The current psycho-educational model provided by the social services sector has not been demonstrated to be effective. A number of local studies have investigated different aspects of dyslexia: for example, its prevalence and gender issues; the learning difficulties experienced by dyslexic children; and the perspective of teachers regarding dyslexia.

This study will help fill in the gap in this field by proposing a model of alternative evidence-based multiple family group intervention. A four-session model, by means of multiple family narrative practice, will be demonstrated with live episodes, to generate new and alternative perspectives in relation to the problems faced by the family and empower parents and children building up their family agency to face dyslexia during the collective process. Other than the key concepts of narrative practice will be demonstrated in the eight-family collective intervention, concepts like externalization, documentation, outsider witness and definitional ceremony would be illustrated and the implication of multiple family narrative practice will be discussed. Live with the dyslexia with the family agency and re-search the family identity becomes the alternative story line of this presentation. Other than the live intervention episodes, pre- and post- intervention episodes will be delivered to demonstrate its effectiveness.

# Use of Self; Satir Transformational Systemic Therapy

*Linda Jane Lucas - United States*

**Short Description:** Satir Transformational Systemic Therapy Model (STST) uniquely encompasses the intrapsychic and interactive components of therapy. STST therapists practice therapeutic levels of competence, confidence, and congruence. Use of Self of the therapist involves trusting intuition to guide the therapeutic process, recognizing and resolving triggers within the therapist.

**Abstract:** The Satir Transformational Systemic Therapy Model (STST) is unique in encompassing both the intrapsychic and interactive components of therapy. Much therapy of the past has been focused only on clients' behaviour, cognition or affect. This model is focused on bringing about change at the level of Being, as well as changes in doing, feeling and perceiving. The process taps the universal yearnings of individuals within their personal family and social systems and helps them work towards a sense of responsible wholeness. The process requires that the therapist has a high level of therapeutic competence and congruence. STST processes are supported by recent therapeutic and neurobiological research. Evidence-based research supports therapeutic processes that are experiential, systemic, positively directional and change focused in providing neurological changes in clients. The model's focus on the congruence of the therapist is supported in research supporting how important it is that therapists provide the conditions for attachment, hope, positive possibilities and safety in order for clients to achieve deep and lasting change.

# Teletherapy Guidelines

*Lois Paff Bergen - United States*

*Joanni Sailor - United States*

**Short Description:** Internet therapy created questions for regulators in the United States. Therapists need to consider how to ethically and legally provide teletherapy services. This presentation will provide information related to the delivery and regulation of teletherapy services developed by the Association of Marital and Family Therapy Regulatory Boards for our stakeholders.

**Abstract:** Technology methods of providing psychotherapy have advanced rapidly over the past several years. Initially, the discussion involved telephonic counseling and the use of emails. However, technology has continued to advance into video counseling, the use of social media, chats, blogs, text messages, and more. The proliferation of counseling related websites has also impacted the need for technology-related regulations in the United States. The development and use of internet therapy have created questions regarding how to regulate this method of providing behavioral health services. Therapists need to know how to ethically and legally provide teletherapy services. In the United States it is up to state licensing boards and regulatory agencies to provide guidelines. This presentation will focus on the Teletherapy Guidelines proposed by the Association of Marital and Family Therapy Regulatory Boards (AMFTRB). These guidelines examine numerous areas which include, adhering to laws and rules in various jurisdictions, training and educational requirements of the clinician, verification of the client's identity in teletherapy, establishing the therapist-client relationship, cultural competency, informed consent, limitations of teletherapy, confidentiality, documentation, synchronous vs asynchronous contact with client, professional boundaries, emergency management, and more. There are two goals for this presentation: to share AMFTRB's information related to the delivery and regulation of teletherapy for licensed marital and family therapists and to learn how other countries are addressing teletherapy ethics and regulation.

# The Development of Parenting Coordination in South Africa and Child Participation

*Lynette Roux - South Africa*

**Short Description:** Internationally, parenting coordinators are increasingly being appointed in high conflict divorces to resolve disputes. This process provides constructive quick resolution to issues cost effectively. Inclusion of children in this process can be helpful but needs to be done with skill and caution. This process and ethical dilemmas will be discussed.

**Abstract:** More recently, the role of a parenting coordinator has evolved out of a need to assist high conflict divorcing and divorced families with dispute resolution. This role is a hybrid of mediation, psycho-education, parent guidance and when necessary arbitration by way of issuing directives.

Historically, when parents in dispute could not reach agreement their only remedy was to approach the court. This proved to be a slow and costly process that also often caused further acrimony between the parents. The children also often paid a price as their relationships with their parents was often negatively impacted upon. The process of parenting coordination offers a process that is far less costly as it does not require legal representation and issues can be dealt with expeditiously. Furthermore, the parents are facilitated to try and find their own solution that works for their circumstances. However, failing a mediated solution the parenting coordinator is empowered to issue a directive to bring an end to the dispute and to provide resolution.

Children have expressed a need to have their opinions considered in matters pertaining to them and their lives. In South Africa the Children's Act 38 (2005) requires that the child's voice is given due consideration in matters involving them. Within the process of parenting coordination consulting with the children can provide the parents with insight into the children's opinions. It also enables the children to feel that they have been heard. Furthermore, it is more likely that the children will cooperate with a resolution if they feel they have had input into the outcome. However, there are ethical dilemmas that consulting with the children may present.

In acting as a parenting coordinator there are certain processes that have been found to be helpful in achieving success. This also applies to the writing of directives. As the role of a parenting coordinator involves a mix of psychological and legal aspects it is important that the practitioner is mindful of the various processes to be followed.

The process of parenting coordination will be outlined as well as possible ethical dilemmas discussed.

# Family Therapy Evolution in Four National Contexts: Our Past, Present and Hopes for Future I

*Tatiana Glebova - United States*  
*Monica McGoldrick - United States*  
*Anikó Pogany - Hungary*  
*Emoke Tarján - Hungary*

**Short Description:** We will explore family therapy evolution in Hungary, Russia, Turkey and the USA, looking at where we have come from, where we are now and where we hope to go in the future. We will use Gaudí's artistic work as an illustration of and inspiration for principles of our profession. Other contributing presenters include: Fatma Arici-Sahin and Ibrahim Keklik.

**Abstract:** Family therapy theory and practice is uniquely shaped by the cultural contexts. In this presentation we will explore the evolution of family therapy in Hungary, Russia, Turkey and the USA and reflect on our different contexts considering the question "What can help us hold onto systemic theory and practice through challenging times?" We will share the systemic legacies we hope to leave for future generations. Currently the politics in all our settings are characterized by tendencies towards competition, disconnection, and authoritarian structures rather than systemic collaboration and ecologically-based healing. The goal of family therapy is to strengthen connections in family, work, friendship and community relationships. This needs as a prerequisite individuation of self so that healthy connections can be formed. This means taking responsibility for ourselves rather than depending on authorities. We strive to hold on to systemic principles despite the forces that undermine our efforts. One of our inspirations is the systemic architect, Antoni Gaudí, whose principles have inspired us to try to think creatively toward a future we cannot yet see. Gaudí knew his work would take many generations to complete and that it could not be bound by his particular creativity but would be expanded by those who would come after. While he drew from local resources and created art that was totally contextual, his vision was always of collaboration - drawing from the past, incorporating the resources of the present and looking for the future creative collaborations that would be beyond his imagination. Gaudí thought in a systematic way about human life and our relationship with nature. He believed in following the paths of nature, creating columns that reflected not strict geometry but the bends of the trees and branches, just as we must try to support the pathways of our patients to find their solutions rather than pressing them into our preferred solutions. Gaudí's vision for Sagrada Familia, his greatest creation, was to create a spiritual forest in accordance with patterns of nature and to which future generations would contribute artistically and culturally - as we hope future generations will expand systemic theory and practice.

# Family Therapy Evolution in Four National Contexts: Our Past, Present and Hopes for Future II

*Tatiana Glebova - United States*  
*Monica McGoldrick - United States*  
*Anikó Pogany - Hungary*  
*Emoke Tarján - Hungary*

**Short Description:** We will explore family therapy evolution in Hungary, Russia, Turkey and the USA, looking at where we have come from, where we are now and where we hope to go in the future. We will use Gaudí's artistic work as an illustration of and inspiration for principles of our profession. Other contributing presenters include: Fatma Arici-Sahin and Ibrahim Keklik.

**Abstract:** We will explore the evolution of family therapy in Hungary, Russia, Turkey and the USA and reflect on our different contexts considering the question "What can help us hold onto systemic theory and practice through challenging times?" We will share the systemic legacies we hope to leave for future generations. Currently the politics in all our settings are characterized by tendencies towards competition, disconnection, and authoritarian structures rather than systemic collaboration and ecologically-based healing. The goal of family therapy is to strengthen connections in family, work, friendship and community relationships. This needs as a prerequisite individuation of self so that healthy connections can be formed. This means taking responsibility for ourselves rather than depending on authorities. We strive to hold on to systemic principles despite the forces that undermine our efforts. One of our inspirations is the systemic architect, Antoni Gaudí, whose principles have inspired us to try to think creatively toward a future we cannot yet see. Gaudí knew his work would take many generations to complete and that it could not be bound by his particular creativity but would be expanded by those who would come after. While he drew from local resources and created art that was totally contextual, his vision was always of collaboration - drawing from the past, incorporating the resources of the present and looking for the future creative collaborations that would be beyond his imagination. Gaudí thought in a systematic way about human life and our relationship with nature. He believed in following the paths of nature, creating columns that reflected not strict geometry but the bends of the trees and branches, just as we must try to support the pathways of our patients to find their solutions rather than pressing them into our preferred solutions. Gaudí's vision for Sagrada Familia, his greatest creation, was to create a spiritual forest in accordance with patterns of nature and to which future generations would contribute artistically and culturally - as we hope future generations will expand systemic theory and practice.

# Contemplative End-of-Life Care: New Possibilities for Systemic-based MFTs

*Evangeline Willms Thiessen - Canada*

*Anne Wambugu - Kenya*

**Short Description:** The World Health Organization (1990) called for palliative/end-of-life care to be included in every country's health services. From an MFT certified "Thana(death)doula" perspective, a systemic, culturally sensitive approach for the dying and their families will be presented. Conversations will explore new possibilities for MFTs in a multidisciplinary care team.

**Abstract:** "End-of-life care" is the term used for a range of clinical and support services appropriate for dying people and their families. More commonly known as "palliative care," this approach was so named by Dr. Balfour Mount of the Royal Victoria Hospital in Montreal. Dr. Mount used this term to describe medical care that would alleviate the suffering of dying patients and ease their way towards end of life. The World Health Organization (1990) and the Barcelona Declarations (1996) both called for palliative care to be included in every country's health services. WHO claims that the relief of suffering is an ethical imperative and that this suffering could be helped or prevented with palliative/end-of-life care.

The goals of palliative/end-of-life care are as follows: 1) To provide relief from pain/suffering and other physical symptoms; 2) To maximize the quality of life; 3) To provide psychosocial and spiritual care; and 4) To provide support to help the family during the patient's illness and the following period of bereavement. As an MFT certified End-of-Life Care Consultant and trained "Thana(death)doula," in collaboration with Dr. Wambugu from Kenya, our intention is to present a systemic, culturally sensitive approach for the dying and their families. We will also initiate a conversation with workshop participants that explores new possibilities of systemic-based MFTs within a multidisciplinary/inter-professional team of responders.

The objectives of the workshop include: 1) An examination of the concept of "contemplative end-of-life care" (CEOLC) which embraces the sacred art of dying; 2) Presentation of three CEOLC phases including; advance planning and preparation for the dying process, the vigil during the active dying period, and the reprocessing with the family during the time of bereavement; 3) Attention to cultural diversity with regards to death and dying rituals and practices; and 4) The role of systemic-based MFTs within a collaborative, supportive team of responders.



# A systemic perspective of clinical practice with entrepreneurs and their families

*Catherine Egenes - United States*

*Lorien Jordan- United States*

**Short Description:** Entrepreneurs experience major barriers to success, placing them at risk for mental, social, and emotional stress. This lecture presents central topics on the wellbeing of entrepreneurs and their families through case studies, research, personal and clinical experiences to assist therapists in developing the language and knowledge to work with entrepreneurs.

**Abstract:** Entrepreneurs have become a valued and needed population of citizens whose reach spans global and local scales (Acs, Szerb & Lloyd, 2017). Globally, entrepreneurs are responsible for transforming industries to shape economies, develop creative solutions to world problems, while locally, they generate jobs and create prosperity within communities (Freeman, Johnson, Staudenmaier, & Zisser, 2015). Over the world, this diverse group is united by the reality that they live and work in a variety of conditions and often against great odds (Acs et al., 2017).

Entrepreneurs face numerous barriers to success, including: low initial and long-term earnings; great investments of personal time and finances; extensive responsibilities to multiple systems; and states of chronic stress and uncertainty (Freeman et al., 2015). While personality traits of entrepreneurs are well-documented (Espíritu-Olmos & Sastre-Castillo, 2015), less is known about their mental health strengths and vulnerabilities. There is emerging research on entrepreneurial mental health which demonstrates high rates of co-occurring disorders, family stress, and burnout. Simultaneously, there is a high rate of stigma of acknowledging such challenges which prevents entrepreneurs from actively seeking help. Given the role that entrepreneurs play in driving social, creative, and economic growth and the sustained economic and social volatility they experience it is important that therapists are prepared to work with this unique population.

As systems thinkers, family therapists are poised to provide integral services to facilitate the overall health and wellbeing for entrepreneurs and their families. In this presentation, we discuss concepts of entrepreneurship and its effects on mental health and the family system. Topics include: the basics of the start-up culture; the mental and emotional toll of entrepreneurship; stigma; and the top ten common struggles for wellbeing. Strategies are offered to instruct therapists on how they can adjust recruitment, service delivery and settings, as well as, ways to include family and partners. All concepts and strategies presented integrate an emerging body of research on entrepreneurship, case studies, and personal and clinical experiences of entrepreneurs and MFTs to assist therapists in initiating positive change for those in the startup culture. Resources will be provided for therapists.

# The Father's Experience: Raising a Child with an Autism Spectrum Disorder

*Jacob Sandoval - United States*

**Short Description:** This research looks at the relationship between fathers and their Autism Spectrum Disorder diagnosed child(ren). Available research currently focuses on the whole family, or mothers alone. This qualitative, phenomenological study is a step toward filling the gap in research.

**Abstract:** Available research concerning the experiences of parents of children who have been diagnosed with an Autism Spectrum Disorder (ASD) typically focus on the experiences of the parents as a dual unit or on the experiences of the mother alone. Research about how fathers experience their roles in raising a child with an ASD is limited and typically falls back to financial support of the family. The purpose of this qualitative, phenomenological study is to fill a gap in the available research by interviewing both father and child. The qualitative themes that may arise include: financial burdens, difficulty relating to the child, desire for more communication/affection, and some happiness/satisfaction with the current state of their relationship with their child. The research derived from these interviews will help professionals better understand the relationships, protective factors, and hardships that fathers experience as they raise a child with Autism. Professionals may be able to use this knowledge to improve and promote healthy relationships between fathers and their ASD diagnosed children, or between both parents.

# The Brightest Star in the Universe.

*Lauren Mckenna - United States*

**Short Description:** People are consumed with swiping right or left on dating apps. Attempting to match their social exceptions with a life partner. It's easier to find the north star than a match. This presentation will explore the science of star constellation and how to help clients navigate in finding the one.

**Abstract:** Historically explorers from different eras have used the stars to navigate around the globe in search for new discoveries. Greek mythologist outline the constellation of stars as theoretical forecasts to determine ones future, predict wars, and sexuality (Dowden, 1992). Marco Polo used the stars to direct his trading routes in quest for treasures, new lands, and connections with cultures (Allsen, 2009). Galileo's explored the stars for truth, clarity, and logic (Sobel, 1999). Why is this important you might ask? Therapists are explorers when entering into clients lives. Now a day, humans rely heavily on technology to speed up the process of locating their significant other or forming a connection with another human. When all they need to do is slow down and look up from their phones.

What if marriage therapists applied the basic knowledge of astrology and horoscopes signs that previous explorers applied to assist clients in accepting their partner, communication, and conflict resolution in relationships? Therapist could explore how couples personalities are well-suited based on the alignment of stars on their horoscope sign. This presentation will explore how clients birth dates can determine ones personality characteristics, find a compatible mate, and resolve conflict in relationships.

# Clinical Work with Couples Experiencing IPV: Finland, Great Britain, and U.S.

*Sandra Stith - United States*

*Juha Homa - Finland*

*Juha Metelinen - Finland*

**Short Description:** In this workshop, we discuss how research from Great Britain, Finland and the U.S. has influenced our work with couples who have experienced partner violence. We highlight the importance of creating safety, building on strengths, and encouraging dialogue among couples. We emphasize the value of international learning and research.

**Abstract:** This workshop addresses how international research has informed the models we use in our work with couples who choose to stay together after experiencing partner violence., Juha Metelinen, from Finland, discusses the importance of the work of Arlene Vetere' from Great Britain in creating safety for potential clients. Next, Sandra Stith, from the U.S. discusses research on her treatment program and the value of using a solution-focused approach and co-therapists. Finally, Juha Holma, also from Finland, addresses the importance of discourse, or encouraging dialogue, in this work. In addition, he highlights different conversation practices, and discusses research examining their effects on both partners' experiences of treatment. We summarize how we continue to learn from moving outside our national perspectives and research to meet the need of couples experiencing partner violence.

# Expansion of Family Therapy Services within the IWK Systems of Care

*Rosalind Woodworth - Canada*

*Amy Jones- Canada*

**Short Description:** The IWK Health Centre provides family therapy services in various settings and to different intensities. An overview will be provided of services offered, as well as recent adaptations to meet the needs of families in a more flexible manner. Training and peer supervision within the program will also be explored.

**Abstract:** The IWK Health Centre's Child and Adolescent Mental Health and Addictions Program has a strong history of providing family therapy as a treatment modality. Within this family centered care model, families receive such services across a range of settings and to different levels of intensity. An overview will be provided of the diversity of family therapy services and models offered and the program's attempts to meet the individualized needs of families with options and flexibility. Although such services were traditionally provided at an outpatient level, in a clinic setting, as the family therapy program has developed, the diversity of services now available to families has also grown. Within the more restrictive treatment settings, such as involuntary forensic placements and inpatient admissions, there are a growing number of clinicians trained in family therapy and systemic assessment has become an increased focus of clinical attention. More recently, adaptations have been made within the program to offer intensive home-based family therapy services to families struggling with children with serious emotional and behavioural difficulties. The movement towards offering family therapy services in the most normalized and least restrictive setting for families will also be explored, as well as the development of this pilot initiative. From an educational perspective, the IWK, in partnership with Dalhousie University, also provides two 6-month family therapy training programs available to psychiatric residents and other IWK clinicians, increasing the promotion of family assessment, therapy and systemic formulation skills. This training offers residents and clinicians exposure to initially systemic theory and solution-focused therapy and later Structural and integrative models of therapy, including the McMaster Model of family assessment and intergenerational mapping techniques. Additionally, a reflecting team model is used in both of the training programs, further building reflective skill development, team supervision and support. The sustainability of clinical peer supervision is explored within the varied treatment settings noted, as well as the integration on non-family therapy trained multi-disciplinary staff into the collaborative process of providing family centered care.

# Navigating Complexity in Feedback Informed Systemic Therapy

*Robert van Hennik - Netherlands*

*Bruno Hillewaere - Netherlands*

**Short Description:** Van Hennik and Hillewaere will invite workshop participants to explore how they can create a dialogical space, open for improvisation and collaborative learning and navigate creatively towards meaningful goals of family members. Presenters created a fluid therapy manual, substantiated by practice based research and responsive to the complexity of life.

**Abstract:** Problems are solved, not by giving new information, but by arranging what we have always known (Wittgenstein, 1953, aphorism 109).

Van Hennik and Hillewaere (2017) will invite workshop participants to explore how they can create a dialogical space, open for improvisation and collaborative learning and navigate creatively towards meaningful goals of family members. In this navigation, feedback plays a central role, the reason why the authors call their approach Feedback Informed Integrative Therapy within Systems, or FITS. In times when therapy is legitimate by its transparency offered by control, standardization and bench marking, van Hennik and Hillewaere wanted to create a fluid manual of feedback informed systemic therapy, rather than a fixed protocol. The manual is substantiated by practice based research and responsive to the complexity of life.

A FITS-therapist navigates through a dialogue, based on feedback and what we call coordinated improvisations and collaborative learning. How can a therapist then take care about accountability and transparency? This can be done in a practice based evidence practice, with means of outcome measurement, and qualitative inquiry.

FITS is a practice based evidence based practice. Outcomes of collaborative research are inputs for therapy in the collaborative learning community the therapist and family members constitute together. The family therapist and family members learn how to learn, trying to grasp what spontaneously occurs in living moments. Practice based research is done by a multi method approach. We combine quantitative outcome research with qualitative research. Together we look for contextual and implicative forces that form and shape sense to whatever happens. Therapy becomes challenging in the living moment, challenging, but also very useful and effective. A way of working that we described in our article and are glad to share with the participants.

Hennik van, R., & Hillewaere, B. (2017). Practice Based Evidence Based Practice. Navigating based on coordinated improvisation, collaborative learning and multi?methods research in Feedback Informed Systemic Therapy. *Journal of Family Therapy*, 39(3): 288-309.

# Factors contributing to a healthy family functioning among women living in communities with high level of violence

*Aida Jimenez - Puerto Rico*  
*Aysha Concepción-Lizardi - Puerto Rico*

**Short Description:** This presentation explores how attachment styles, psychological symptoms and sociodemographic variables affect family functioning. The sample consisted of 122 poor Puerto Rican women over the age of 21 who had children between the ages of 6 to 12 years old, living in marginalized communities.

**Abstract:** There is evidence that social inequality and poverty have adverse effects on health and mental health. This study aims to identify the factors that contribute to a healthy family functioning among women living in marginalized communities with high level of violence. We explored how attachment styles, psychological symptoms and sociodemographic variables affect family functioning. A cross sectional survey was conducted. One hundred and twenty-two Puerto Rican women over the age of 21 who had children between the ages of 6 to 12 years old, living in four marginalized communities were selected using convenience sampling. All women were below the poverty line, 59% were single mothers, 75% very religious, and 64% were unemployed. The results show that there is a negative correlation between early family of origin attachment and current adult attachment. The higher the secure attachment in the family of origin, the less current avoidance ( $p < .03$ ), and anxiety styles ( $p < .02$ ). Risk factors related with poor family functioning were maternal depression and anxiety, and child exposure to intrafamilial violence ( $p < .05$ ); while protective factors were religiosity, resiliency, social support, and attachment ( $p < .001$ ). Our findings suggest that poverty is a complex phenomenon that needs to consider both risk and protective factors.

# The Role of Common Factors in Pivotal Moments in Couple and Family Therapy

*Birce Bingöl - Turkey*

**Short Description:** This brief session is about in session experiences that clients and couple and family therapists view as pivotal. Ten CFT therapists and thirteen clients were interviewed in order to understand what moments are reported as pivotal and what factors play a role in creation of these moments.

**Abstract:** The aim of the current study is to investigate the role of common factors specific to CFT in the pivotal moments of CFT sessions. With this aim, following four research questions are posed in the current study: 1) What moments do CFT clients and couple and family therapists view as pivotal (significant, different, helpful, meaningful) in individual, couple and family therapy sessions? 2) What makes these moments pivotal for each and what do they attribute its importance to? 3) Do clients' and therapists' views match? If so which ones do? If not, which ones do not? 4) Are these pivotal moments related to the CFT common factors or not? Participants of the study are 10 practicing couple and family therapists with a systemic perspective from Turkey, Ozyegin University CFT master's program and their 13 clients (2 individual, 2 couple, 3 family clients). Session Experiences Interview was developed for the purposes of this study based on Helmeke & Sprenkle's (2000) study in order to gather information regarding clients' and therapists' perceptions of the pivotal moments in therapy. Seven questions were designed to understand the process of why and how clients attributed these moments as pivotal. The researcher conducted interviews with therapists and clients after the first three sessions. Thirty-five interviews were conducted and analyzed with Grounded Theory Methodology. Preliminary findings showed that clients reported more pivotal moments after their second sessions compared to first and third sessions. In addition, clients and therapists reporting of pivotal moments were found to be matching, however therapists reported more pivotal moments for the same session compared to their clients. The themes for the pivotal moments in the first session for clients and therapists were "hope", "trust" and "relationship with the client/therapist". The analyses for the second and third sessions are continuing. The findings of the study will inform researchers and therapists regarding in session experiences of pivotal moments which are considered to be associated with clients' change mechanism in relational/systemic therapy. In addition, the current study possesses clinical implications in terms of guiding clinicians in understanding how pivotal moments occur.



# Power Shift Within a Couple's Journey Through Addiction

*Carly Brack Marketto - United States*

**Short Description:** Addiction impacts both individuals and their intimate partners. Recovery from addiction is difficult and the power dynamics of the couple can play a role in this process. This grounded theory study explores how power shifts through the recovery process.

**Abstract:** Addiction is a rapidly growing problem for many couples, but most treatment plans focus solely on the individual with a substance abuse diagnosis rather than taking a systemic approach. Investigating the power dynamics of couples who have been through addiction and recovery could assist future treatment plans to include underlying factors in relationships instead of only addressing symptoms of the problem. This grounded theory research study strives to understand the power shift between the couple when one partner goes from being in an active addiction to being sober for one year or more. Power between the couple is viewed through the four aspects that Knudson-Martin and Mahoney (2009) developed which include relative status, well-being, attention to the other, and accommodation patterns. As interviews are conducted, data will be analyzed using the four step process described by Charmez (2006). The resulting model will illustrate how power changes as couples transition from active addiction to recovery.

# Supporting “Family” During and After Divorce in Therapy

*M. Selenga Gürmen - Turkey*

**Short Description:** Therapy with divorcing/newly divorced families may be challenging as it requires different approach with special intervention areas. Research guides practitioners on processing negative emotions and restructuring of the system while protecting well-being of family members, especially children. This workshop offers research-informed strategies for therapists who work with this specific population.

**Abstract:** Divorce is a time of stressful transition for families. Majority of families experience a long period of high levels of conflict that tear apart the emotional bonds that they have for each other. There are many negative emotions to process such as anger, sadness, and disappointment. In the presence of children, it is very likely that the children have been triangulated in their parents' conflict. They may feel guilty and/or afraid of losing their parents. They may experience different psychological problems depending on their developmental stage. Another main focus of therapy is the restructuring and reorganizing the roles and responsibilities of family members. Divorce brings, and sometimes enforces, many changes such as housing, financial situations, and social circle. While adults are expected to adapt to “being single”, children need to adjust having two households, two different living arrangements. Setting new rules and rituals add to the stress that family is already experiencing.

Conducting conjoint therapy with divorcing/newly divorced families involves two main overarching goals: processing negative emotions and assisting family members to adapt to changes. In order to achieve these overarching goals, therapists need to carefully switch their focus on reducing conflict, providing psychoeducation, and fostering positive interactions with modeling and coaching.

Research findings suggest that therapists need to cognizant of multiple intervention areas and simultaneously address affect, cognition, and behavior of each family member. Role of the therapist is expected to be more directive with immediately responding to heightened conflict in the room. Clients may be in need of being challenged to cognitive distortions such as mind-reading or all-or-none thinking. Further, therapists should teach constructive communication patterns and emphasize and foster the notion of “continuation of the family”.

The current workshop is designed to provide therapists specific strategies and tools that they can utilize in their work with divorcing/newly divorced families. There will be conceptual and empirical information on potential challenges such as emotional flooding, post-divorce coparenting, negative child outcomes, communication traps. There will be discussions on special issues such as ongoing noncoparental relationship between parents, dealing with third-parties such as court system, realigning relationship with the extended family.

# Avoiding a Deficit Perspective in Understanding the Family System

*Alli Cipra - United States*

**Short Description:** This presentation will focus on the importance of understanding the family system as it is rather than how it “ought” to be. In many approaches and in general research, family systems are discussed, evaluated, and treated from a deficit perspective.

**Abstract:** This presentation will focus on the importance of understanding the family system as it is rather than how it “ought” to be. In many approaches and in general research, family systems are discussed, evaluated, and treated from a deficit perspective. For example, single caregiver families may attend to the ways in which single parenthood negatively impacts the parent-child relationship or child behavior. Whereas starting from an assessment of the family unit as it functions without imposing a values or loss rating may increase engagement and improve the function of the family unit. Likewise, limiting cultural expectations of family to those directly discussed by its members helps the family to create their own expectations without the shame associated with active or passive neglect of cultural practices. In doing this the therapist challenges the deficit mindset held by clients. In addition, therapists must be hyper cognizant and frequently evaluate their own understanding and internalization of a deficit foundation.

Rebuilding the foundational understanding of family systems to this more personalized and functional perspective is imperative to improving family relationships and function. From a developmental perspective, family difficulties influence and are influenced by the members of the family unit and their interactions with one another. These family interactions impact various relationships, attitudes, and behaviors outside the family system. The presenting issue is often little more than a “foot in the door”. As such, the systems model must be integrated with a family functional model to best serve clients.

# Parental and Professional Value Mismatch in Child Risk and Protection

*Yochay Nadan - Israel*  
*Netanel Gemara - Israel*

**Short Description:** This paper identifies several of the mismatches at play when professionals encounter families belonging to diverse groups and assess risk for children. Two minority groups in Israel were studied. Findings indicate discrepancies between parents' and professionals' perceptions as well as their implications for the relationship between professionals and parents.

**Abstract:** This paper aims to identify several of the mismatches at play when professionals encounter families belonging to diverse groups and assess risk, wellbeing, and protection for their children. Two minority groups in Israel were studied: the Ultra-Orthodox Jewish community and Jewish immigrants from Ethiopia. Parents of the two communities (N=60) and the professionals who work with them (N=50) were interviewed regarding their subjective perceptions and constructions of "risk", "well-being", and "protection" for children. The analysis yielded two main themes: 1) the discrepancies between parents' and professionals' perceptions of "risk" and "protection" for children as a product of the differences in values, norms, and contexts of these two groups; and 2) the implications of these discrepancies for the relationship between professionals and parents. The final section of the paper discusses implications for risk assessment and intervention with diverse families.

# Chameleon Families: adaptations, changes and challenges of gay male parenthood

*Dr. Carlos Temperini - Brazil*

**Short Description:** This study analyses discourses about gay male families in the Brazilian and American contexts. The theory is based on Bowlby, Winnicott and Badinter studies to discuss the importance of parenthood in infant and child development, besides a reflection on “the myth of motherhood” and their impact on gay male parenting.

**Abstract:** This study describes and analyses discourses about gay male families in the Brazilian and American contexts. The theory is based on John Bowlby, Donald Winnicott and Elizabeth Badinter studies to discuss the importance of parenthood in infant and child development, besides a reflection on “the myth of motherhood” and their impact on gay male parenting. Using both a quantitative and a qualitative method, data was collected both in Brazil and the USA. We used statistical analysis and Grounded Theory. We observed in both contexts that gay families, in their own perception, had low social acceptance, that with some participants camouflaged prejudice and discrimination and blame society. The data crossing (qualitative and quantitative) enabled us to understand the dynamic functioning of gay families, Chameleon Families: adaptations, changes and challenges. It was found that there is a functioning permeated by multiple and dynamic processes, fuelled by psychological experiences, interrelated and lived by gay families, characterized by stages that require adaptations, changes and constant challenges. These are required because they want to have the right to be family, to address love without judgment, to build their homes and to have children. They want to occupy social spaces without questions about parental capacity, about the child’s mother and the sensation that every child needs to have a woman present to guarantee safe child development. Not only do they want to enjoy gay rights to guarantee freedom, equality and equity, but they want social justice, so they do not have to invest a lot to protect their children.

# Sexual Development and The Talk: Not just about the Birds and the Bees

*Anita Mehta - Canada*

*Sarah Burley - Canada*

**Short Description:** The development of sexual identity is influenced by family. The sex talk has evolved from a discussion of birds and the bees to include gender identities, sexual orientation, pornography, and consent. This presentation addresses healthy sexual development and provides tools for working with families and couples on issues of sexuality.

**Abstract:** Sexuality poorly repressed unsettles some families; well repressed, it unsettles the whole world (Karl Kraus). The development of sexual identity is influenced by the context of the family. Family values and beliefs remain ingrained as a child evolves through adolescence and into adulthood. The sex talk has evolved from a discussion of the “birds and the bees” to include critical topics such as gender identities, sexual orientation, pornography, and consent. This highlights the fact that family holds a critical place in the development of sexual well-being. As the literature shows, sexual well-being and sexual health are heavily influenced by parental values and beliefs. In addition, there is evidence that the way a family communicates and gives support around the topic of sexuality impacts the psycho-sexual development of their children. And yet, despite the evolution of topics of sexuality, “the talk” continues to be the central mode of communication for families to discuss issues of a sexual nature. As a result, there is a growing trend for children, adolescents, and young adults to turn more and more to their peers and the internet for their sexual education. This presentation will address the essential elements of a family context for healthy sexual development; discuss useful strategies and interventions for psycho-education at the differing developmental levels, and use case examples from clinical practice to provide clinicians with concrete tools for working with families and couples on issues of sexuality.

# Integrative Services; an International Perspective

*Katheryn Whittaker - Cayman Islands*

**Short Description:** Understanding the collaborative efforts of our international colleagues globally assists the therapeutic community in many ways. This understanding helps to bring awareness to community therapists, incorporating a local culture perspective. From entering into therapy to medical and community referrals, including rehabilitation services are significant aspects of whole person treatment.

**Abstract:** Understanding the collaborative efforts of our international colleagues globally assists the therapeutic community in many ways. This understanding helps to bring awareness to community therapists, incorporating a local culture perspective. From entering into therapy to medical and community referrals, including rehabilitation services are significant aspects of whole person treatment.

This panel of speakers represents various disciplines from marriage and family therapy, social work, psychiatry, addiction medicine, academia, psychology, clinical supervision, and managed care. Each of these professionals shares a common desire to streamline the quality of care individuals receive. The presenter's geographic locations include Australia, India, The British West Indies, The United Kingdom, The United States of America, and Turkey.

Presenters/Specialties:

- Katheryn Whittaker, PsyD, LMFT, LPCC, Psychologist/Acting Clinical Supervisor, Addiction and Trauma Specialist- CAYMAN ISLANDS, BRITISH WEST INDIES
- Khadijah Bhutto-Ramirex, PsyD, LMFT, Managed Care - USA
- Wayne Conron, LCSW - AUSTRALIA
- Susan Mary Benbow, Psychiatrist, Wellness consultant – UNITED KINGDOM
- Sarayu Chandrashekar, MS MFT, MS Counselling Psychology, Bangalore, INDIA
- M. Selenga Gürmen, PhD, Assistant Professor- Istanbul, TURKEY
- Sarah Helps, Clinical Psychologist, Systemic Therapist, BSc, MSc, DclinPsy, Cpsychol, HFEA – UNITED KINGDOM
- Zeynep Zat, PhD Candidate – ENGLAND

# Working with Interpreters in Family Therapy: Doing Therapy in Slow Motion

*Georgi Kroupin - United States*

**Short Description:** This presentation will address multiple aspects of work with interpreters in Family Therapy and Mental Health in general including definition of respective roles and responsibilities and systemic issues such as hierarchy and boundaries. It will also address systemic phenomena such as complementarity and triangulation.

**Abstract:** Abstract:

This presentation will address multiple aspects of work with interpreters in Family Therapy and Mental Health in general including definition of respective roles and responsibilities and systemic issues such as hierarchy and boundaries. It will also address systemic phenomena such as complementarity and triangulation. Changes in physical parameters of encounters including space and pace management will be discussed. We will explore the effects of employing interpreters on dynamics of Mental Health encounters including a balance of pacing and leading. We will also address language use including use of professional jargon by providers. This workshop will also explore the effects of interpreting on provider's level of differentiation. In conclusion issues of self care of interpreters including safety and burnout prevention will be discussed.



# Dementia: the relational web

*Susan Mary Benbow - United Kingdom*

**Short Description:** People living with dementia (PwD) live in a web of family and other relationships. Care plans rarely address relational support. A qualitative study, involving interviews with PwD and family carers, concluded that family counselling/ therapy has a potentially vital role to play, with likely benefit to all concerned.

**Abstract:** People living with dementia (PwD) live in a web of relationships with family members and others. Dementia affects these relationships and relationships with family and others impact on how the person lives with dementia. We conducted semi-structured interviews with PwD and their family carers. The interview focused on perceived changes in close relationships, including changes in intimate and sexual relationships where relevant. Interviews were audiotaped, transcribed and analysed thematically supported by a qualitative data analysis computer software package.

Thirteen people took part in the interviews: all were caring for a person living with dementia and two were themselves living with dementia. Four main themes were identified in the analysis. Changes in couple relationships included issues of closeness and loneliness, together with changes in communication, in intimacy, and emotional reactions. Some specific issues in second marriages were highlighted. Changes in non-partner relationships included relationships with adult children, grand-children and parents. Talking about oneself in relationship raised issues of moving from we to I, recognising that support is not only for the PwD, and starting new relationships. Talking about people with dementia in relationship involved continuity versus loss, and difficulties in addressing how to talk about dementia.

We conclude that participants' lived experiences both as carers and as PwD support the need for ongoing relational support. The focus in care plans on practical supports and activities of daily living often ignores the emotional and relational needs of PwD and family members. Education based counselling/ therapy would address many of participants' highlighted needs.

**Acknowledgement:** This work is being developed in partnership with Anna Tsaroucha and Victoria Sharman.

# Mindfulness as an embodied relational resource in Couple and Family Therapy

*Edgardo Morales - Puerto Rico*

**Short Description:** We will examine how mindfulness, understood as present centered embodied relational presence, can be used by psychotherapists in couple and family therapy to expand their creativeness and sensitivity and help create an accepting, playful and open interactive space that can engender life affirming possibilities in the lives of its participants.

**Abstract:** As a practice, mindfulness has been viewed as an individual activity that aims to alleviate personal suffering and enhance wellbeing by cultivating insight into the workings of the mind and the nature of experience. In this workshop, we will shift this view of mindfulness into the relational domain and explore its use as a core resource in generative dialogue. We will examine how in a therapeutic context, mindfulness can serve as an embodied relational presence, a way engaging self and other, that helps create an accepting and open conversational space that can engender life affirming possibilities in the lives of its participants. As a relational presence, mindfulness brings a refined awareness, whole body listening and a heightened sensitivity to the changing manifestations of the relational field. It's a means through which one can bring to bear a moment to moment awareness to the multiple dimensions and expressions of human experience as they unfold in therapeutic interactions. Through this awareness, one may recognize the uncertainty inherent in life, as well as the possibilities that may emerge in the interactive moment. Through its use, psychotherapists may expand their capacity to relate to the concerns of the other with acceptance, openness and compassion, and with a decreased attachment to preconceived ideas or judgements. As a resource in family and couple therapy, it can promote a form of relational performance characterized by playfulness, curiosity, generativity, and connection.

Through examples and brief exercises, we will explore how this embodied relational stance can help practitioners view psychotherapy as a joint dance, where words, movements and actions resonate with each other. We will examine how this relational sensitivity can be used to promote a sensual democracy, a constant invitation for all experiences and viewpoints, to participate. Finally, we will explore how mindfulness and the principles that guide its practice can help practitioners be more in tune with their own embodied relational resources, as well as notice and expand those subtle and unique moments in psychotherapy that generate increase intimacy and trust, disrupt dominant stories and interactions, reaffirm capabilities and create new possibilities of transformation.

# Isomorphism in the Cambodian Context: A Situational Analysis of the Therapeutic Process

*Lorien Jordan - United States*  
*Desiree Seponski - United States*

**Short Description:** This poster presents a situational analysis of the isomorphic processes between therapeutic, governmental, and research systems in Cambodia. Findings indicate that therapists in Cambodia experience stigmatization in the larger culture and a lack of governmental support, which creates isomorphism of marginalization between clients and therapists.

**Abstract:** Isomorphism describes the ways in which relational roles and patterns in one system are replicated in the roles and interactions in other systems. Isomorphism has most commonly been described as a supervisory tool but can also extend across systems as a conceptual framework attending to processes of therapeutic development within global contexts. In this poster, the concept of isomorphism guides our discussion of results from a recent situational analysis of therapeutic, governmental, and research systems in Cambodia.

Following a situational analysis framework, we interviewed twelve Cambodian therapists in Phnom Penh working in a variety of clinical settings and presenting client issues. Situational analysis is a methodological framework, from the grounded theory tradition which utilizes cartographic methods of to better understand the relational positions within a given data set. Through relational mapping, our results focus on the isomorphism existent within Cambodia's developing mental health field. Placing special attention on the complex intersections of marginalized positions and various social, political, and cultural discourses within the data, we theorize how the situation of therapeutic work in Cambodia is an isomorphic process between client/therapist; therapist/supervisor; researcher/participant; and mental health system/government.

Findings highlight the ways in which therapists and clients exist in an isomorphic relationship with each other, based on various contextual and social phenomenon in Cambodia. These results include feelings of marginalization, lack of society's understanding, and their experiences of a lack of governmental support. Given the marginalization experienced, the therapists describe facing stigma that mirrors the stigma of mental health clients. Findings also highlight how an isomorphic process is created from Cambodia's over-reliance on NGOs and theoretically Western-based methods of treatment and supervision practices, which risk overlooking the strengths of Cambodian local knowledge.

Findings cross-culturally inform implications specifically geared for training and supervision in Cambodia and the global context as we continue to develop and strengthen our therapeutic models to best attend to the unique needs and resources of multicultural communities.

# The Story of Systemic Education in Kenya: An Ongoing Saga

*Anne Wambugu - Kenya*

*Evangeline Willms Thiessen - Canada*

**Short Description:** In 2003, a collaboration between two visionary women and their respective institutions, PAC University in Kenya and TWU-ACTS in Canada, birthed the first systemic psychotherapy education programme in Kenya. From a BA, to an MAMFT and recently a PhD; come hear about the intercultural process, programme implementation and therapeutic impact.

**Abstract:** In 2003, systemic psychotherapy education was a foreign concept in Kenya. In fact, until 1998 the concept of professional counselling was virtually unknown. This year marks the 20th anniversary of the August bombing of the US Embassy in Nairobi. The suicide bombings created global awareness and brought teams of trauma experts from the US in response to the hundreds of deaths and injuries caused by the explosions. From that incident, the awareness of counselling as a professional discipline literally “exploded” in Kenya.

Fifteen years ago, systemic psychotherapy education was introduced at Pan Africa Christian University in Nairobi, Kenya. Through the dreams and visions of two women, Dr. Anne Wambugu (Kenya) and Dr. Evangeline Willms Thiessen (Canada), a journey of unprecedented proportions was initiated. The first clinical-oriented BA in Counselling degree was developed and implemented in 2003. Thereafter, the enthusiasm for a systemic family approach to counselling created a demand for an advanced degree. Extensive consultation and collaboration resulted in the creation of the first MAMFT designed to meet the Kenyan context. Masters level students, early in their course of studies, were quick to apply systemic therapeutic interventions. The stories of impact were profound; reaching into couple and family relations, community and school settings that now included work with parents and grandparents, church/pastoral counselling with families, women and family violence programmes, response to families who had experienced trauma/terrorist attacks, community systemic psychoeducation groups, radio broadcasts and multiple other avenues. In a collective/relational based-culture, the systemic approach brought new hope and new possibilities.

The obvious gap of MFT faculty/instructors and clinical supervisors in this newly developing discipline, led to the establishment of a PhD degree in MFT in 2016 to support the ever-expanding demand for advanced education. The first cohort is expected to graduate in 2019. This workshop will: 1) Introduce the benefits of intercultural collaboration-based programme development; 2) Explore the developmental process of curriculum design; 3) Examine an integrated, culturally/diverse sensitive perspective to systemic education; and 4) Present anecdotal clinical outcomes from students and graduates.

# Youth at Risk: Why Families Matter

*Judith Landau - United States*

**Short Description:** Youth experience major behavioral health challenges. Attachment to family and culture of origin correlate with reduced risk-taking behaviors, stress, and trauma. Evidence-Based Transitional Family Therapy studies, clinical vignettes and practical techniques will illustrate the benefits of building positive attachment by targeting individuals, families and communities as the focus of change.

**Abstract:** Adolescence and young adulthood represent a unique intersection of competing life forces, which collide at a crucial stage of bio-psycho-social development creating stress and conflict within the family. Not since the baby boomers, has a generation of youth had such importance in the advancement of families, communities and society. It is necessary to address how we develop and foster resilience within this population as it navigates stress, trauma, and behavioral health challenges. Due to changing expectations, the current population of youth faces the (perhaps unfair) label of the 'Failure to Launch' generation. We need effective clinical interventions to instill the resilience necessary to foster a thriving and productive generation.

Current challenges include increased behavioral health dangers including, suicidality, self-harm, substance use disorder, sexual risk-taking and other process addictions (gaming, Internet, smart phones, food, shopping, gambling, etc.). Research shows that attachment to family and culture of origin correlate with reduced risk-taking behavior, reduced family and societal violence, and lower impact of post-traumatic stress. Facilitating family, cultural and community ties and enhancing access to family and community resources can be protective against stress, trauma and their consequences including self-destructive and violent behavior. Intergenerational connectedness fosters resilience and reduces short and long-term effects of stressors on families and communities.

Studies and clinical vignettes will illustrate the benefits of working to build positive attachment. Transitional Family Therapy (TFT) interventions target individuals, families or communities by utilizing Family and Community Links. Practical methods of mapping, assessment, and intervention presented consider all levels of individual, family and community involvement, attending to health, spirituality, culture and life cycle stage. Assessment of available resources and vulnerabilities, protective factors, and goals facilitates collaboration across natural and artificial support systems for building resilience, rather than perpetuating vulnerability and long-term problems for individuals, families and the communities in which they live.

This workshop, based on extensive clinical experience, theory development, and research, focuses on collaborative, comprehensive long-term recovery and healing of individual and family. Families are the most significant factor in treatment engagement, completion, and long-term recovery for effective management of behavioral health challenges and co-occurring disorders.

# Family therapist augmented program for physicians in training

*Barbara Hernandez - United States*

*Edward Tagge - United States*

**Short Description:** This presentation describes an 8-year program of family therapy augmented education for medical students, residents and physicians in a medical arts university. An overview of successful programs and initiatives will be described as well as steps family therapists can take to create a similar role in local clinics and hospitals.

**Abstract:** The systemic and interpersonal foci of family therapists have long augmented settings such as business, leadership, healthcare, education, criminal justice, and nursing education. Medical family therapists have documented the efficacy of providing collaborative models of care in hospitals and clinics. Little is known however, about how the expertise of family therapists can inform physicians' interactions with patients and guide the development of systemic practice policies that support patients and their families. Such a program has been developed and integrated into the curriculum at Loma Linda University School of Medicine for the last eight years, utilizing a family therapist educator who was formerly a healthcare provider. There are three pronged approach to this program by which physicians and physicians in training may benefit:

1. **Education.** Lectures are incorporated in the medical school curriculum from the first year and include topics such as the impact of ambiguous loss on relationships and families; interactive skills related to families who are contentious, anxious, or distraught; systemic family principles that affect medical compliance; diversity and gender sensitivity; how to break bad news to individuals and families; and how to address issues related to sexualities.
2. **Scholarship.** Research has been conducted related to relational aspects of medicine and include a national study on physicians who personally experience intimate partner violence; the experience of physicians who facilitate medical student reflection groups; biannual physician well being survey collection; and oversight of other physician related process and interactive research.
3. **Consultation.** This includes brief therapy with referrals for long-term individual, couple, and family therapy for physicians and their loved ones as needed; family home visits and consultations; support and process groups; leadership and organizational consultations; debriefing and process work related to death of patients, traumatic medical incidents, and personal concerns; specific support for women physicians, and departmental team building. Program evaluation and projective analysis has demonstrated the value of incorporating these elements into medical education by enriching the patient experience, enhancing physician sensitivity and confidence in addressing family level issues, and projected financial outcomes. Recommendations will be given to family therapists who wish to create similar programs in other medical settings.

# Trafficking in Cambodia: The Accessibility of Mental Health Resources For Survivors

*Amber Kelley - United States*  
*Desiree Seponski - United States*

**Short Description:** Previously reported Cambodian trafficking statistics have been questioned due to lack of empirical evidence. This study, a survey of randomly selected national sample of Cambodian adults, examines personal and filial reports of trafficking. Availability and accessibility of mental health resources in areas where trafficking has occurred is also presented.

**Abstract:** Political instability following the Khmer Rouge regime in Cambodia, coupled with the devastation of genocide and civil unrest, allowed the trafficking of persons for both labor and sex to prosper. While new laws and government interference have decreased the proliferation of human trafficking over the past decade, at present every Cambodian province remains a source of both labor and sex trafficking for men, women, and children.

Statistics regarding the prevalence of trafficking within Cambodia vary wildly due to lack of reporting and the absence of large-scale investigations. While an analysis of multiple empirical studies estimated approximately 1,000 women and children were victims of direct sex trafficking, a popular source for trafficking statistics presently purports that 261,000 individuals are currently being trafficked in Cambodia for both sex and labor. Without consensus and accuracy regarding labor and sex trafficking within the Cambodian nation, it is extremely difficult to identify vulnerable populations and subsequently provide appropriate resources in areas where those populations exist.

Survivors of human trafficking are often in need of many forms of assistance once removed or released from bondage, commonly referred to as aftercare. A crucial component of aftercare is mental health care and therapy. Recommendations have been proposed regarding therapy practices to aid formerly trafficked individuals, however, survivors must be able to access such mental health resources in the areas in which they and their families reside.

This study is the first of its kind in scope and impact as it examines the prevalence of human trafficking and the mental health resources available in regions where trafficking has occurred through the results of a nation-wide Cambodian mental health survey. In this nationally representative sample (N=2,690), 0.7% of respondents (N=18) indicated that one to four members of the household had been trafficked; of those that reported trafficking within their households, 61.1% stated the trafficking occurred within the past year. Descriptive statistics for these individuals regarding the presence and accessibility of mental health resources in their areas will be presented, and implications for local practitioners and larger organizations will be discussed.

# Open Dialogue in context

*Nobuhiko Asai - Japan*

*Catherine Thorley - United Kingdom*

**Short Description:** We come from different parts of the globe having met in Helsinki on Open Dialogue training. We aim to give you a flavor of what Open Dialogue is and its application in different contexts. We will also discuss how it has affected us both personally and professionally.

**Abstract:** We are 2 family therapists who have recently completed an International Open Dialogue Trainers training in Helsinki. Nobuhiko is from Japan and Catherine is from the UK. We come from very different cultures and professional contexts and yet we have both found Open Dialogue to be a meaningful way forward both personally and professionally. In this workshop we would like to share something of our experience of our training and give you a flavor of the main principles of Open Dialogue and what they mean to us. Open Dialogue is both a way of organizing services and of working with families and networks. Families and networks are seen when they experience a crisis. We will invite you to carry out a small group exercise to help you to feel as well as hear about Open Dialogue. We will also share with you how Open Dialogue is developing in each of our countries and internationally.



# How are you doing back home?: Subjective experience of those who remain behind when a significant other migrates.

*Erick Senior - Puerto Rico*

*Marileen Maldonado - Puerto Rico*

*Kathia Pena - Puerto Rico*

**Short Description:** This presentation explores the subjective experience of people who have remained in their country of origin while experiencing a separation from a significant other due to migration.

The sample consisted of 215 Puerto Rican participants whose significant others had migrated during the last year. Systemic emerging themes will be discussed

**Abstract:** This qualitative study explores the subjective experience of people who have remained in their country of origin while experiencing a separation from a significant other due to migration. The sample consisted of 215 participants residing in Puerto Rico whose significant others had migrated during the last year. Participants ages ranged from 21 to 83 years old. The data was collected through semi-structured open-ended questions. A qualitative, phenomenological approach was utilized in this study. Results: The emerging themes identified by participants included: an impact on the emotional level, an impact on the structure and patterns of family interactions, the use of positive connotations and reframing to deal with loss, the use of technology to reduce barriers of communication, and the use of other coping skills to manage the loss of the significant other. Discussion: The results of this study is consonant with the literature highlighting the impact migration has on all family members and significant others. The emerging themes underscore the importance of systems in trying to maintain a homeostasis, and how family members that remain behind activate several mechanisms to deal with the loss of significant others who migrate.

# Disaster Preparedness among Cambodian-Laotian Immigrants in the Gulf Coast of Alabama: Systemic Considerations

*Desiree Seponski - United States*

*Denise C. Lewis - United States*

**Short Description:** Social inequalities among ethnic minorities and immigrants in the US have made preparations for disasters more arduous for these people. Using qualitative methods, this study explores how Cambodian and Laotian immigrants in the Gulf Coast of Alabama perceive and prepare for impending environmental challenges. Findings and possible interventions are discussed.

**Abstract:** Natural and manmade disasters are critical issues that require timely interventions in order to prevent massive damages, injuries, and deaths to those who are affected (Noji, 1997). Studies have shown that due to many inequalities such as low socioeconomic status, limited education, and language barriers facing immigrants and racial minorities, they have a much more difficult time preparing for, going through, and recovering from disasters (Bethel, Burke, & Britt, 2013; Cherry & Allred, 2012; Nepal et al., 2010; Nguyen & Salvesan). In the Gulf Coast of Alabama, Cambodian and Laotian refugees, who already lack significant access to public services, face serious issues when it comes to disaster preparedness (Nguyen & Salvesan, 2015). This presentation discusses the methods, findings, and implications from the Cambodian-Laotian Strength and Resilience Project. Using the framework of Community-Based Participatory Research, we conducted semi-structured interviews with Cambodian and Laotian families to investigate how they receive news about and prepare for a prospective environmental challenge.

Our preliminary findings suggest that this population had limited understanding of disasters, as most people did not perceive them as imminent threats. Furthermore, many households are ill-equipped with supplies and foods that are necessary for emergency evacuation. Nonetheless, these families reported having strong ethnic networks who assist them with relevant information and safe shelters during environmental emergencies. Our findings indicate the need for intervention at multiple levels. Community-level interventions include the distribution of information and supplies related to disaster preparedness. Local authorities and emergency evacuation agencies should collaborate with ethnic community leaders to deliver more culturally responsive materials to these households. Moreover, our findings point to the resilience, strong sense of community, and resourcefulness of this population and we encourage governmental bodies to tap into communities' strengths when assisting them during disasters. Family interventions are nested within communities. Most MFTS, or therapists in general, are not trained to work post environmental disaster, or with refugees, in general. Building on our data driven findings and tenets of culturally responsive therapy, we provide suggestions for intervening at multiple systemic layers.

# Enmeshment in Military Families

*Alexus Hamilton - United States*

**Short Description:** Researchers often combine two separate processes in regard to enmeshment: closeness, which promotes a secure attachment and mutual cohesion; and intrusive overinvolvement, which promotes dysfunctional maladaptive strategies and patterns. However, for military families, enmeshment can be a necessary tool to keep the family together.

**Abstract:** Enmeshment in families in the United States has become increasingly more prevalent. Research regarding enmeshment and the impact that it has on individuals and families has been decidedly negative. Research states that enmeshed families have a higher probability of having anxiety (Barber & Buehler, 1996), eating disorders (Karwautz et al., 2003), depressive symptoms (Jacobvitz et al., 2004), as well as various other mental disorders (Jewell & Stark, 2003). While there is an abundance of research regarding enmeshment (Ivanochko, 2018), there is very little research regarding the impact of enmeshment on military families. Can enmeshment be viewed as a necessary tool to keep the family together? According to some research no. This conclusion is derived from viewing the research through a lens deprived of diversity. Researchers often combine two separate processes: closeness, which promotes a secure attachment and mutual cohesion; and intrusive overinvolvement, which promotes dysfunctional maladaptive strategies and patterns (Irving & Benjamin, 2002). Enmeshment is usually viewed through the lens of majority family values and norms. This has resulted in an emergence of a cultural-deficit model. If researchers placed a diversity-appreciated lens on top of the research and remove the portion of the definition of enmeshment that assumes intrusive overinvolvement, then researchers may conclude that these families maintain a healthy and balanced emotional connection. In these cultures, enmeshment is used as a tool to maintain family togetherness. If this idea was applied to enmeshed military families, then the negative stigma attached to enmeshment would not apply to these cases.

# Family based practices and the (un)holy trinity of the Medical Model, RCTs and New Public Management

*Rolf Sundet - Norway*

**Short Description:** Practices within collaborative relationships with families who have not been helped by prior treatment opened up manners of acting and thinking in response to the constraint given by governmental guidelines and injunctions. A new liturgy within mental health was identified. The workshop will present and discuss implications of this.

**Abstract:** Through experiences within collaborative relationships with families who have not been helped by prior treatment, family based practices was generated that opened up manners of acting and thinking in response to the constraint given by governmental guidelines and injunctions. The constraints and injunctions was experienced as a new liturgy within mental health that was guided by a (un)holy trinity of the Medical Model-the Randomized Control Design and New Public Management. The workshop will use these experiences as an invitation to here if this trinity also has reached other countries and how it is met in these. The big question is if heresy possible? Perspectives on causation, emancipation and pluralism will be presented as paths or lines away from orthodoxy and into possibilities for both families and therapists.

# Blinded by Privilege: A Critique on the Multicultural Application of The Satir Model

*Rachel Miller - United States*

*Eunice Makunzva - United States*

**Short Description:** Positions of privilege create blind spots in the development of theory. The Satir model is no exception. This lecture will explore integrating outside concepts and components to provide a pathway for addressing and healing wounds of societal oppression and issues of social justice within a Satir Model framework.

**Abstract:** Virginia Satir, though a female in a male dominated field, sat in a position of privilege around race, class, and level of education. This left her, and her theory, with blind spots that need to be contended with if practioners are to adequately address experiences of injustice, inequality, and oppression with clients. We posit that concepts from Contextual Family Therapy, relational ledgers, revolving slates, destructive entitlement, relational ethics, and its approach to forgiveness through salvage or restoration (Hargrave, & Zasowski, 2017), for example, are ripe for integrating a moral and ethical component into the Satir Model. This lecture will present Hardy & Laszloffy's (2005) concepts of devaluation, disruption of community, and devaluation of loss and how their integration into the Satir Model can provide clinicians and clients with language and insight into experiences of oppression, both societal and familial, that can directly impact self-worth if not addressed. In addition, Satir's concepts of congruence and dysfunctional communication stances will be reviewed for ways in which privilege or lack thereof impacted their development and impact presentation and use with marginalized populations.

## References

- Hardy, K., & Lazloffy, T. (2005). *Teens who hurt*. New York, NY: The Guilford Press.
- Hargrave, T., & Zasowski, N. (2017). *Families and forgiveness: Healing wounds in the intergenerational family* (2nd ed.). New York, NY: Routledge.

# A Picture is Worth a Thousand Words: A snapshot to understanding the various use of genograms

*Deborah Watson - United States*  
*Ashley Cosentino - United States*  
*Lauren McKenna - United States*

**Short Description:** The genogram has extended well beyond its origins as a family evaluation tool. As an assessment and intervention it continues to be broadened and expanded. In this interactive workshop participants will learn about the multitude of uses of genograms as an assessment and intervention in different models and contexts.

**Abstract:** The genogram is an assessment and intervention tool that is used throughout the fields of marriage and family therapy, counseling, psychology, social work, nursing, and family medicine. During its beginnings, the genogram appeared in family medicine and family therapy (McGoldrick, M., Gerson, R., & Petry, S., 2008), during family therapy it was derived from the comprehensive theory of Murray Bowen and family systems therapy and standardized with Monica McGoldrick and colleagues. Intergenerational theorists have continued to develop and advance the use of the genogram and Bowen theory, however its wide and varied uses continue to expand with far reaching practices that extend beyond intergenerational assessment and intervention. The genogram is used with different models of therapy as well as in research and educational settings. Over the past four decades, the genogram has evolved into a multifaceted dynamic tool with a multitude of uses.

The process of creating a genogram elicits rich narratives and relational patterns. Through its pictorial properties large amounts of information are visually represented in a relatively small amount of time and space. Genograms provide a framework and graphic representation that externalizes a multitude of complex patterns, emotions, and detailed information on paper (or computer screen). Having a graphic representation of relationships and patterns allows an alternative way of viewing, assessing, and experiencing the information and narratives that a client brings to therapy.

The structure and format of the genogram is amenable to the inclusion of multiple family forms (e.g. biological, legal, or kin), clients (e.g. individual, couple, family, group), contexts (e.g. communities, culture), and theoretical models (e.g. modern, postmodern) or as a complementary adjunctive tool (e.g. focused genograms). Its use as a clinical assessment process and intervention with intergenerational foundations has broadened and expanded—it is a holistic visual tool that can be used across a wide variety of theories and contexts.

During this interactive workshop, participants will learn about the multilayered uses of genograms as assessment and intervention, the strengths and limitations of using a genogram, and participate in a genogram activity promoting what Bowen (1985) asserted as a continuous cycle of discovery.

# Black emerging adults' experiences of ethnic-racial socialization messages from diverse sources

*Denzel Jones - United States*

*Sarah Daniels - United States*

**Short Description:** This study focuses on social influences on Black ethnic-racial identity (BRI) development. Results indicate that (1) immediate family and friends are the most influential agents to youths' BRI development and (2) Black emerging adults tend to recall racial pride and egalitarian messages more prominently than racial barrier and negative messages.

**Abstract:** Ethnic-racial socialization (ERS) messages received by Black youth are critical to their ethnic-racial identity development. Despite recognition that identity achievement is rarely completed by the end of adolescence (Waterman, 1999) and Black youth are embedded in larger multicultural contexts, previous studies almost exclusively focus on parents as the isolated provider of ERS messages during adolescence (Hughes et al., 2006). The present study conceptualizes Black youth identity development through Bronfenbrenner's (1979) ecological systems theory, and Cross' (Cross & Vandiver, 2001) nigrescence theory. Using a sample of 171 Black emerging adults, the purpose of this retrospective study is to better understand Black youth experiences of various types of ERS messages received from various socialization agents throughout adolescence and emerging adulthood.

Participants' average ranking of most to least influential socialization agents during early and late adolescence was identical: parents were the most influential socialization agents followed by siblings, adult family members, peers of the same race, peers of a different race, teachers, neighbors, mentors, American media, Black media, community leaders, and "Other." Although participants also reported that parents were the most influential socialization agents on their Black ethnic-racial identity development during emerging adulthood, now peers of the same race were reported as the second most influential socialization agents followed by siblings, peers of a different race, and adult family members. Post-hoc comparisons suggest that parents and adult family members became less influential socialization agents as participants moved from early adolescence through to emerging adulthood, siblings became more influential socialization agents during late adolescence than emerging adulthood, and the influence of both same race and different race peers suggest that peers became more influential socialization agents during emerging adulthood than adolescence.

Participants perceived that the most prominent ERS messages they received during each developmental period were egalitarian and racial pride messages and the least prominent ERS messages they received during each developmental period were negative messages. In addition, racial pride messages received by participants were more prominent during late adolescence than during early adolescence.

# Global and Relational Factors that Contribute to Domestic Violence

*Jason Whiting - United States*

**Short Description:** Domestic violence is an international health crisis, causing trauma and pain worldwide. Factors that contribute to family violence include social norms and laws, as well as relational modes like anger, control, and entitlement. This workshop will discuss how therapists can identify and address these factors in treatment.

**Abstract:** Throughout history and in all cultures and contexts family members have experienced violence and abuse. Family violence is a multi-causal phenomenon that develops as people interact in many situations, and thus can be described in ecological terms. This workshop uses human ecology as a framework to examine how individual actions and contextual influences contribute to violence.

These ecological contexts include: first, social and cultural influences such as patriarchy, legal and economic structures. For example, we will discuss how beliefs about gender and power are expressed through cultural norms and laws, and how these affect rates of violence. The second level includes community factors such as isolation, dependence, silence, and substance misuse. This includes rates of neighborhood violence, access to resources, and the intersection between substance abuse and violence. The third level includes relational modes, which are states that couples enter that influence the way they perceive and interact. These modes motivate action and include anger, revenge, indignation, control, and antisociality. The fourth level includes the physiological states that occur within individuals in violent interactions, and include diffuse arousal, chronic dysregulation, emotional contagion, synchrony, and neurobiology. Understanding what is happening in the body and brain during conflict is relevant in understanding the thoughts, feelings and actions that emerge during conflict.

Understanding violence in ecological terms offers many points for therapists to consider when they intervene. For example, a father who hits a son is influenced by cultural factors (including social and legal norms of child discipline), community influences (their religious beliefs and economic pressures), relationship dynamics (histories of violence or current confrontation), cognitions (perceived disrespect), and physiology (physical tension and body language). Any of these are possible therapeutic intervention points. We will also review how researchers and policy makers can consider these ecological levels and violence contributors in their work.



# Usefulness And Limitations of Family Therapy in Working with High Conflict / IPV Cases.

*Chung-ming Chan - Hong Kong (China, SAR)*

**Short Description:** Based on the clinical work with a couple, this lecture presents the complexity of high conflict couple or intimate partner violence (IPV) cases and the challenge to mental health professionals as well as family therapists.

**Abstract:** Twenty years ago when this presenter started working with high conflict couple cases which may involve use of violence, he learned that family therapists had once been strongly criticized for their indiscriminate use of the concept of “circular causality” and insensitivity to the power differentials in domestic violence cases, and that family therapy as an intervention approach for these cases was even banned in some places. For many years, literature on intervention of domestic violence has focused on the protection and trauma work for victims and management of the perpetrators’ temper and violent behaviour.

Many couples have, for different reasons, continued to live together after their violent encounter. Even if use of violence is under control, it does not imply resolution of relationship conflicts between the partners, not to mention an adaptive family functioning. It is inconceivable that mental health professionals could, in helping the high conflict couples, ignore their ongoing relationship issues and long term family functioning.

This presenter has been dealing with high conflict / domestic violence cases in a social service agency in the community. Majority of the cases in his clinical work wish to maintain their intimate partner relationship in spite of their multiple individual and relationship issues, and there are often multidisciplinary inputs from different organizations. Based on the intervention with a couple case, the presenter will present an analysis of the intervention work done in helping the couple to address their relationship issues. Challenges of these cases to mental health professionals and in particular the usefulness of family therapy will be critically examined. (END)

# Trans-Inclusive Narrative Couple's Therapy

*Josh Boe - United States*

**Short Description:** Worldwide, lesbian, gay, and bisexual inclusive therapy practices have become more pronounced. Few family therapists receive training focused on the needs of transgender individuals and families. This presentation aims to provide a global perspective related to transgender issues and offer a critically informed, narrative framework when working with transgender couples.

**Abstract:** The field of family therapy has a rich history, and family therapists have paved the way for understanding the ways that cultural contexts and sociopolitical systems affect our lives and interpersonal relationships. While this understanding has been vital to shaping our field, the realm of understanding the complex systems for transgender individuals and their families has been misunderstood and has led to limiting discourses and practices. Worldwide, transgender people and their families struggle with social stigma, prejudice, and marginalization. These oppressive forces continue to have strong adverse effects, posing serious threats to safety. Historically, therapeutic models have approached transgender issues through the medical model, focusing on the impact of medical transitions on individuals without input or consideration for partners or families.

More recently, queer inclusive clinicians have urged us to dismantle narratives of pathology, broaden definitions, and reconstruct preferred narratives for transgender individuals and their families. Therefore, it is important that couple therapists understand how our own cultural biases situate cisnormativity as being optimal, healthy, and necessary, especially when considering the complexity of culture, context, age, space, values, beliefs, and life goals. We assert that family therapists unintentionally fail to consider the multiplicity and complexity associated with transgender health and relational well-being. Couple therapists are uniquely positioned to use our rich understanding of sociopolitical systems, development, contexts and culture to expand our understanding of the cisnormative assumptions that inform our ideas of relationships. This expanded worldview is vital for supporting mental and relational health for transgender individuals and their families. In line with this paradigm shift, we offer an inclusive critically informed, narrative couple's framework when working with transgender couples.

At the end of the presentation, it is our hope that participants will walk away with a better understanding of the following: 1) the experiences of transgender individuals and their families within various sociopolitical contexts; 2) how our own biases pathologize and perpetuate stigma and marginalization; 3) the complex web of intersecting identities that shape our stories; and 4) the tenets of critically informed, narrative couple's therapy and how to apply this framework for helping transgender couples.

# Differentiation of self and relational ethics: Bridging the gap between Nagy & Bowen.

*Merce Rived-Ocana - Spain*

**Short Description:** Differentiation of Self and Relational Ethics are the core elements used to explain the differentiation process.

The exploration of their connection and its comparison in clinical and non-clinical populations could allow us a deeper understanding of how they operate within the family of origin and other significant relationships.

**Abstract:** Ivan Boszormenyi-Nagy and Murray Bowen agree that the Relational Ethics and the Differentiation of Self will respectively affect the degree in which members of a familial system would have a means to accept separation and to decide whether or not to act in favor of their own development as a person, therefore helping to shape their own way of living.

This study is aimed to explore the kind of relationship between both constructs in clinical and non-clinical groups in order to compare them. Data was collected through the application of three different instruments: Socio-demographic survey, the Spanish adaptation of the Relational Ethics Scale (S-RES, Rived & Botella) and the Spanish adaptation of the Differentiation of Self Inventory (S-DSI, Rodríguez-González).

Although the relationship between Relational Ethics and the Differentiation of Self hasn't been established in any earlier investigations, the results of this study provide evidence of their correlation. The findings also reflect and estimate to which degree these factors are crucial for the achievement of the psychological health of individuals and how they ensue in the emotional relationships that are established in the family of origin and its transgenerational family patterns.

The results from this study suggest that an overarching therapeutic goal in clinical practice could be to encourage clients in their efforts to increase their awareness of relational ethics in their family of origin and current and significant relationships. By using a differentiation lens, therapists could offer support to the clients empowering them to develop their comprehension of these constructs. This knowledge would allow them to have more self-directed behaviors, which is central to self-differentiation and psychological health.

Thus, these results indicate a need to focus on the intergenerational transmission of the ethical ledger while working on differentiation. As relational ethics is an extra-therapeutic factor, it could be addressed using any of the family therapy approaches.

This study is a step towards the development of empirical knowledge on relational ethics while constructing a base to foster further investigations in the area. It also looks to increase and expand upon the already prevailing studies regarding the importance of the differentiation of self.

# Genealogy and identity in the Central American and Caribbean Diaspora

*Mirna Carranza - Canada*

**Short Description:** A part of the SSHRC funded project “Rights for Children and Youth: Strengthening Collaboration in the Americas”, this presentation speaks to how young people are responding to the challenges of bi-cultural identities in contemporary times. It interrogates current understandings of family in the transnational economy and modalities of clinical intervention.

**Abstract:** Threats to security in their countries of origin have forced young people, often unaccompanied, into the Central American and Caribbean diaspora. The information regarding the numbers and experiences of young people entering Canada unaccompanied is sparse and incomplete, creating an invisible existence. As pathways to citizenship and protections are disappearing in the U.S, Canadian policies are also under scrutiny for the ability to protect young people within national borders. Further complicating young people and family’s ability to visit and maintain a sense of physical closeness and belonging. This article speaks to how migration interrupts first and 1.5 generation’s migrants from Central America and the Caribbean identity development as it relates to genealogy, kinship, family and a sense of their collective history. This interruption is not a single event, but an on-going process throughout their life span, as they are navigating their identity on a new terrain, or between two cultures. These negotiations occur within the family, both in the receiving country and abroad, as other members are simultaneously renegotiating their roles and identity. First and 1.5 generation young people are uniquely situated of the frontier of identity development within the transnational family. As a part of the SSHRC funded project “Rights for Children and Youth: Strengthening Collaboration in the Americas”, this presentation speaks to how young people and their families are responding to the challenges of bi-cultural identities in contemporary times. It interrogates current understandings of family in the transnational economy and modalities of clinical intervention. This session will present the findings of the interviews with young people, families, community leaders, NGO and state actors on how Canadian institutions facilitate the re-settlement of young people from Central America and the Caribbean.

# Assessing Marital Viability: The True Love Question

*Russell Brethauer - United States*

**Short Description:** This workshop presents a model of assessing marital viability based upon the premise that bilateral true love is the key experience in enduring, healthy marriages.

**Abstract:** Marriage is, in the words of Carl Whitaker, M.D., "The greatest ordeal of living", and in my estimation, his definition of marriage endures as the best: "Marriage is really just two families each sending out scapegoats to battle over which family will be reproduced". Evaluating marital viability in conflictual couples can be a complex, difficult, and frustrating experience for clinicians. The eclectic model presented in this workshop proposes that evaluating partners' motivation in the ceremony of marriage is central to assessing marital viability. The central premise of this model is that the bilateral experience of true love is essential for a marriage to endure, and be viable. The True Love Question is discussed as a process query to assist partners in exploring their personal cognitive and affective motivations, values, and behaviors, and their relational expression. As such, the True Love Question is utilized as a 'fulcrum' to facilitate couples' authentic exploration of their own self-regard, and regard of their partner. This model presents components which include personal self-exploration for enhanced growth and health, relational skill-building, and techniques for evaluating capacity for intimacy and collaboration.

# Relationship between female perpetration and childhood trauma

*Maryann Holt - United States*

*Ginny Piletere - United States*

**Short Description:** This study explores the relationship between diverse childhood experiences (ACE's) and female perpetration of violence. Adverse childhood experiences are traumatic or stressful events. This study further investigates what ACE's female perpetrators have experienced and how those ACE's have contributed to females perpetration of violence against their partners.

**Abstract:** The available research, suggests that childhood trauma is linked to problematic behavior in adulthood. This research study uses content analysis to investigate the motivation for female perpetration of violence against their partners and how those characteristics are linked to adverse childhood experiences. Adverse childhood experiences, or ACE's, are traumatic or stressful events that happen in childhood. Acknowledgement of these childhood experiences can hinder the mental development for years to follow, leading to problematic behaviors, inability to form healthy relationships, and poor decision making. The research that has been conducted may help professionals understand how and why females develop aggressive tendencies that lead to violence against their partners. Professionals may be able to further determine if there is a correlation between childhood trauma and female perpetration against their partners. Clinicians can utilize this research to help families and clients form healthy coping mechanisms to allow for healthier relationships.

# STAA assessment: Sex Therapy with African Americans

*Sarayu Chandrashekar - India*  
*Anike Adekoya - United States*  
*Malavi Madhusudan - India*

**Short Description:** The authors propose a treatment/assessment model that combines narrative therapy, timeline techniques and adapted themes from the Intersystems approach to help MFTs better collaborate with African American couples presenting with sexual concerns in therapy. This model can be adapted for use with clients of the African diaspora worldwide.

**Abstract:** Research shows that the Black population in the United States has been found to have more issues related to sexual functioning than those identifying as White or Hispanic; this may be influenced by their unique sociocultural and historical context (i.e., racism, legacy of slavery, sexual stereotyping). It is likely that similar issues affect the African diaspora worldwide.

In the United States, there is a dearth of information regarding culturally-sensitive assessments of sexual functioning for African American (AA) couples. Grounded in research on AA experiences, the authors propose an assessment/treatment model (Sexual Timeline for African Americans (STAA)) which combines narrative therapy, timeline techniques and adapted themes from the Intersystems approach to help MFTs work better with AA couples presenting with sexual concerns in therapy. By organising the client's history into a graphical representation, the therapist is more easily able to identify issues triggering the problem while pinpointing any themes and plots that may exist. This model could also be adapted to support clients belonging to the African diaspora globally.

# Family therapy, the crucial component in recovery from dual disorders

*Constant Mouton - Netherlands*

**Short Description:** When treating dual disorders (addiction plus another mental illness), early family involvement has been found to improve entry into treatment rates and several other outcomes. The presentation describes the impact of integrating Family Therapy focused on increasing family resilience, into an existing evidence-based treatment model for addiction in the Netherlands.

**Abstract:** Evidence shows that the co-occurrence of addiction and other mental illnesses (dual disorders) is often encountered when treating patients suffering from addiction. In dual disorders, the disorders impact negatively on each other affecting long-term remission, quality of life, ability to work and the quality of family functioning negatively.

The diagnosis and treatment of dual disorders are often complicated. The question arises: which came first, the chicken or the egg? In dual disorders the focus of diagnosis and treatment is often biological, however, a broader view, also exploring the origins and dynamics of the family is key to both cause and cure.

Integrated Dual Disorder Treatment (IDDT) is the gold standard in treating patients with dual disorders. Even though family treatment should be part of integrated treatment, it is not always the case. This is a missed opportunity as it might be the key to prevent the well-known revolving door syndrome in addiction care, where patients get frequently re-admitted.

Involving the family as early as possible in the recovery process increases the rate of patients entering into and staying in treatment. Family involvement improves engagement to treatment and improves long-term outcomes in general. The integration of family therapy in the overall treatment of patients with dual disorders has been found to be more effective than treatment as usual.

The presentation will focus on the role of the family in diagnosing and treating dual disorders. It will also describe the integration of ARISE as a protocol of Transitional Family Therapy into an existing evidence-based treatment model for addiction in the Netherlands. The model was applied to all processes to improve the existing model. The presentation will provide insights and practical tips on this successful integration, and outline its impact on patients, families and staff.



# Spiritual and existential literacy in family therapy practice

*Åse Holmberg - Norway*

**Short Description:** What is needed for family therapists to develop spiritual and existential literacy in their practice? This workshop presents a theory with seven perspectives based on a PhD constructivist Grounded Theory study with 12 clients and fifteen systemic family therapists in Norway. A tool for practice, education, supervision and further research.

**Abstract:** What is needed for family therapists to develop spiritual and existential literacy in their practice? This lecture presents a theory with seven perspectives based on a PhD constructivist Grounded Theory study with 12 clients and fifteen systemic family therapists in Norway.

Spirituality comes from the word “spirit” which means breath, and can be translated to our vital essence and a power of life, connected to body, behavior, culture and relationship. Human spirituality is closely connected to existential perspectives, like meaning-making, values, hope and belief, and help people to find coherence and direction in life. This is not a static state, but a process that develops and changes through life. The spirituality of human has different sources and can be expressed in terms of a secular or a religious tradition. As humans we are both psychical, psychological, social, cultural and spiritual and these perspectives are interwoven and interact with each other. People can be in spiritual distress as the core of psychological, emotional and relational problems.

Even though the importance of spirituality is well documented in mental health and psychotherapy, few quantitative or qualitative studies have been conducted to explore these issues in the family therapy field. Spiritual and existential issues seem absent in the family therapy theory and education in this part of the world. However, national guidelines encourage a holistic view of man, and says clients have to be met as a whole person with body, mind and spirit. Necessary consideration needs to be given to spiritual and cultural needs.

The presented theory, called “a map of spiritual and existential literacy” has a focus on action and activism and offers a constructive and critical perspective on family therapy practice. It is meant to be a tool for practice, education, supervision and further research.

The world literacy is used metaphorically where the man is seen like a script whose content is open only for humans with literacy. There is a connection between the text, the story and the reader, and in the dialogue, the text can be framed and rewritten.

# Social construction of mate preferences in young Indian adults

*Sarayu Chandrashekar - India*

*Malavi Madhusudan - India*

**Short Description:** Many Indian families consider marriage to be a definitive life cycle stage. In this paper, the authors propose an assessment model (MAIME) for clinicians to help their Indian clients deconstruct their culturally-shaped mate preferences, as not having these expectations met can result in significant relationship distress.

**Abstract:** India is a country of more than 1.2 billion people of which a vast majority considers marriage to be one of the most important life cycle stages. In India, an individual is often prepared for marriage right from childhood and similar beliefs appear to exist in immigrant Indian families living in other countries as well. Choosing one's mate can be an elaborate process and a large portion of one's family can get involved in "arranging" the match. Research has shown that mate selection preferences of individuals are influenced by their culture, family-of-origin and other systems they belong to. However, there is a gap in the literature regarding how these preferences might have been socially constructed by an individual's culture and whether these social constructions differ from one culture to another. In order to fill this gap, the authors of this paper propose an assessment model, the Model for Assessment of Indian Mate Expectations (MAIME), based on Bronfenbrenner's ecological systems theory, which will help clinicians work with Indian clients to deconstruct their mate preferences and identify the unique aspects of Indian culture that have created their dominant stories of each other. The authors believe that individuals' mate selection preferences will have a significant impact on their marital satisfaction, particularly if they feel that their partner has not met their expectations.

# Couple Therapists' Coupledness Beliefs, Romantic Relationship Experiences and Experiences in Therapy

*Sedef Oral - Turkey*

*Senem Zeytinoglu Saydam - Turkey*

**Short Description:** Main purpose of this qualitative study is to gain deeper understanding into the reciprocal impact of therapists' social location, own experiences in romantic relationships, beliefs about coupledness and conducting couple therapy. This poster presents findings and clinical implications of the study.

**Abstract:** Although conducting couple therapy is a professional practice, it also involves very deeply personal processes that a therapist might pass through. The current study explores the reciprocal impact of therapists own professional and personal experiences. For the purposes of this study, couple therapists who are (a) currently working with couples in their caseloads, and (b) in a romantic relationship themselves were interviewed. Twenty in-depth, semi structured interviews were conducted. The data was analysed in MAXQDA 2018.1 using grounded theory's constant-comparative method. Findings reflect that couple therapists' beliefs about coupledness are shaped based on their observations about their parents' relationships, their family roles, experiences in past and current romantic relationships and their therapeutic approaches of couple therapy. The study also revealed that experiences with the romantic partner might have an impact on therapists' assessment, intervention, and therapeutic alliance with clients. Having insight into how their coupledness beliefs are shaped helps therapists differentiate their own beliefs from the clients'. In clinical practice, couple therapists use the clients' coupledness beliefs in their therapeutic assessment and interventions. Moreover, participants notice many similarities and differences from clients' romantic experiences and social locations. While therapists use similarities to connect with the clients, they use differences to understand clients deeply in therapeutic assessment. In consideration of the findings, clinical implications and implications for future couple and family therapy training and supervision will be discussed.

# Jazzing with the 'Mirrors of Possibility': Co-Creating Magic Moments in Couple Therapy

*Peter Robinson - United Kingdom*

*Tracey Jane Johnston - United Kingdom*

**Short Description:** The workshop presents the 'Mirrors of Possibility' metaphor, a recently developed relationally reflexive, multi-faceted method for 'playfully jazzing' with systemic issues in couple therapy. The method facilitates re-positioning and the collaborative construction of multiple possibilities, rich descriptions of difference, and the emergence of transformative experiences.

**Abstract:** Using practice case-examples, the workshop presents the 'Mirrors of Possibility' metaphor, a recently developed relationally reflexive, multi-faceted method for 'playfully jazzing' with systemic issues in couple therapy. The method facilitates re-positioning and the collaborative construction of multiple possibilities, rich descriptions of difference, and the emergence of transformative experiences. The workshop also offers the opportunity to adventure into the deconstruction of the unitary self, alongside an introduction to the benefits of 'multi-being-based relational reflexivity', incorporating ideas from CMM (Co-ordinated Management of Meaning) to 'Co-create Magic Moments' (cCMM).

The workshop will offer participants the opportunity to discover and explore the wide-ranging application of the 'Mirrors of Possibility' Method in individual therapy and couple therapy as practiced at 'Possibilities Counselling and Psychotherapy Centre Aberdeen', an independent psychotherapy service.

The workshop will consist of an overview of the 'Mirrors of Possibility' methods with examples from our practice shown via presentation, case descriptions, interactive discussion, short video examples and the opportunity to briefly practice the 'Mirrors of Possibility' methods.

# Aging and Mental Health in America: A Study of Brief CBT with Older Adults

*Kimberly Stewart - United States*

*LaVonya Bennett - United States*

**Short Description:** A patient-randomized clinical trial was conducted at two VA Medical Centers to evaluate the effectiveness and implementation potential of an integrated brief cognitive behavioral therapy in primary care settings. This presentation examines the feasibility of using bCBT among older adults and discusses implications for families of aging individuals.

**Abstract:** The Veterans Health Administration has taken steps to disseminate and implement evidence-based psychotherapies in VA facilities due to their known effectiveness (Karlin & Cross, 2014). However, low engagement numbers in treatments indicate Veterans are failing to participate in evidence-based psychotherapies, even when referred (Hundt et al., 2017). Researchers have begun to look at brief, patient-centered models of care to consider how treatment within the VA might be transformed. A patient-randomized clinical trial was conducted at the Oklahoma City and Houston VA Medical Centers to evaluate the effectiveness and implementation potential of an integrated brief cognitive behavioral therapy (bCBT) in primary care settings (Cully et al., 2017). Research suggests older adults prefer non-pharmacological treatment options (Rokke, 1995) and benefit from non-pharmacological treatments for depression (Apostolo, Bobrowicz-Campos, Rodrigues, Castro, & Cardoso, 2016), chronic pain (Park & Hughes, 2012), managing the behavioral and psychological symptoms of dementia (Brodaty & Arasaratnam, 2013), and more. Yet, the literature indicates older adults face more barriers in gaining access to such treatments (Wuthrich & Frei, 2015). This presentation examines the acceptance and feasibility of using bCBT among older adults, and discusses the implications for families of aging individuals.

# Innovations in the delivery of culturally informed family therapy within the public health system.

*Maite Mena - United States*

**Short Description:** This presentation includes: 1) the rationale for the treatment we developed - Culturally Informed and Flexible Family Based Treatment for Adolescents, 2) two innovations (adaptive manualized treatment and integration of technology) to assist with intervention delivery, and 3) data on the efficacy of the intervention with Hispanic/Latino adolescents and families.

**Abstract:** The treatment of behavioral, substance use, and mental health problems in adolescence has the potential to reduce distress, unhealthy life trajectories, and self-harm behaviors. Family based interventions can be particularly efficacious for treating these issues while also strengthening family relationships. A number of manualized family therapy models have been shown to be highly effective in treating adolescent symptoms even when used in poorly funded public health networks that often provide the only services received by large portions of underserved families and with counselors who do not have a long history of training. Major challenges are that efficacy for minority populations is less well established and there are many barriers to treatment. There is evidence that Latino youth do not seek treatment, do not stay in treatment, nor benefit from treatment as much as non-Latinos. Less acculturated individuals appear to benefit most from culturally modified treatments. However, even a program modified for “Latinos” can be limited because of the variability within the “Latino” umbrella. We have integrated two innovations into our program of family treatment research. The first is an “adaptive” approach to manualized treatment that moves away from a one-size-fits-all approach and allows for tailoring that is systematic enough so that it can be replicated. A second innovation is the integration of technology that provides youth better access to therapeutic material, fewer barriers to treatment, and delivery in a more engaging format.

With NIH funding we have systematically developed and tested Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA), a multi-component adaptive family based treatment with decision-rules to guide the therapy based on culturally relevant themes (e.g., addressing discrimination and acculturation stressors), core family processes (e.g. parenting and family relationships), and adolescent behavior problems (i.e., internalizing and externalizing). CIFFTA was developed from the ground up, specifically for Latino families, with basic research conducted to understand what is needed by Latino families (Santisteban et al, 2009; 2013). We will present on the promise of an adaptive/tailored approach and results of controlled studies including one with a technology assisted family therapy. We will discuss the next steps needed to improve treatment.

# How the Positive Functioning of the Spousal System Affects Burnout Rates Amongst Licensed and Vocational Ministers within a Church Setting

*Samuel Baney - United States*

*Mitch Pohl - United States*

**Short Description:** This study sought to determine whether the optimal functioning of the spousal system could effectively reduce the effects of reported burnout for persons engaged in ministerial work within a church setting. Results of the study have demonstrated that there is not a significant correlation between levels of spousal support and increased or decreased levels of burnout for those engaged in ministry. Results also indicated a strong need to explore the hesitancy towards and resistance of clergy to engage in research related to burnout, in order to more effectively conduct future research intending to reduce burnout amongst clergy.

**Abstract:** Throughout history and into the current age, religious institutions (i.e. churches, synagogues, temples, and other communal places of worship) have traditionally served as primary sources of structure and stability within communities around the globe, and those who serve as ministers often do so on the front lines of human experience, serving as a primary support for those in crisis within their community. Due to the nature of this service, ministers tend to experience elevated levels of stress, and the results can have a deleterious effect upon the minister, their family, and their congregation. A growing body of research has detailed the positive correlation between engagement in ministry and rates of burnout when symptoms of stress are left unaddressed and untreated. Separate research has consistently noted the positive correlation between moderate to high levels of spousal support and one's ability to handle increased levels of stress in a more constructive manner. However, research studying the correlation between spousal support and the effects of stress and burnout in the context of ministry work has not been forthcoming. This study combined qualitative and quantitative research to determine the potential impact of the spousal system in offsetting the effects of burnout for those engaged in ministry. Results of the study demonstrated no significant correlation between levels of spousal support and increased or decreased levels of burnout for those engaged in ministry. Results also indicated a strong need to explore the hesitancy towards and resistance of clergy to engage in research related to burnout, in order to more effectively conduct future research intending to reduce burnout amongst clergy.

# The Role of Systemic Oppression on Family Dynamics and Therapy

*LaVonya Bennett - United States*

*Kim Stewart - United States*

**Short Description:** Psychological literature has begun to explore the role of identity-based discrimination and systemic oppression on psychological well-being. However, the implications for this burgeoning research remains underdeveloped in its practical applications in family therapy. This presentation conceptualizes the role of insidious trauma (identity-based trauma) for marginalized communities within family therapy.

**Abstract:** Since religious organizations and places of worship often serve as a focal point for community engagement and provide a source of mental, emotional, and physical wellness for the communities in which they are situated, it is of paramount importance that the strength, effectiveness, and resiliency of such focal points be preserved. By exploring the crucial importance of support for those who serve in such religious institutions at the spousal level, it is intended that society as a whole can sustain the support that it receives from those very same institutions.



# **An attachment model to understand family dynamics: A case study of an adopted child.**

*Sylvia Martinez - Puerto Rico*

**Short Description:** The impact of abandonment during early childhood in the development of the human being and the possibilities of transformation through adoption will be discussed. Research has evidenced the importance of attachment in human relationships. Researchers and theorist have developed models to understand the impact of attachment in development.

**Abstract:** The paper will discuss the impact of abandonment during early childhood in the socioemotional development of the human being and the possibilities of transformation through adoption. Research has evidenced the importance of attachment in human relationships. Since Bowlby's and Ainsworth's work, other researchers and theorist have developed models to understand the impact of attachment in development in general.

A Case Study will be presented to evidence the conflicts an adopted child and his new parents confronted during the first year of adoption. The Attachment Dynamic Maturational Model will be used to provide a conceptual framework to understand the symptomatology presented by the child and the parents struggles with parenting. The DMM provides an understanding of the way human beings develop strategies along their life cycle to deal with conflict and survive from it. Different assessments will be presented and their clinical use in therapy. It will also be presented the family needs for support from other social systems such as the Department of Family Affairs, the Education and Legal System, and the importance of interdisciplinary work when dealing with families in therapy.

The DMM provides a framework to understand the strategies people use in life and allows the therapist an understanding to help them develop healthier strategies to deal with conflict.

An attachment model in family therapy provides clinicians with an understanding of the complexity and symptomatology presented by families, and with a framework to transform negative strategies into healthier ones, improving the system and the patient's life quality.

# The impact cochlear implants have on adult-children of the d/Deaf and hearing community

*Nicole Harlan - United States*

**Short Description:** The purpose of the research is to examine how cochlear implants have an impact on the social and relational experiences the hearing-impaired adult and their family members have. Subsequently, the qualitative interviews examined how their relationships were developed and made different by the cochlear implants

**Abstract:** The purpose of the research is to examine individuals who have received a cochlear implant from their childhood and how it has shaped their relational experiences of their adult lives. The research was conducted through qualitative interviews of adult-children who have received the cochlear implants and their family members. Participants and their family members described the social impact the cochlear implants had on their relationships through childhood and into adulthood. This included the circumstances surrounding the surgically implanted devices during their childhood development and how interactions were influenced, post cochlear implant. In addition, participants explored the cultural distinction of involvement in the d/Deaf and hearing communities following post cochlear implants. The study assessed the effect of cochlear implants on the participant and their family members' relationships. The relationships include those present within the family and also encompass friendly and romantic relationships in the participant's social groups. Lastly, the participants were given the opportunity to express what they want the general public to know about living with a cochlear implant.

# Global Collaborations in Family Therapy Training

*Cadmona Hall - United States*

*Anne Wambugu - Kenya*

**Short Description:** Cross cultural collaboration has become easier as the ability to reach across the globe and connect via technology has improved. Various strategies utilized to develop culturally competent and socially just training opportunities across three training programs in Kenya, Canada and the USA will be discussed.

**Abstract:** Cross cultural collaboration has become easier as the ability to reach across the globe and connect via technology has improved. Various strategies utilized to develop culturally competent and socially just training opportunities across three training programs in Kenya, Canada and the USA will be discussed.

The purpose of this workshop is to share the experiences of collaboration across three institutions in Kenya, Canada, and the USA. International training and supervision create a context for both faculty and students to challenge their beliefs and perspectives about families. International cross-cultural experiences require trainees to engage in new levels of critical consciousness as they consider various methods for conceptualizing and creating healing for clients (Hernandez-Wolfe, Acevedo, Victoria & Volkmann, 2015). This training model creates space for students to examine their world view in connection with family therapy models and facilitates a process where they are able to integrate and apply the information with clients. A key aspect of international collaboration is challenging the trainees assumptions of privilege and subjugation and creating opportunities for integration (Hardy & Bobes, 2016). The unique training opportunities and challenges of collaboration will be discussed. This presentation will describe the shared training philosophies between each of the programs as well as how they are applied differently based on the training context. The presenters will also discuss the process of developing opportunities to engage students in international travel and learning. Presenters will engage the participants in brainstorming how they may create global partnerships to enhance family therapy training.

# Clinical Supervision from a Carl Whitaker Perspective: A Supervisor-Supervisee Dialogue

*William Boylin - United States*

*Sebastian Perumbilly - United States*

**Short Description:** Carl Whitaker's Symbolic Experiential Family Therapy was a unique contribution to systemically-focused psychotherapy. The presenters, as university faculty, will identify, illustrate and appraise Whitaker's contribution and its contemporary relevance for clinical supervision. Discussion will include Whitaker's concepts such as the person-of-the-therapist, the use of creativity and the absurd, and existentialism.

**Abstract:** Clinical research consistently reports the significance of therapist's developing a solid sense of self, and its connection to therapist's personal growth and clinical-competency (Moertl, Giri, Angus, & Constantino, 2017). From that perspective, Dr. Carl Whitaker's Symbolic Experiential Family Therapy was a unique contribution to the field of systemically-focused psychotherapy. In his teaching and clinical supervision, Dr. Whitaker consistently highlighted the importance of therapist focusing on personal growth. Dr. Whitaker believed and taught that the therapist has to learn to be in touch with himself/herself and his/her personal issues so that she/he may promote and ensure clients' growth. Further, during his clinical supervision, Dr. Whitaker insisted that the therapist has to provide a model of personal growth for the client-family (Smith, 1998). This presentation, in the format of a dialogue between the two presenters as supervisor-supervisee, will examine how Whitaker's Symbolic Experiential approach can be taught in clinical supervision. The lead presenter had ten-years of clinical supervision under Dr. Whitaker. He provided clinical supervision for 15 months to the second presenter while the latter was in his doctoral program as a marriage and family therapy (MFT) intern. During this presentation, the two presenters as university faculty in MFT programs in the United States, will describe their experience of using Whitaker's methodology in clinical supervision. The supervisor will talk about what and how he imparted Whitaker's therapy, and the supervisee will describe his experience of learning it and incorporating it into his own work. Major tenets of Whitaker's work will be emphasized during this presentation. The discussion will include the person-of-the-therapist; team work; the use of the creativity and the absurd; the battle for structure and the battle for initiative; existentialism, co-transference; and the use of humor (Boylin, Anderson & Bartle, 1992).

# Emotional and social benefits for mothers and children: Play therapy and a second language

*Chiemi Chiba - Japan*

*Stacy Clause - United States*

**Short Description:** We discuss a mother and infant support program, and present a case study from both Japanese and American researcher vantage points, examining the “norms” of language, interaction and the social benefits of early second language input. We explain the use of interactive toys that set the stage for practicing social skills and exchanges.

**Abstract:** The traditional pattern of working fathers and stay-at-home mothers in Japan has changed to more two parent working families and single mothers. At the same time, autism spectrum disorders have become a concern from infancy, with few available diagnostic tools or resources for parents. In response to these needs, one Japanese private university developed series of programs to help both the child and caregiver by utilizing the expertise of faculty in different specializations, including fitness, child psychology, and nutrition.

This single case study, of one child and his mother enrolled in six one hour play sessions at a university playroom, examined the intersections between language, culture and experience. Acquisition of English (ESL) as a second language by young children is largely relegated to linguistics, with most literature focusing on how the brain acquires native sounds, or how speech develops. I agree with Ortega (2005) that research with English language can serve wider social purposes and be used to solve educational problems. I found that play in English 1) gave the child opportunity to interact with adults other than their parents 2) Allowed the child to express their emotions more freely 3) gave the mother more time to process interactions with her child 4) allowed concise communication in newly acquired English words. Children having difficulty socializing in the highly prescribed cultural and group routines in Japanese childcare centers (Tobin, 2009) could benefit by making interaction and conversation an explicit point of discussion through playful interactions in concert with ESL.

# **Breakthru Approach - Turning Obstacles into Opportunities for Teenagers and Young Adults Who Learn Differently**

*Phoebe Long - Malaysia*

**Short Description:** This paper offers a practical framework to handle stress and support children and teenagers who “learn differently” using the Breakthru Approach. It is a dynamic collaborative process between parents and individuals who learn differently to unlock the innate ability, turning obstacles into opportunities and enhance the potential for learning

**Abstract:** The Breakthru Approach:: Turning Obstacles into Opportunities offers hope to children, teenagers and young adults who “learn differently” to lead fulfilling lives and restore joy in their families. It employs the 3 P.L.A.Y. strategy for brain and body integration. The story of Max, a teenager who experience transformation in his behavioural issues will be shared. With the support of his family and 3 P.L.A.Y., Max breaks free from stress and strengthens his mental ability to function rationally. Obstacles are turned into opportunities. This shows that children, teenagers and young adults can be nurtured to develop inner harmony to make their own choices. They are empowered to fulfil their destiny, thus strengthening their family bonding and well being. The Breakthru Approach is the core strategy of support for children to bring out their potential, to do the best in life, and be a beacon of hope for families.

# Change in work functioning from pre- to post-treatment in feedback-informed CFT in Norway

*Rune Zahl-Olsen - Norway*

**Short Description:** A presentation of change in work functioning from pre- to post-treatment in feedback-informed CFT. Measures on depression, couple distress and family functioning and improvement on these measures were used to predict work functioning at pre and post-treatment. The findings support and challenge the systemic theory. Clinical implications discussed.

**Abstract:** Work functioning is of great interest for the individual and the society but has rarely been used as an outcome measure for psychotherapy in general and we have not found any study within CFT using this as an outcome. Work-related factors such as work satisfaction, long hours impact on personal and relational life. That personal and relational distress impact on work function is also present. Recent research found that more than 50% of sick leave was due to social problems (e.g., family-related distress or mental health issues) rather than to medical issues. In this brief presentation, you will be presented the results of the analysis of change on work functioning in a Norwegian CFT sample (N=165). Reliable change analysis will also be presented. Together with work functioning we also analyzed change on depression, couple distress, and family function. All measures showed significant improvements with medium to high effect sizes. The results show that a systemic approach, with individual and couple and family measures, more precisely predict work functioning than individual measures alone. A finding suggesting that clinicians would benefit from a wide perspective when assessing the difficulties of their clients. We also found that improvements on depression, couple distress, and family functioning from pre- to post-treatment predict work functioning at post-treatment. Clinical implications are discussed. Use of total sample vs clinical sample when calculating change and comparing to other psychotherapy treatments are also highlighted.

# Pathfinders – the Open Path Method - collaborative therapy

*Reinhold Schäfer - Denmark*

*Jytte Gandløse - Denmark*

*Anja Katharina Resen - Denmark*

*Staffan Røijen - Denmark*

**Short Description:** The workshop presents the Open Path Method developed with youngsters (age 15 - 25, psychological vulnerabilities or drug abuse):

1. Subject guided group sessions
  2. In-session-collaboration between client, social worker and external consultants by using reflection loops
  3. Stepped care setup: social work - therapy
- Workshop includes reflective participant's involvement

**Abstract:** A path will come, when we work on it.

The Open-Path-Method is a topic-guided collaborative therapy setup for adolescents and can be characterized by three key elements:

1. Subject/topic guided group sessions, 2. In-session-collaboration between client and social worker and external consultants by using reflection loops, 3. Stepped-care-service-setup – between social work and therapy

The method is developed in the context of collaborative therapy (Harlene Anderson) with youngsters (age 15-25) handling psychological vulnerabilities and or problems with alcohol / drug abuse at “Ungeliv” – social-psychiatric services for youngsters in the Danish municipal Ringsted.

In a setting of monthly sessions with extern consultants - child psychiatrist and psychologist - and a social-worker-team – Ungeliv has developed a collaborative method: An approach from a non-diagnostic and a not knowing position, in an emotionally authentic, resource oriented and appreciative frame.

The young people, social workers/contact persons/therapists and external consultants meet and find a path, with the help of three reflexive processes from a specific chosen theme. These collaborative processes develop new narratives for the youth and the social workers making new and different understandings in order to experience and understand the young people's journey from a position of disturbance to witness the position of hope and development.

The result is a praxis, which is respectful of the participant's positions, and which also match the demand for the social-psychiatric intervention in Denmark, in a time with a growing demand for efficient methods and efficient use of resources in public social work.

In the method model and in the organizational context, we use the “onion”-model, and the development of meaningful narratives. It is the young people who choose, if they want school advisory, contact with the social worker, or if they want to participate in the monthly sessions with the external consultants.

We work from a hypothesis that the youth most of all want to be met as independent and responsible humans.

The model is a graduated approach, instead of a complex and coordinated approach. An important condition for this model is that the social worker is able to be a visible and authentic role model.



# **First, second and higher order marriages. Population, distribution, and divorce. A prospective study**

*Rune Zahl-Olsen - Norway*

**Short Description:** A presentation of a prospective cohort study with yearly follow up of all two sex marriages in Norway from 1981 until 2013 (N=774 725). An in-depth analysis of population, distribution, and divorce in four different constellations of first, second and higher order marriages.

**Abstract:** As the population of divorced has increased, the number of remarriages has followed. Research has until now only investigated first and second marriages. This presentation will present an in-depth analysis of four different constellations of marriages: First time for both spouses, first time for one and second time for the other, second time for both, and more than second time for at least one in the couple. We base our analyses on Norwegian register data on the total population of two sex marriages that was formed from 1981 to 2013 with yearly follow up (N=774 725). The risk of divorce increase for every time people get married. At five years follow up, the risk of divorce for our fourth group is more than twice as high compared to those who marry for the first time. We also found that the differences between the groups of marriages are significantly decreasing as years goes by.

# Only Connect: The body and mind, working across contexts

*Claire Dempster - United Kingdom*

*Louise Rocks - United Kingdom*

**Short Description:** The history of western medicine has frequently divided experiences of body and mind, locating both in culturally specific ways. Claire and Louise will be presenting their work, using case and other examples to demonstrate why a Family Therapy approach helps address this dualism and might lead to better outcomes.

**Abstract:** There is strong evidence that when it comes to physical and mental health outcomes, the family matters. There is evidence that negative characteristics in families can interact with physical health based vulnerabilities to create difficulties in psychosocial functioning (Repetti et al 2002). Poor mental health is known to be a risk factor for physical health issues. At the same time, how children and families fare psychologically and psychosocially is known to affect the outcome and progress of any physical health difficulties. In addition to this, children and adults with chronic health issues are at greater risk of depression and anxiety. All of this is compounded by issues of health inequality with those children and young people from black and minority ethnic families at most risk. Less attention is paid to the geographical and historical contexts that inform family life, including experiences of health and illness.

Despite this and other evidence, little is known about how best to respond and indeed how to address these issues in practice. Claire and Louise will be presenting their work with families with chronic and life limiting health issues, outlining practice, theoretical considerations as well as themes arising from the work e.g. subjugated narratives from families about the experience of health and illness. Drawing on case and other examples, they will be outlining an integrated family therapy approach that better connects experiences of body and mind with those of history, geography and other locations (242).

# Views and Attitudes Toward Relationships that Start Online

*Dilsah Ece Eren - Turkey*  
*Selenga Gurmen - Turkey*

**Short Description:** Online platforms are being increasingly used as a venue to find romantic partners. Yet, there is controversy around relationship expectations, maintenance, and satisfaction. Empirical investigation of attitudes towards online dating and how it differs from other meeting styles in terms of relationship satisfaction may inform therapists when working with clients.

**Abstract:** Online meeting platforms are getting more and more popular (Finkel, Eastwick, Karney, Reis & Sprecher, 2012). Due to its different nature, there may be different scripts and stories of relationships that start online, mainly shaped by people's attitudes toward online dating. As these scripts and stories may impact how people live their relationships, it is crucial for therapists to be aware of the attitudes and perceptions compared to relationships that start face-to-face or other ways. Therefore, the current study aims to understand individuals' opinions and attitudes toward online dating apps and relationships started online. Further, the study investigated that how online meeting styles differs from other meeting styles (family, friends or on their own) in terms of satisfaction and maintenance expectations.

The sample is composed of 213 young adults ( $M_{age} = 20.85$ ,  $SD_{age} = 1.7$ ). Almost half of participants stated that they used online dating apps as a way to meet romantic partners. The preliminary analysis revealed that people who used online platforms to meet romantic partners did not differ much from those who never used them before in terms of the reasons to use and seriousness of intentions. In general, the attitudes seem to be negative and expectations for a long-term commitment is low.

The current study also investigated how online meeting differ from other meeting styles (family, friends and on their own) in terms of relationship satisfaction and maintenance expectations. ANOVA results have shown that there was a statistically significant difference between meeting styles. Relationships that start online is viewed similar to when couples are introduced by their families and it is significantly lower than friends-introducing or meeting on their own in terms of satisfaction and commitment.

In light of these findings, it can be stated that people still have somehow negative views of meeting online. It is interesting and informing for therapists that the views and attitudes are similar for people that use online platforms and those who do not. It can be speculated that couples who met online might have trust issues in their relationship or ambiguity around commitment for a long-term relationship.

# **A supervisee's experience of flexible formats of couple and family therapy supervision.**

*Jeffrey McCrossin - Canada*

**Short Description:** This poster will describe the experience of a Canadian supervisee in a couple and family therapy clinic. A visual model of flexible formats of supervision (from live to delayed case consultation) will be proposed to support decision making for methods of supervision intervention.

**Abstract:** Given the dynamic nature of couple and family therapy supervisee needs over the course of their development, flexibility in receiving supervision that ranges from more to less directive is needed to support the gradual autonomy of the learner therapist. This poster will describe the experience of a Canadian supervisee in a couple and family therapy clinic. A visual model of flexible formats of supervision will be presented, ranging from supervision of raw clinical data (e.g., live supervision and video-based feedback) to delayed case consultation. Various forms of feedback within each format offer different learning opportunities from concrete and directive interventions (e.g., specific recommendations during live supervision) to more advanced reflective consultations. The proposed model can be used to support supervisor and supervisees in couple and family therapy to decide on supervision formats based on identified supervisee needs.

# Investigating Systems of Power in Clinical Work: Avoiding Complicity and Lessening Domination

*Megan Murphy - United States*  
*Rebecca Harvey - United States*

**Short Description:** Therapists can investigate power differentials in therapy or ignore them and risk complicity in systems of domination and oppression. This workshop outlines how to identify patterns of power in sessions and provides suggestions for therapists to address power in session that invite clients to ways of interacting which lessen domination.

**Abstract:** The field of family therapy was founded on the notion that human behavior and motivations must be understood systemically, and thus has a tradition of identifying patterns, circumstances and relational dynamics which limit healthy functioning and exacerbate mental health concerns. The application of the concept of power in systems theory has been controversial over the years. As a result, one can use systems theory either to investigate or ignore power differentials—the latter of which puts therapists at risk for being complicit in perpetuating oppression. Feminist family theory has powerfully and convincingly described how relational processes at the level of couples and families are affected by gendered power differentials. Feminist family therapists posit that remaining “neutral” in the face of widespread misogyny adds to the marginalization of girls, women, and femininity, which directly impacts concerns clients bring to therapy. The same can be said for race, class, religion, immigration status, and sexual orientation and how these identities impact clients and the problems clients bring to therapy.

Systemic therapists must address social justice issues including power, privilege, oppression, and marginalization as factors in concerns clients bring to therapy. In this workshop participants will learn how to integrate the concept of power with systems theory, which lends itself to identification of power structures within couples and families as well as the investigation of how this power can be used to either empower or marginalize members of the client system. Next, participants will discuss a vignette of a couple presenting to therapy, and apply systemic concepts to clinical work with this couple. The presenters will use this vignette and group discussion to:

- Identify power differentials within the couple’s relational process
- Recognize power differentials and investigate how power differentials show up in therapy sessions
- Discern the forms and functions of macro level systems of oppression as they relate to specifics relational dynamics of the couple
- Invite clients into this investigation using transparency and respectful dialogue
- Investigate the responsible use power and privilege by all members of the system including that of the therapist

# Antisocial Personality Disorder: An Interactional Approach

*Marjorie Moolman-Nel - South Africa*

*Warwick Phipps - South Africa*

**Short Description:** The interactional approach assumes that how individuals interact determines the nature and quality of their mental health. Antisocial personality disorder is associated with challenging, rigid, and often harmful patterns of interactions. Therefore, clinical consideration is given to this disorder as well as the treatment considerations from an interactional approach.

**Abstract:** According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) the antisocial personality disorder is assigned to individuals who habitually and pervasively disregard or violates the rights and considerations of others without remorse. Antisocial personality disorder is of a significant concern within clinical settings, institutions, and society as a whole due to the potentially harmful impact of the individual's behaviour. The interactional approach assumes that how individuals relate determines the nature and quality of their emotional, psychological, or mental health. From an interactional perspective, antisocial personality disorder is associated with a challenging, rigid, often harmful interactional style, including for example, power struggles, lack of empathy, external locus of control, ineffective problem-solving skills, in relation to others and across various contexts. Through clinical illustration of composite case studies, the diagnosis of antisocial personality disorder is examined from an interactional approach, highlighting not only the patterns of interaction associated with this disorder, but also its various interactional and systemic treatment considerations.

# The Need For Differentiation As A Form Of Cultural Transformation

*Özge Alkanat - Turkey*

**Short Description:** In mixed cultures such as Turkey where autonomy and relatedness are both present, keeping a balance between the two can be challenging. In this presentation, the results of a study on self-positioning and problem definition of family members who are 'identified patients' in a mixed culture context will be discussed.

**Abstract:** Bowen describes two aspects of differentiation. At the intrapsychic level, differentiation involves the ability to distinguish between emotional and intellectual functioning and the degree of choice a person has in regulating her/his behavior in any situation. At the interpersonal level, differentiation refers to the ability of a person to manage and balance individuality/separateness and togetherness/connectedness in the context of relationships. Kagitcibasi, on the other hand, claims that autonomy and relatedness are not end points of a continuum, and that such an assumption reflects an individualistic bias that claims connectedness with others threatens autonomy. In her 'family change theory' Kagitcibasi offers a third model which involves a synthesis of autonomous and related self.

In mixed cultures such as Turkey where autonomy and relatedness are both present, keeping a balance between the two can be challenging, especially in a context where socioeconomic and cultural conditions require constant transformation for families and individuals. As educational opportunities and financial demands increase, the roles of family members change, but the expectations and cultural stigmas associated with the roles may stay stable. In such cases, one of the adult children in the family may find herself/himself in a related-connected, but stuck position where she/he is the financial, social and emotional provider as the 'responsible child'. On the other hand, the autonomy is associated with disregarded individual value and ignorance of others in receiving love, acceptance and compassion compared to other members of the family which results in self-questioning and a need of functional differentiation or a functional autonomous-related self.

In this presentation, the results of a study on self-positioning and problem definition of family members who are identified patients in families of mixed cultures will be discussed. The data will be collected by using a semi-structured interview form focusing on the need and process of differentiation from the family in the context of cultural transformation. With the results of the study it is aimed to help highlight the structure of families in mixed cultures as well as providing clues for functional differentiation.

# Understanding Functional Neurological Symptom-Disorder From an Integrative Interactional Approach: A Case Study

*Linda Dennis - New Zealand  
Warwick Phipps - South Africa*

**Short Description:** Functional neurological symptom disorder, formerly known as conversion disorder and hysteria, draws on reductionist philosophy that has limited value for family therapists. A case study will be presented that highlights these limitations and demonstrates how the application of the integrative interactional approach provides new opportunities for therapeutic healing.

**Abstract:** Functional neurological symptom disorder, formerly known as conversion disorder, and originally as hysteria, is a psychiatric disorder involving blindness, paralysis, seizures, and other nervous system symptoms said to have a psychological, rather than a neurological, aetiology. The diagnosis essentially follows a linear, reductionist philosophy in which assessment, diagnosis and treatment emphasise the intra psychic perspective and focus on the individual in isolation. Reductionism when applied to the complex world of mental health tends to be of limited value to family therapists. To illustrate the challenges associated with a linear approach to diagnosis and treatment, the presentation will refer to a composite case study involving a client who was treated by a multidisciplinary team with a provisional diagnosis of functional neurological symptom disorder. Having identified the traditional approach to treatment, the focus will shift to an integrative interactional approach to treatment. From this approach, which draws on a person-centred, communications and systems family therapy interactional orientation, the pattern of interaction will be described. The case study will highlight the circularity of the interaction between the treating team and the client, with a focus on the increasing levels of frustration among the multidisciplinary team, leading to a pattern of escalating blame towards the client, in turn resulting in her withdrawing and disengaging from treatment. In closing, the presentation will examine the significant potential for therapeutic and healing impacts, when treatment remains person-centred and directs the emphasis from diagnosis, alone, to the person-in-interaction-with-their-family-system; a cornerstone of the integrative interactional approach.



# LECTURE: Can the disparate collection of systemic psychotherapies be united in common cause?

*Richard McKenny - United Kingdom*

**Short Description:** Disparate systemic psychotherapy models have come to be understood as connected together historically, via an evolutionary metaphor, with underlying theoretical assumptions and common mechanisms of change denied. I propose a new paradigm that challenges this view. Some consequences for theory, practice and research will be introduced.

**Abstract:** I propose a new paradigm for understanding systemic psychotherapies (and inter-psychic therapies more generally) with implications for how we practice and measure effectiveness. From its earliest beginnings systemic theories have sought to describe the circulatory nature of inter-psychic processes, through metaphors of cybernetics, communication theory, chaos theory, linguistic systems, narrative theory, and so on. Several major paradigm shifts have been proposed: first-order to second-order cybernetics, constructivism to social constructionism, and beyond. Along the way the field moved from synchronic assumptions to understanding processes in systems as progressive and irreversible. Aside from an early interest in strategic games the field has paid little attention to economics (broadly defined), a field concerned with the description of irreversible circulatory processes. I will argue that the intersection between anthropology and economics is a source of particularly important insights for the future of systemic theory.

Careful attention to the research tradition instigated by Marcel Mauss, concerning the nature of gifts, casts a new and productive light on the history of systemic theory and research. An examination of the literature on gifts allows for new understandings of the development of systemic theory across time, exposing a common thread of connection between first- and second-order, social constructionist and other approaches. In particular the work of Alain Caillé will be highlighted. Caillé develops a 'paradigm of gifts' that offers new insights for systemic psychotherapy. In addition, his phenomenological descriptions of experiences of family and couple relationships, viewed through the paradigmatic lens of the gift, reveals a common and specific factor at the heart of inter-psychic approaches to relational distress.

I will briefly show how this paradigm of gifts offers new explanatory and causal understandings for a number of systemic ideas, theories and practices including the double bind, structural family therapy, the early Galveston team's linguistic systems approach, and NVR. (The case of the Milan systemic approach is particularly revealing and is the proposed topic of a separate workshop at this conference.) I will also apply this paradigm to Thomas Joiner's theory of suicide, and Carmel Flaskas's research on hope and hopelessness.

# WORKSHOP: Hypothesising-Circularity-Neutrality: a polysemous reading of a classic paper.

*Richard McKenny - United Kingdom*  
*Raphael Cadenhead - United Kingdom*

**Short Description:** Accounts of the development of the Milan team's ideas emphasise their early psychiatric and psychodynamic trainings, their later work a counterpoint to these influences. We propose that Selvini Palazzoli's Catholic faith is central to her therapeutic innovations, and essential to understanding the Milan model within a 'paradigm of gifts'.

**Abstract:** The Milan team's 1980 paper, "Hypothesising-Circularity-Neutrality: Three Guidelines for the Conductor of the Session," continues to have a defining influence on systemic psychotherapists, particularly in Europe. However, the title of this paper is increasingly misrepresented in the secondary literature, so that the hyphenation is routinely absented. We propose that this dereliction reveals how the paper has been subject to an as-yet-incomplete reading within the systemic tradition.

Mara Selvini Palazzoli (1916-1999), principle author of the 1980 paper, was the fourth of the five children born to a comfortable merchant family. Her mother, a devout Catholic, made sure that the children had a strict Catholic upbringing and education. The Milan Centre started to see families in 1967 when Selvini Palazzoli was already 51 years old, and two years after the Second Vatican Council changed the rituals of the Latin Catholic Mass (1560-1965).

This hyphenation is one of several clues that Selvini Palazzoli's Catholic faith is a key - and overlooked - influence on the development of the later Milan team's practices. We highlight the trinitarian qualities of Hypothesising-Circularity-Neutrality. We propose a homological mapping of the Christian Trinity and Hypothesising-Circularity-Neutrality, in order to explore the Milan team's theory of change from within the paradigm of gifts. (This paradigm is the subject of a proposed conference lecture: Can the disparate collection of systemic psychotherapies be united in common cause?) The team's 1980 description of triadic questions as 'initiating a vortex of responses in the family' strongly evokes the Pentecostal scene, when the gift of language and mutual understanding is given to the Apostles by the Holy Spirit. This insight leads us to understand the Milan team's therapy ritual as a manifestation of the paradigm of gifts approach, within a broadly European and Catholic cultural tradition. The method would have made particular sense in late twentieth century Italian Catholic culture.

We argue that these insights assist contemporary systemic innovators with the development of new practices, which should attend to the paradigm of gifts as the foundational for understanding the efficacy of any systemic psychotherapy practice.

# **‘Attachment Injuries’ from the Lens of the Therapist: A Qualitative Study**

*Nikita Oberoi - India*

**Short Description:** In-depth interviews were conducted with 10 therapists with the aim of exploring their understanding of the EFT-based concept of attachment injuries. The data was subjected to thematic analysis and was also used to construct items for a scale being developed to assess attachment injuries in married individuals.

**Abstract:** Marital distress due to various negative life events or situations is experienced by many couples (Makinen & Johnson, 2006). However, attachment-related incidents can have particularly damaging effects on the very fabric of the relationship bond and these incidents have been termed as “attachment injuries” by Johnson (1998). The distinct feature of this phenomenon is that it represents actual or perceived abandonment by one’s partner during a critical time of urgent need for the kind of support and care that one expects from attachment figures, in this case, one’s romantic partner. With its roots in Emotionally Focused Couple Therapy (Greenberg & Johnson, 1998), attachment injury has been touted as a construct that may be helpful in understanding impasses and repair processes in couple relationships based on attachment (Johnson, Makinen & Millikin, 2001). Understanding the nature of these injuries increases the likelihood that intervention will bring about significant and durable changes. However, to the best of our knowledge, there has been no study up till now looking at the experiences and understanding of therapists working with married individuals or couples who are nursing attachment injuries.

This presentation shares findings from an ongoing research study aimed at constructing a scale to assess attachment injuries in married individuals. Ethical clearance for the research has been obtained from the ethics sub-committee of the Department and the Institute Ethics Committee. The study follows a cross-sectional design and a mixed-methods approach. In the qualitative phase of this study, a sample of 10 therapists working in the area of individual and couple therapy was recruited. After an extensive review of existing literature, an interview guide was developed, so as to explore their understanding of this novel construct, the processes and challenges involved in assessing it in their clients, amongst other aspects. In-depth interviews were conducted with the therapists. These were audio-recorded, after taking written informed consent, transcribed verbatim and coded for analysis. Thematic analysis (Braun & Clarke, 2006) was used in this phase. The findings from the interviews with therapists will be presented herein, along with highlighting the implications and future directions of this research. Contributing Authors: Nikita Oberoi, Veena A. Satyanarayana, and Geetha Desai

# **A Multi-generational Approach to Treatment for Adolescent and Young Adult Substance Use**

*Gale Saler - United States*

**Short Description:** Adolescent/young adult substance abusers present unique challenges. This workshop will provide an overview of challenges, importance of early intervention, parenting pitfalls, honoring independence/maintaining boundaries, etc. Presentation uses Evidence--? Based, Best Practice ARISE® Comprehensive Care with Intervention as a vehicle for professionals to adapt their approach to meet family system needs.

**Abstract:** A Multi-generational Approach To Comprehensive Care, Intervention and Treatment Strategies for Adolescent and Young Adult Substance Abusers and Their Families.

**ABSTRACT:**

Working with adolescent and young adult substance abusers presents unique challenges for addiction and mental health professionals. Because early substance use is correlated with increased likelihood of long--?term addiction issues, targeting this high--?risk population is crucial for addiction prevention. Working effectively with this population requires an awareness of their unique needs, a focus on multi-generational strengths and resources, and an adaptation of traditional strategies. This workshop will provide an overview of these challenges, including the impact of addiction on the immature brain, the importance of early intervention, common parenting pitfalls, honoring independence while maintaining boundaries, etc. Case studies and experiential demonstrations will use the Evidence--? Based, Best Practice ARISE® Comprehensive Care with Intervention as a vehicle for professionals to adapt their approach to effectively meet family system needs.

# My Faith Matters!

*Angela Cherubin - United States*

**Short Description:** We have been taught to keep faith and spiritual beliefs out of the therapy room. When a client brings up their faith I feel crippled and unable to relate, even though I might resonate with them. How do we include spirituality and faith in the therapy room?

**Abstract:** How can we incorporate spirituality in the therapy room? A lot of times, I find myself having to pick which person I will be; am I a therapist or am I a Christian? Well, the answer is I am both. I can be both in the therapy room. In the same way I can be a female and a therapist at the same time, Haitian-American and a therapist, heterosexual and a therapist; I am all these things in the therapy room. Never do I have to hide my gender, race, or sexual orientation, so why must I hide my faith? In this presentation, I will talk about how to incorporate spirituality in the therapy room; not hiding or being ashamed of my own beliefs, while at the same time not judging or disrespecting the beliefs and practices of my clients, whether or not I agree with or understand them. Spirituality is not something to be ashamed of, it's apart of life. So why not talk about it? Not only is it imperative for us as therapists to talk about it but it's also important for these conversations to be brought into our churches, no matter what denomination we subscribe to. My goal is to create space for conversations such as this to happen; I want to bridge the gap. It all starts with one therapist taking this conversation back to their agency, organization, and churches. Let's bridge the gap together. Why? Because my faith matters, and so does yours.

# Beyond Victoria Climbié and Baby P.: Ecological alternatives to child abuse referral

*Aysa Concepcion-Lizardi - Puerto Rico*

*Luis Raúl Sánchez-Peraza - Puerto Rico*

**Short Description:** The community based non-profit organization Familias CAPACES Inc., will present its approach for an empathic, trustworthy and responsible child abuse case referral within the family and community contexts. This approach will be proposed as an alternative to prevent the numbness among the health professionals that could lead to children fatalities.

**Abstract:** When dealing with child abuse cases referral, both “shared governance” and “street-level bureaucracy” are regarded as ineffective referral strategies. In order to contextualize the need for effective referral strategies, we will examine these two strategies as identified in academic literature. An alarming increase in the prevalence of child abuse referral cases and the related children fatalities, both in the United States and in Puerto Rico, a territory of the United States, justifies our effort. Along both strategies, scientific literature has identified four deficiencies. These four deficiencies will guide our presentation and will allow us to present alternatives. Our work in Familias CAPACES Inc., a non-governmental, community-based organization, has enabled us to assess and promote effective alternatives for child abuse cases referral. From an ecological standpoint and based on Preventive Discipline Curriculum, a Parenting Skills Formation Program, we propose alternatives that could be useful to improve the effectiveness of child abuse cases referral. After almost 20 years working with families facing all sort of situational life challenges, Familias CAPACES provides evidence of effective strategies for child abuse cases referral. These strategies include 1- clinical work within natural environments, 2- shared responsibility, 3- re-establishment of trust in public and governmental service agencies, 4- heterarchical organizational schemes to promote case management effectiveness, 5- promotion of professional sense of value and identification with organizational mission. Thus, Familias CAPACES approach stems from a clearly defined intervention scheme. We think Familias CAPACES’ approach to child abuse cases referral, prevent the numbness among health and mental health professionals that could eventually lead to children fatalities associated with child abuse.

# Promoting International Immersion in Marriage and Family Therapy Programs around the world

*Tatiana Melendez-Rhodes - United States*

*Sebastian Perumbilly - United States*

**Short Description:** Presenters will share their experiences conducting international courses as faculty members with an international immersion component with MFT students from U.S. universities. Using an ecological framework, participants will learn the main components of developing, conducting, and delivering an international course, and the preparation involved in pre-departure, immersion, and post-travel stages.

**Abstract:** As a result of the technological revolution especially in information technology, globalized socialization, immigration, reciprocal partnerships across continents, and burgeoning of international learning in academia, the clinical training programs in the United States are increasingly challenged to undergo massive changes. Consequently, marriage and family therapists (MFTs) are more likely to work with diverse population from various sociocultural backgrounds and realities. Also, each year, the U.S. universities receive an increasing number of international students in their MFT programs. Against the backdrop of these changes, it is important to expose current and future clinicians to a variety of educational and clinical training experiences that would increase their global awareness and multicultural sensitivity; expand worldview and critical thinking; promote cross-cultural understanding, and enhance appreciation for diversity in a rapidly changing world. In this interactive workshop, presenters will share their experiences and lessons learned in conducting international courses as faculty members with an international immersion component with MFT students from U.S. universities; their own previous experiences of being international students in the U.S. based MFT doctoral programs; examine ways and strategies to challenge cultural biases and assumptions with a view to develop multicultural competencies; discuss the benefits of establishing ongoing collaboration and promoting international exchange with faculty-colleagues and students from different parts of the world. Using an ecological framework, small group discussions, and interactive activities, participants will gain a general understanding of the main components of developing, conducting, and delivering an international course, and the preparation involved in each of the three stages: pre-departure, immersion, and post-travel. This ecological model puts special emphasis on: 1) Establishment of international connection, consultation and academic collaboration 2) Development of culturally sensitive curriculum and selection of academic and cultural activities for students and the hosting institution, 3) Students' academic training and cultural preparation for the immersion trip, 4) Implementation of academic, cultural, and ethical practices while collaborating with professionals and students from different countries, 5) Practicing social justice in a foreign country, and 6) Transferability of knowledge in the country of origin.

# Relationships Impact The Establishment And Maintenance Of Breastfeeding

*Andreja Poljanec - Slovenia*

**Short Description:** The process of breastfeeding establishment and maintenance is influenced by various factors, including psychological factors. We were interested in how relationship mother – grandmother/life partner/health professionals impact the establishment and maintenance of breastfeeding, as well as how they influence the emotional serenity of the mother at breastfeeding.

**Abstract:** The process of breastfeeding establishment and maintenance is influenced by various factors, including psychological. In our study we researched the impact of different important relationships. We focused on three key relationships for young mother: the impact of the grandmother, the life partner and the health professionals.

We realised qualitative research including 25 mothers with whom we performed half-structured individual interviews and a brief survey in order to obtain statistical data.

All interviewed mothers found themselves in distress sometime during breastfeeding and would need someone who could help them think about the situation, give them confirmation, and was able to calm them down. It showed that life partners rarely offered active assistance to mothers in the breastfeeding process. Even months or years after giving birth, a mother usually still vividly remembers her experience with medical personnel; how they managed to calm her down and helped her towards a successful establishment of breastfeeding by understanding, listening and sensitiveness, or the opposite, how they made her extremely upset by expressing doubts, not understanding, giving insensitive comments.

The study shows that psychological support and emotional attunement are fundamental for the successful establishment and maintenance of breastfeeding. Grandmothers, partners and health-care professionals play the most important role. Health professionals show the expert knowledge and mothers wish to get a confirmation by them. That proves her own ability to breastfeed and handle the baby. Life partner give the mother a feeling of safety and support with their presence and empathic understanding of importance to breastfed, which helps the mother relax and calm down. Today's generation of mothers can hardly rely to their own mothers for support as they were delivering their babies in the time period when too often the babies were fed with milk formula because the mothers had very short maternity leave and the formula was "good" way to help babies develop. A systematic increase in awareness of the importance of emphatic connection to each breastfeeding mother, would significantly impact the opinions on breastfeeding, and thus influence, development of children and motherhood and also the deep connection between mothers and child.



# Self-Harm in Adolescence: A systemic-attachment perspective

*Ramón Karamat Ali - United Kingdom*

**Short Description:** Adolescents who suffer from depression or anxiety often engage in self-injurious behaviours (i.e. self-harm). During this workshop Dr Ram KA will introduce an interactional perspective on approaching this phenomenon. He will present a systemic-attachment framework which will assist family practitioners formulate and treat adolescents and their families.

**Abstract:** The workshop will be an opportunity for practitioners to learn more about adolescent self-injury. After a brief overview of what self-harm is, some of its causes and a brief exposé of different current perspectives, Dr Ramón KA will introduce an interactional perspective on the phenomenon of self-harm. He will offer a perspective of self-harm that challenges the dominant individualist approaches. He will outline a systemic-attachment perspective which is non-pathologising strength-based, and holistic. It does not avoid the difficult aspects of the work (neither for the clients(s) or the practitioner(s) involved). He will be addressing the issue of risk and emotional regulation from an interactional perspective.

The theoretical underpinnings are based on his doctoral (qualitative) research into the phenomenon of self-harm in adolescents (2013). His clinical experience since then and his work within child mental health and social care contexts where he works a lot with trauma has added to his conceptualisation of distressed adolescents who engage in self-injurious behaviours. By using examples from his clinical work he will share the important aspects of his systemic-attachment model when approaching self-harm. The two main areas that are coming together are attachment theories and systemic theory. The relevance of triadic relationships will also be introduced.

The brevity of the workshop means that implications of his triadic systemic-attachment approach for supervision, training and consultation can only be alluded to but not elaborated on.

# On the Nature of Difference and Inequality in Therapeutic Practice

*Malcolm Robinson - Australia*

*Catherine Sanders - Australia*

**Short Description:** Inequality is one of the major 21st century challenges, manifest in the unequal relationship between the 'citizen-consumer-client' and the institutions of the state as they appear in therapeutic practice. BowerNote is a family-systemic protocol for conceptualizing and managing political, problem and psychological inequality in that process.

## **Abstract:**

The challenge for family therapy in the 21st Century is to conceptualize and manage the differences and inequalities the 'citizen-consumer-client' is subject to in therapeutic practice. These are:

- a. Political Inequality – the relationship between citizen and state, with the 'citizen-consumer-client', 'practitioner-agency', and the entire 'therapeutic process' located in the pervasive 'institution of helping and social assistance'. The 'practitioner' is a literal and metaphorical representation of that 'institution' no matter how they represent themselves.
- b. Problem Inequality – for the citizen to become a 'consumer-client' they must have a legitimate 'problem' to engage this 'institution of helping'. As 'citizen-consumer-client' they must emotionally, psychologically and relationally purge themselves to that practitioner about that problem.
- c. Psychological Inequality – the 'consumer/client' is more than likely to be different to the practitioner in terms of 'working memory', 'processing speed', 'abstraction' and 'verbal comprehension' – the ability of the 'citizen-consumer/client' to remember and process information is likely to be different to that of the practitioner. These differentials may be amplified by language, literacy, education, ethnicity, culture, gender, trauma, etc. that negatively impact on the ability of the 'citizen-consumer-client' to remember and process information from that therapeutic process - if the 'citizen-consumer/client' can't remember and process that information - that information is unlikely to make a difference - a 'fail' in the political relationship between citizen and state over the problem. These differentials are present in every therapeutic process involving the individual, couple or family. How these are translated into inequality is central to family systemic practice.

The Bower Place Complex Needs Clinic works therapeutically with marginalized people - multi-race/ethnic families in child protection, health, corrections, disability and mental health across South Australia. This includes Aboriginal and refugee families. 50+% of child protection in Australia is indigenous and/or intellectual disability or both - difference magnified into inequality and a social disaster.

Bower Place has developed a methodology – BowerNote - to manage inequality in therapeutic practice. This lecture will present the application of BowerNote in service delivery and therapeutic practice.

# The therapeutic use of Digital Arts to decrease mental health problems among Latino Youth

*Ana Jimenez - United States*

**Short Description:** This study examined the nature of a community-based therapeutic arts program in California that utilized Digital Arts to decrease mental health problems of low income Latino Youth. The study aimed to uncover the benefits of this innovative approach and discuss the main themes identified by the participants in this study.

**Abstract:** Latino families in United States have been identified as a high-risk group for developing mental health problems. Research has shown that Latino youth are far more likely than their peers to have mental health issues, which often go unaddressed and untreated. The present study examined the nature of a community-based therapeutic arts program in Santa Ana, California that utilized Digital Arts to decrease the mental health problems of Latino Youth. Most of the youth are immigrants of very limited financial resources, with a disability and were victims of bullying in middle school or high school. The present study is a phenomenological, qualitative research design aim to uncover the therapeutic benefits of the use of Digital Arts with Latino Youth. The sample consisted of 80 Latino youth between the ages of 14 and 18, who participated in a community-based therapeutic arts program for 6 months. Preliminary qualitative data on the main themes identified by the participants will be discussed.

# Brief Strategic Family Therapy: Cognitive, Affective, and Behavioral Change

*Silvia Kaminsky - United States*

*Olga Hervis - United States*

**Short Description:** Brief Strategic Family Therapy® (BSFT®) is an empirically validated model for treating youth ages 6–18 presenting with externalizing and/or internalizing symptoms. BSFT® is notable as an evidence-based model specifically designed for diverse cultural populations. This workshop will present its systemic, diagnostic and restructuring elements via didactics and videotaped demonstrations.

**Abstract:** Brief Strategic Family Therapy® (BSFT®) is an empirically validated model for treating youth ages 6 – 18 with both internalizing and externalizing symptomatology, empirically developed and rigorously tested over a 40 year span. The model developers, Olga Hervis and Jose Szapocznik, have received numerous public and private sector awards and recognitions. BSFT is notable as one of the only evidence-based models designed to treat diverse populations, including cultural and language-minorities.

The model's theoretical underpinnings encompass the most widely taught and clinically practiced family systems approaches (structural and strategic) and utilizes an innovative family systems diagnostic framework that can be easily learned by therapists. From this systemic diagnostic schema, family therapists can then design a strategic and brief therapy-oriented treatment plan.

Central to the practice of Brief Strategic Family Therapy is addressing all three levels of human experience: cognitive, affective and behavioral, in a coordinated and congruent approach to systemic change, in a systematic restructuring sequence.

This workshop will focus on the systemic, diagnostic and restructuring concepts that comprise the fundamental elements of BSFT. The presentation will include lecture and video-taped session demonstrations.

# Family Reconstruction As An Experiential Learning Tool For Family Therapists

*Simon Bloomfield - Sweden*

*Cecilia Örnemark - Sweden*

**Short Description:** Family reconstruction is a three-generational intervention to reconnect with one's family roots and to widen understanding of present relations formed by family stories. It gives opportunities to learn from the past and make for new choices. In Sweden it is a mandatory experience in qualifying as a family therapist.

**Abstract:** The presenters have examined the subjective experiences of post-graduate students in family therapy training after their own family reconstruction. The intention of the study was to gain a deeper understanding of the possible effects of the family reconstruction process on students during training as well as in their work as family therapists.

The presenters interviewed with questions focused on the group process, earlier knowledge about family reconstruction, and the feelings associated with the experience and reflections on work as a family therapist.

The result of the study showed that the students welcomed the opportunity to work with their own family of origin, but equally significant was their experiences of hearing others relating their own story. It also showed a need for the students to organise themselves and to feel secure in their groups as a condition for positively experiencing the family reconstruction.

The study suggests there are clinical implications for therapeutic work with families in how family of origin issues can be addressed. It raises the question as to how heightened awareness of compassion and empathy during the training of family therapists can be best utilised and developed. This presentation will focus on further work with groups in training and suggestions for how this dynamic model can be used beyond the scope of training and assimilated into a family therapy clinical practice.

# Helping American Working Families Cope with Adversity through Class-Aware Therapy

*Karen Mackie - United States*

*Patricia Goodspeed Grant- United States*

**Short Description:** We employ clinical case material to illustrate and organize our discussion of how social class dynamics constrain opportunities for successful coping in the presence of unanticipated losses and economic stressors in US families today. Class-related strengths that family therapists can encourage to support family and community resiliency are also identified.

**Abstract:** In considering diversity among families, attention is commonly paid to numerous factors, including race and ethnicity, gender identification and sexual orientation, kinship arrangements and life-cycle transitions, as aspects of contextualizing a family's story and way of functioning in relation to their challenges. Among these factors, social class is often mentioned as part of the triumvirate of--race, class and gender--but the professional literature in family therapy and the related mental health fields of counseling and psychology is quite sparse in analyzing this area of practice compared to other dimensions of culture or context that have throughout the years, been carefully considered.

Building on the small literature on social class in relation to families and therapy found in the work of Kliman (1998, 1999), Liu (2004), Hardaway (2006) and McGoldrick (2016), and from family sociology, this presentation will synthesize our perspective on social class factors that relate to family coping and adaptation when faced with intensified economic stressors, serious illnesses and the related losses and burdens of chronic care provision. These challenges may occur singly or in multiples for families at all levels of socioeconomic status and social class identification, but they take on additional salience for families at the middle and lower ends of the spectrum--i.e. working families whose stability and sense of well-being may be precariously balanced and strongly subject to the changing winds of social circumstance and widening inequality. The intersection of social class with race, gender and sexual orientation in lived experience, has historically complicated our ability to identify and analyze its contribution to a family's experience, but we have found that when class factors can be appreciated by clients and therapists alike, as contributing to the struggle and to the successful coping of a family in the face of external pressures and internal losses, the resulting demystification can ignite greater coping and instill a sense of hopefulness about family strengths and capacities. We will use case material as well as visual organizers in handout form to illustrate our work with such social class markers and dynamics in this brief presentation.

# The Act of Joining

*Åse Ljungqvist Svantesson - Sweden*

*Gun Drott-Englen - Sweden*

**Short Description:** It is crucial to be able to make both the baby and the parents, as well as the adolescent and the parents feel confident in therapy. So the act of joining is central all through the therapy. Focus will be on the parallels in the act of joining through childhood and adolescence. Video clips from therapy sessions illustrates our presentation.

## **Abstract:**

### Introduction

It is crucial in family therapy to make the voices of children and teenagers understandable for the parents. For example is drop-out among teenagers, the identified problem bearer, in family therapy is a huge problem. If we cannot keep the young people in therapy, we as therapists also lose confidence with parents. From the research of Kazdin's we know that up to 2/3 of teenagers referred to therapy never start or remain in therapy. When children are younger parents come to therapy asking, what shall we do and how to support our children to good development. This is really an opportunity to us work with confidence.

### Method

In the workshop we will focus on alliance building with all family members, theory and research. We will illustrate alliance building with video clips from family therapy sessions with both young children and their parents as well as with teenagers and parents.

### Discussion

What will be needed to keep the whole family in therapy. Important findings in research is balanced alliance. How do we handle this when parents are pointing at the child and teenager as the problem?

### References

Robbins, M. S., Turner, C. W.; Alexander, J F., & Perez, G. A. (2003). Alliance and Dropout in Family Therapy for Adolescents With Behavior Problems: Individual and Systemic Effects. *Journal of Family Psychology*, 17, 4, 534-544 Provider.

Kazdin AE et al 1990. Empirical and Clinical Focus of Child and Adolescent Psychotherapy Research

Hedenbro,M, Wirtberg,I Samspelets kraft (2000)

Wirtberg,I, Petit,B, Axberg U (2014) Marte Meo and Coordination Meetings;MAC Cooperating to Support Children's Development

# Children, Youth and Adult Drawings of Mental Health Stigma in Multi-ethnic Communities

*Ana Jimenez - United States*

**Short Description:** Focus will be on the parallels in the act of joining through childhood and adolescence.

**Abstract:** Research has demonstrated that the Arts remains one of the most impactful ways of reducing mental health stigma, particularly for multicultural communities. The purpose of this presentation is to explore the effect of drawings, as an expressive intervention in reducing mental health stigma with children, youth and adult populations. Preliminary data will discuss the various themes collected from the drawings; and a comparative analysis of children, youth, and adults from various multi-ethnic communities.



# Strengthening the Self of the Therapist in times of Distress & Despair : The Satir Transformational Systemic Therapy

*Sibel Erenel - Turkey*

**Short Description:** This workshop aims to support the therapist's self-growth, increase the therapist's awareness about own resources, internal processes and to reach congruence and create peace within; to be the source of hope and strength in times of distress. Participants will experientially learn The Satir Transformational Systemic Therapy Model (STST) tools.

**Abstract:** The Satir Transformational Systemic Therapy Model (STST) offers a unique process towards bringing: "peace within, peace between, Peace among". In time of conflict and stress the survival coping of the individual may create disharmony. When collectively individuals fall into despair, anger, fear; communities suffer from violence, detachment, isolation. We need peace and to be in our life energy to grow and to live fully. We need peace in our relationships, in our family, in our communities that are suffering from conflict and violence; but more within ourselves. As therapists/ healers we help our clients to find peace within themselves, between their partners and among family members. As trainers and supervisors, we can help our students, trainees, to have hope for their clients and to keep their peace within to be able to help their clients. Connecting with ourselves and being congruent within ourselves is essential in creating peace in our relationships.

The Satir model can help create peace. Therapists/healers, trainers can be the facilitators for change for themselves, families, clients, students and their community. Participants will experientially learn about tools to explore their internal processes, connect with their resources. The Iceberg Metaphor will help them to understand themselves and others in conflict and disharmony; exploring the feelings, perceptions, expectations and yearnings underlying the conflict. It is through listening to the yearnings that we can understand and accept people's differences and help them use their differences for growth and towards more harmony.

Sculpting, guided imagery, art therapy techniques may be used.

This workshop aims to support the therapist's self-growth, increase the therapist's awareness about own resources, internal processes and to reach congruence and create peace within. In strengthening our inner selves we can achieve a peaceful human community.

Living in a country of high conflict and war stricken region confronted with human tragedies, the presenter hopes this workshop will inspire family therapist to go beyond their office to make a difference in their communities towards world peace as they can be the source of hope and strength in times of distress and despair.

# Attachment vs. Differentiation in Couple Therapy

*Adam Fisher - United States*

**Short Description:** This workshop will explore attachment and differentiation in treating couple distress. Divergence, convergence and integrative possibilities among the models and the broader theories will be explored. Examples of key models rooted in each theory will be given, along with specific strategies.

**Abstract:** This workshop will explore the debate between the theories of differentiation and attachment in couple therapy, utilizing two main example models emotionally focused couple therapy (attachment) and crucible therapy (differentiation); each approach strongly emphasizes one theory over the other. Together, we will discuss how these two models and perhaps more importantly, how the two broader theories converge and diverge, as well as how the two theories might look in integrative approaches. Differentiation and attachment are both developmental theories that address the balance of emotional intimacy and autonomy. Both EFT and crucible therapy emphasize emotional regulation and view emotionally committed relationships as key to development and quality of life. However, they differ starkly in how the therapist intervenes in the room, and how a healthy couple should function. EFT emphasizes co-regulation and views differentiation as a product of secure attachment; crucible therapy emphasizes self-regulation and views differentiation as what manages the balance of attachment and autonomy. This hour will not promote one method over the other, nor be a debate between the two "sides"; rather, we will explore similarities and differences, points of integration, and ideas for couple therapists who may utilize aspects of each theory or model, or who may be curious as to how each may look when working with a couple.

# Oh My Goodness! How Did I Get Here...Again?

## Decreasing Recidivism in Patients with Schizophrenia

*Christine Donalds-Rose - United States*

*Noel Rose - United States*

**Short Description:** Recidivism in patients with schizophrenia breaks the hearts of those who love them. Presenters will share their personal experience with participants to show how collaborative care between patient's support systems and clinical support systems can greatly enhance life-long adherence to wellness thereby decreasing future relapses of loved ones.

**Abstract:** Participants will learn what recidivism means and how habitual tendencies of relapse impact individuals, families, and mental health facilities. They will also learn how recidivism can be decreased through alliances and coordinated systems of care. The presentation will draw on research statistics in comparing various periods as well as some of the variables of poverty, culture, and geographic region that gravely impact repeat relapse and stigmatized behavioral patterns. Patients labeled with schizophrenia are already stigmatized in society, discriminated from holding certain jobs, discouraged from pursuing certain careers, sometimes abandoned by friends and family, and dually disabled by the same systems of care through abject and perpetual fear. These stressful emotional risk factors, whether demonstrated indirectly or directly to the patient, can create new levels of distrust, mistrust, separation, misunderstanding, confusion, and could ignite new possibilities for relapse. Tailored methodologies that have worked in presenters' family of origin will be demonstrated using static and dynamic metaphors to navigate through the confusing dichotomy of narratives that constantly play and replay within the mind. Dynamic metaphors are changeable and static metaphors are unchangeable. Presenters will show participants how to navigate between these two types of metaphors to dissect meaningful interpretations that are systemic and relational. These approaches can also help loved ones to coordinate helpful resources, corporate with clinical support systems, share important information to bridge gaps, weed out unhealthy influences, and design healthier pathways of influence and care for the well-being of the patient.

# Faith Positive Therapy; Comparisons of Implicit and Explicit Faith Interventions

*Teressa Wilcox - United States*

**Short Description:** A literature review of faith based Marriage and Family Therapy interventions and treatments. A presentation exploring treatment outcomes between implicit and explicit faith based interventions.

**Abstract:** A review of the literature on implicit and explicit faith based interventions. Explicit faith based interventions will include prayer and the use of religious writings and/or scripture. Implicit faith based interventions will include faith discussed or added to traditional psychotherapy models.

Within the fields of psychology, the American Psychological Association (APA) and the American Counseling Association (ACA) have increasingly focused on the importance of the spiritual dimension (Miller, Miller, & Fehrenbacher, 2003, p3). Research has demonstrated that clients want to include spirituality into their psychotherapy (Morrison, Clutter, Pritchett, & Demmitt, 2009). There has been a growing body of research looking into what and how to incorporate faith, spirituality, and religion into the counseling sessions. The presenters will speak to the existing data on comparisons and outcomes. The presenters will discuss the concept of Faith Positive Therapy. A discussion of results and directions for the future will be presented.

Miller, G., Miller, G. A., & Fehrenbacher, D. E. (2003). *Incorporating spirituality in counseling and psychotherapy: Theory and technique*. Hoboken, NJ: Wiley and Sons.

Morrison, J. Q., Clutter, S. M., Pritchett, E. M., & Demmitt, A. (2009). Perceptions of clients and counseling professionals regarding spirituality in counseling. *Counseling and Values*, 53(3), 183-194.

# Counseling Couples and Families Impacted by Substance Use Disorders (SUDs)

*Amy Williams - United States*

*Kelsey Pringle - United States*

**Short Description:** Presenters will describe individual and systemic developmental processes that impact and are impacted by SUDs and identify systemic impacts of SUDs. This information will be synthesized to inform case conceptualization, theoretical perspectives, and intervention selection and applied to the treatment of common concerns among couples and families impacted by SUDs.

**Abstract:** This presentation will provide an overview of individual and systemic developmental processes that may impact and be impacted by substance use disorders (SUDs; i.e., Dube et al., 2001; Dube et al., 2002; Hser et al., 2007; Kendler et al., 2008; Sussman, 2013). Systemic impacts of SUDs will be described and considered from the standpoint of both vertical and horizontal stressors to the system and family resilience model components (i.e., Brown, 1999; Carter & McGoldrick, 2005; Daley, 2013; Walsh, 2011). This information will be synthesized and applied to augment case conceptualization, theoretical perspectives, and intervention selection related to working with couples and families impacted by SUDs. This integrated perspective will be applied to the treatment of common presenting concerns for couples and families impacted by SUDs. Attention to biological, psychological, social, and spiritual domains will be included.

# Re-visioning the “Supervisory Working Alliance” and Cultural Issues in Supervision: Using the IPscope

*Jeff Chang - Canada*

*Monica Sesma Vazquez - Canada*

*Ka Man Cheang - Singapore*

**Short Description:** The IPscope, developed by Dr. Karl Tomm and colleagues, provides a relational conceptualization of human behavior. The presenters will illustrate how systemic supervisors can use interpersonal patterns IPs to conceptualize the supervisory working alliance, to assist supervisees to track family interactions, and provide an opening to reflect on cultural issues.

**Abstract:** The IPscope, developed by Dr. Karl Tomm and colleagues at Calgary Family Therapy Centre provides a relational conceptualization of human behavior by describing interpersonal patterns (IPs) as coupled behaviors that either perpetuate problems (i.e., anthologizing interpersonal patterns [PIPs]) or establish healing (healing interpersonal patterns [HIPs]) and wellness (wellness interpersonal patterns [WIPs]). While most commonly used to conceptualize patterns of interaction between family members, the IPscope can also be used to make sense of interactions between a therapist and family member(s) and between a therapist and a supervisor.

In this presentation, we will describe three applications of the IPscope to systemic clinical supervision. We first examine how using the IPscope can assist supervisors and supervisees to understand what is commonly known as the “supervisory working alliance” (SWA). Often seen as a reification that can be measured, we suggest that it useful to view the SWA as the cumulative effect of IPs. Secondly, IPs provide a useful frame for supporting supervisees to consider their relationship with the client(s). Leading supervisees to map the IPs in which they engage with clients can provide a nonblameful way for supervisees to conceptualize their relationships with clients. Thirdly, tracking sociocultural interpersonal patterns (SCIPs), can provide an entry point for supervisors and supervisees to understand their respective cultural positions, dominant discourses operating in mental health practice, and how these contribute to the supervision process. The presenters, experienced systemic supervisors and therapists, will illustrate these principles via lecture, case examples, and demonstration.

# Understanding Teen Eating Disorders: Meeting New Demands for Multifaceted Family Interventions

*Cris Haltom - United States*

**Short Description:** In the world of complex eating disorders in adolescents, treatment providers are asked to use multifaceted treatment approaches with an emphasis on family support and family interventions. This presentation uses case stories to bring to life factors that inform choosing and using leading evidence-based family treatments for eating disorders.

**Abstract:** Strongly supported evidence-based treatments for adolescent eating disorders involve families. In the current world of complex eating disorders in adolescents, treatment providers are asked to be specialty trained, multifaceted and flexible in their family-involved approaches. Thanks to increasingly effective eating disorder prevention programs and patient education and support resources, families and their adolescent eating disorder patients enter treatment better informed. They bring a variety of histories, personal preferences, expectations, motivations, support networks and resources. As a result treatment providers are asked to adapt to diverse patient needs with cross-training, collaborative case management skills and multi-disciplinary teamwork. Treatment providers need to be equipped to provide new evidence-based treatments to meet these demands. This presentation draws on case stories of teens with eating disorders and their families to bring to life different complex factors contributing to eating disorders and their treatment. It will address how these factors inform choosing and using current, leading evidence-based treatments in the context of adapting to individual patient and family needs. Three different family-involved, evidence-based treatment interventions will be described.

# The Use Of Sound Healing To Enhance Family Cohesion

*Mixel Ventura - United States*  
*Ana Jimenez-Hami - United States*

**Short Description:** The present qualitative study examined the nature and benefits of Sound Healing at a community-based family wellness program as a therapeutic intervention among youth with special needs and their parents.

**Abstract:** Latino families in United States have been identified as a high-risk group for developing mental health problems such as, depression and anxiety. The prevalence of depression is higher in Latino women (46%) than Latino men (19.6%), according to the National Institute of Mental Illness. Despite these high statistics, many Latino families do not seek treatment for mental health problems in traditional mental health settings. Instead, they prefer to go to settings such as, general health care, community settings or the clergy. The present study examined the nature and benefits of Sound Healing at a community-based family wellness program as a therapeutic intervention to enhance family cohesion and wellness among Latino families at-risk of mental health problems. More specifically, our study focused primarily on Latino women at-risk of developing depression and anxiety due to their life circumstances. Most of these women are immigrants, of very limited financial resources that have a child or a youth with a developmental disability. The sample consisted of 60 Latino women between the ages of 21 and 70, who participated in this program for at least 6 months. Preliminary qualitative data will be discussed on the phenomenological effect of sound healing on family cohesion and well-being of this population.



# Families and Addictions: Forgiveness as a Powerful Clinical Tool

*Camino-Gaztambide Richard - United States*

**Short Description:** Addictions are complex behaviors that have a profound impact on the individual, family, and society. Forgiveness can transform negative emotions for oneself or others to achieve or sustain recovery. The purpose of the workshop is to offer the clinical underpinnings that can facilitate the implementation of forgiveness in practice.

**Abstract:** Addictions are complex behaviors that have a profound impact on the individual, family, and at a societal level. Although many see addictions as fundamentally a disease of the brain and clearly brain structures and functions are significantly involved, nevertheless, brain function alone does not address the consequences and profound effects that addictions have on the patient's ecosystem. Family, friends, co-workers, and neighborhood, all are altered with frequent feelings of anger, shame, guilt, and rejection present in all parties. Usually, these feelings are in response to real or perceived transgressions by one or more persons, and it is not uncommon that trauma is present, producing persistent stress which can interfere with recovery. The concept of forgiveness can be a powerful tool to help patients address the injury and trauma that they have done or received by others. Shame, defined as a "flawed self, often accompanied by feelings of worthlessness and powerlessness" is associated with negative feelings and poorer recovery. In contrast, guilt, that focuses more on the behavior not necessarily reflected as the total self, is more amenable to forgiveness. Forgiveness as a disposition to where the use negative emotions for oneself or others can be transform to achieve or sustain recovery. The Twelve-step facilitation model can be integrated, especially focusing on steps four through nine, as other models like Narrative, ACT, and CBT are also able to use the concept of forgiveness in effective ways. The purpose of the workshop is to provide basic theoretical and clinical underpinnings, use case presentations, interactive discussions, to provide skills that can facilitate the implementation of forgiveness in clinical practice. "Addiction is more than a disease and involves more than the brain: it is a systemic behavioral disorder."

# Understanding domestic violence in Peru: A critical ethnographic study

*Tatiana Melendez-Rhodes - United States*

**Short Description:** Twenty Peruvian women survivors of domestic violence (DV) participated in this study. The purpose of this study was to explore Peruvian women's voices, experiences, and perceptions related to DV, and explored the following themes: Power and control, family and social support, socio political system, and resistance.

**Abstract:** Domestic violence is one of the most serious problems that affects most countries in the world. Men and women can be victims of domestic violence; however, it is more likely that women will experience physical and psychological abuse within the family. Domestic violence takes different forms ranging from physical violence, sexual violence, isolation, intimidation, threatened violence and control. In Peru, six out of ten women are victims of domestic violence. A total of 20 Peruvian women survivors of domestic violence residing in Lima-Peru, participated in this study. Participants were older than 18 years and had experienced domestic violence in a heterosexual romantic couple relationship.

Critical social and feminist theory were used as a framework to explore the experiences of Peruvian women relative to domestic violence. Critical ethnography was used as a methodology because it focuses on the study of causes and consequences of injustice, social control, domination, power, oppression, political, economic issues and stratification, and gender inequity. This study was analyzed from a historical and cultural standpoint such as race, class, gender, and social political situation. The purpose of this study was to explore and amplify Peruvian women's voices, experiences, and perceptions related to domestic violence highlight and validate stories that are commonly hidden by society.

The study focused on four aspects: 1) How women describe their experiences of domestic violence in their intimate relationships, 2) the impact and influence that families', friends' and neighbors' support had related to women's experiences of domestic violence, 3) Women experiences within the Peruvian socio political system including governmental authorities such as the legal system and police. Other contextual factors such as media, access to healthcare, church support and educational opportunities are discussed as a way to prove that some of these factors help to maintain and increase gender oppression and domestic violence in Peru, and 4) Exploration of choices, behavioral and cognitive strategies of resistance in a violent relationship. Also, description of resilience which is understood as the capacity of women survivors to cope with negative life conditions as a result of domestic violence.

# Effects of Trauma and Life Adversities on Latinx Immigrants' Family Functioning

*Daniel Cooper - United States*

**Short Description:** The purpose of this study was to test the effects of life adversities and trauma on family functioning among Latinx immigrants in the US. Results revealed a significant negative association between exposure to adversities and family functioning. Implications for clinical assessment and treatment of trauma will be discussed.

**Abstract:** Latinx immigrant families are commonly exposed to significant stress before, during, and after migration. It is well documented that experiencing lifetime adversities and trauma can negatively affect the mental health of Latinx populations. Several types of lifetime adversities commonly assessed among Latinxs include: neighborhood stress (White et al., 2015), acculturation stress (Dillon et al., 2013), discrimination (Molina et al., 2013), and traumatic stress (Perreira & Orenales, 2013). However, most extant research has examined these types of stressors separately. This methodological approach fails to account for the shared, cumulative impact of experiencing various forms of adversity on mental health. The purpose of this study was to test the effects of life adversities and trauma on family functioning among Latinxs, using a comprehensive measurement approach. Data used for this study are from the Hispanic Community Health Study (HCHS – SOL) secondary dataset, conducted from 2009-2011. This is the largest and most recent publicly accessible survey of Latinx mental health in existence. Participants (N = 3,642) included individuals aged 18-74 from various Latin American countries, such as Mexico, Cuba, Puerto Rico, and the Dominican Republic. Results of structural equation modeling analysis revealed a significant negative association between exposure to adversities and family functioning. Implications for clinical assessment and treatment of exposure to life adversities and trauma will be discussed.

# Different Brain – Same Yearnings

*Corrinna Douglas - Canada*

**Short Description:** With the evolution of therapy, the greatest gift we can offer our clients is change...change in how we facilitate therapy. This workshop will focus on children and families who are impacted by Fetal Alcohol Spectrum Disorder and Autism, and will offer distinctive therapeutic strategies that accommodates unique brain functioning.

**Abstract:** With the evolution of therapy, the greatest gift we can offer our clients is change...change in how we facilitate therapy. This is particularly vital when working with individuals impacted by a developmental disability. The inherent ramifications affect the individual's mental wellness and the family system. The systemic impacts of the various challenges can manifest adversely on the child's development and the family. Psychotherapy can be successful and very rewarding in working with children and families impacted by a developmental disability. Inclusive and distinctive therapeutic strategies that acknowledge and appreciate different brain functioning can provide growth. Accessing the individual's untapped resources and deeper yearnings through discovery and awareness can lead to a meaningful connection with their authentic Self. Working collaboratively with families, builds and strengthens the supports needed in the individual's life. As the brain development and functioning in Fetal Alcohol Spectrum Disorder (FASD) and Autism Spectrum Disorder (ASD) is different, therapy must accommodate their unique abilities. In past years there has been speculation that therapy is ineffective with this population. As this belief may be rooted in 'old school' thought, the essence of therapy remains; however, over the years therapy has evolved. This progression has supported the use of experiential processing which reveals transformational change. Utilizing Transformational Systemic Therapy, rooted in the work of Virginia Satir, individuals impacted by developmental disabilities can experience positive change.

# Rituals Of Cleansing And Repossession: An Africentric Approach To Treatment Of Moral Injury

*Augustine Nwoye - South Africa*

**Short Description:** This paper discusses the types of rituals of cleansing and repossession available in African cultural traditions for treating the moral injury of returnee child soldiers in contemporary Africa.

**Abstract:** This paper argues that despite its enormous promise of being a good option for managing the psychological problems of people overcome by the grief of moral injury, the adaptive disclosure or its equivalent that currently stands as a leading Western model in the treatment of moral injury has a number of limitations for use in Africa. This is due to its emphasis on the individuocentric/intrapsychic perspective and the implied notion that the process of repairing a moral injury is a clinic-based affair. No attention is given to the notion of moral injury as entailing the social wounds of war, and on how to redress the associated cultural injury or disequilibrium brought about by the experiences of war, through the horrendous acts of omission or commission, of the returnee soldier/s. The paper discusses the causes and consequences of moral injury among child soldiers in contemporary Africa and the types of cleansing rituals for treating the moral injury of returning child soldiers in Africa. The paper explains that the use of rituals of cleansing and repossession in mental health promotion is one aspect of psychological practice in Africa that uniquely distinguishes it from the traditional Western approach to treatment of moral injury

# Is Social Connection a Common Protective Factor for Wellness?

*Jessica Lennington - United States*

**Short Description:** Is Social Connection a Common Protective Factor for Wellness? This work will (1) review the last several decades of quantitative research, (2) summarize the collective findings, and (3) present ideas for future directions and best practices.

**Abstract:** How significant is social connection as a protective factor for mental wellness?

Modern economic, professional, and other factors have impacted the quantity and quality of time spent engaged in rich social contact with extended family and community. The ways in which this “loneliness epidemic” contributes to major physical illness is the new public health focus of our past Surgeon General Vivek Murthy, and social connection is repeatedly cited as a factor in nations that score low in global measures of happiness (Murthy, 2017, Harvard Business Review; Buettner, 2017, National Geographic).

In addition to non-academic articles regarding physical health and global happiness, clinical studies evaluating the role of social connection in mental health have also been conducted; however, it the overall frequency that social connection is reported as a protective factor in mental health across diagnosis and mental health disciplines is unknown.

In September 2017, Werner-Seidler et al. used a 2007 Australian National Survey of Mental Health and Well-being and found a significant relationship between Major Depressive Disorder and social isolation/social support among 8841 individuals (Werner-Seidler et al., 2017, Soc Psychiatry Psychiatr Epidemiol, epub ahead of print). Across other common mental health diagnosis, similar studies have been conducted. It is important to note that from a systemic view diagnoses are reductive, yet to date still form the basis of keyword searches in clinical studies evaluating risk factors for categories of presenting issues.

This work will present a comprehensive, trans-diagnosis, and trans-discipline, evaluation the the existing literature and summarize the ranked findings in order to better understand the quantitative extent to which social connection is cited as a protective factor for mental wellness.

# A Family Therapy Intervention For Couples After Prostate Cancer Surgery

*Liz Forbat - United Kingdom*

**Short Description:** This paper will describe a clinical manual to guide systemic therapy for couples affected by prostate cancer. The paper also reports data from a randomised control trial and feasibility/acceptability data testing the new model.

**Abstract:** Family therapists increasingly are seeing older couples affected by serious physical health problems. Prostate cancer has high incidence and good ten-year survival rates, meaning that a key service priority is addressing survivorship issues as these couples learn to live with the longer term consequences of the disease and its treatments. This paper presents a new systemic treatment model which has been tested with couples following prostate cancer surgery. The RIPSToP Model (Relational PSychosexual Treatment for couples with Prostate cancer) aim to decrease distress in sexual functioning, and improve relational functioning. The content of the manual will be described alongside fictionalised case vignette that illustrate the content and process of sessions.

The model was developed and piloted in a mixed-method feasibility and acceptability randomised control trial. The presentation will summarise key data from qualitative interviews with the clinicians delivering the intervention and couples who received the support. Quantitative outcome measures will also be described. Overall the findings indicated a trend toward improving sexual-functioning distress and partner anxiety, and that couples and clinicians found the approach acceptable and helpful.

The data lend support to the idea that implementing this manual is helpful in supporting couples affected by prostate cancer, and in doing so can reduce distress related to sexual functioning and partner anxiety.

# Findings Of An Auditory Hallucination Simulation On Families Of Voice Hearers

*Martha Mason - United States*

**Short Description:** Shared are findings from a study which explored the use of a simulated auditory hallucination experience as an effective psychoeducational method to increase family support during client treatment for Schizophrenia. It addresses how important family support is to treatment, and how we can better engage families in treatment efforts.

**Abstract:** Auditory verbal hallucinations (AVH), or false perceptions of sound, are featured prominently in many psychiatric disorders. Experiencing AVH is often a primary indicator for the psychiatric diagnosis of schizophrenia. However, many healthy individuals have reported experiencing AVH. There are a number of different AVH characteristics experienced by individuals including variations on type, sound, frequency, localization, and content. AVH are highly personalized and have different meanings to each person who experiences them. The most common type of AVH is hearing voices. Traditionally schizophrenia has been treated with psychotropic medication, and the goal is to eradicate AVH.

Rarely in traditional treatment are voices and personal meanings explored. However, more contemporary views encourage this, and urge acceptance and understanding from support systems like family. Family support has been shown to decrease relapse rates and increase successful recovery. This has been researched using the construct of expressed emotion, which measures various relationship attributes between family members when one has a mental illness. Family psychoeducation has been shown to be effective for increasing family support, but often has applicability issues due to lack of training and lengthy programs. This study explored the use of simulated auditory hallucinations as an effective psychoeducational method aimed at increasing family member's empathy, positive attitudes, and understanding for their relative's experience of AVH and schizophrenia, and if expressed emotion is decreased with this intervention. AVH and studies utilizing virtual reality and simulations are explored. Findings demonstrated that a AVH simulation, when facilitated with family members of clients diagnosed with schizophrenia, decreased EE and social distance, and increased understanding, empathy, and positive attitudes. Furthermore, qualitative findings revealed that family members were motivated to increase involvement in treatment as a result of the simulation, and that family cohesion was fostered.



# Fair practice: Gender and tribe discrimination in the medical practice

*Asmaa Alotaiby - United States*

**Short Description:** Do women face difficulties and lack of support in the workplace compared to men, are they perceived less competent, or less motivated in medical practices. Despite of the significant number of women in medical practices, it is still male dominant and higher positions are led by men.

**Abstract:** Throughout the world women have made great progress in breaking through barriers to achieve gender equality with men in the medical workplace. Despite of the discriminations of gender and the justifications of such inequality, the issue has become subtle and best described currently by the denial of an ongoing prejudice. Why do these issues still exist and what can be done to bring about positive change. Both men and women in the medical workplace should develop gender consciousness that include the belief that struggles for gender equality should not include the denial of women concerns and rights. Power imbalance can manifest itself within a broad range of contexts in the medical practice. Little research has focused on gender and tribe and too often when there is a focus on sexism and its relationship to the women experience there is ignorance to the tribal notion especially in contexts that do not often discussed such issues and driven by different forces. Active dialogue and sensitive approach are needed to decrease stress and potentials negative outcomes.

# Family Therapy as a Politics of Practice

*Glenn Larner - Australia*

**Short Description:** The paper situates family therapy in the contemporary politics of evidence-based practice. It explores how family therapists can best preserve the uniqueness, spontaneity and creativity of the therapeutic encounter. Dialogic and interactional exercises will invite participants to contribute their own thoughts about family therapy as a politics of practice.

**Abstract:** Over a decade ago I wrote a paper setting out some ground rules for thinking about the politics of family therapy as an evidence-based practice (Larner, 2004). This argued for a broader understanding of science and evidence-based practice in family therapy with priority given to systemic work in the therapeutic relationship and highlighting personal and family meaning as an ethic of hospitality. The workshop situates family therapists in the contemporary politics of practice. Given increasing expectations to apply time-limited, crisis-oriented and generic therapeutic interventions how is it possible to preserve systemic thinking? How do we preserve the uniqueness of the therapeutic encounter where creativity, spontaneity and intuition is a significant part of the therapeutic equation let alone make space for humour, taking risks, the unpredictable, not knowing and the use of life-based metaphors and narratives for thinking about change? How do we integrate the increasing number of evidence-based approaches into family therapy practice and choose what we need to assist clients? Another question is how should family therapists position themselves in relation to epistemology or theory? Finally what is the current politics of family therapy as a profession? Is it thriving, dying, being incorporated into other therapy approaches, will it survive in the future and in what form? The presentation will include dialogic and interactional exercises that invite participants to contribute their own thoughts about family therapy as a politics of practice.

# An ambivalent compassion: Are commuter therapists in crisis?

*Asmaa Alotaiby - United States*

**Short Description:** Commuting for work is contemporary challenge in different professions. In recent years, there have been a growing number of therapists who have begun to commute long distance to reach out marginalized clients, with all the success being evident, yet commuters do experience unique challenges.

**Abstract:** The aim of this study is to explore the experience of therapists who commute long distance to serve marginalized clients. Whether commuting to work predicts job dissatisfaction or not, it is important to examine the job satisfaction and productivity in relationship to the frequent commute of the therapists. Previous research has shown association between long commute and increase stress experienced by the commuters. Moreover, commuters are predicted to be more susceptible to physical illness and poor relationship. However, prior research rarely, reflects on the experience of the commuters. Many therapists feel obligated to serve when they are needed particularly in underserved communities. At the same time, they undergo special challenges that impact their professional lives and the therapeutic relationships. With the large number of therapists going through such experience worldwide, it is important to explore the issue with respect to compassion.

# Solution Focused Brief Therapy: The Art of Useful Responses

*Elliott Connie - United States*

**Short Description:** The Solution Focused Approach should be understood as an eloquent dance between the client responses and the professionals questions. This means, the professionals responsibility is to ask questions that are likely to produce client responses that lead towards change.

**Abstract:** Imagine if you were able to learn a method that would instantly turn every client you saw into the most positive, creative, and motivated version of themselves, that's exactly what happens when Solution Focused Brief Therapy is applied effectively. No tricks, no fancy theoretical rhetoric that takes years to understand. Instead, this can be accomplished by understand simple, straightforward tenets paired with equally simple strategies for asking Solution Focused questions.

Though many in our field have been exposed to this approach, very few have been properly trained and thus fail to experience the true power of Solution Focused Brief Therapy. In this one day of training you will receive the kind of training that will change your practice, and likely, your life. It will certainly change the life of your clients, regardless of the problem that was impacting them when they came into your office. It may sound like hyperbole, but research is clear on this approach, come to this day of training and see for yourself.

This seminar will feature video examples from the presenters practice as well as dynamic lecture and live demonstration of the techniques discussed. By the end of this seminar you will have seen every part of the session, from start to finish using just this approach and will know exactly how to facilitate a session using this approach as well.

# Relational/Individual Measures in Spanish, French and Chinese: Translation Quality and Availability

*Roy Bean - United States*

**Short Description:** Presentation will describe an evaluation of key measures of couple/family relational health and individual well-being. Over 150 relevant constructs (e.g., couple conflict, anxiety) have been investigated for the most-commonly utilized measures and these measures evaluated for quality of translations into three of the most-commonly spoken languages (Spanish, French, Chinese).

**Abstract:** With continued immigration from Latin America, Africa and China, therapists and community programs in North America and western Europe are encountering more families with dual-language proficiency than ever before (i.e., Spanish-/French-/Chinese-speaking populations). Additionally, the use of family therapy in the countries that correspond to these languages is also increasing as stigmas are lessening and family-based interventions are publicized. In association with the current and anticipated growth for these groups, it is important to equip clinicians and other interventionists with solid, well-constructed (or well-translated) measures for research and clinical assessment.

Work on the database has involved the following: (a) noting the most commonly-used measures for individual/family/couple constructs from the primary resources of PsychINFO and published reviews of construct measurement; (b) ranking the measures (relevant to each construct) in terms of the total number of times used in the research; (c) confirming translations of said measures by contacting authors and further computer-aided searches of the literature; and (d) applying a rating system for determining measure/translation quality (as rated by three independent coders).

This project is designed to extend the study of key intrapersonal and interpersonal factors to more nationally/ethnically diverse (and under-researched) populations, while addressing several key deficiencies in the research literature. As such, the benefits to a complete and continuously updating collection would include the following: (a) it would prevent redundancy of work in translating and pilot testing measures; (b) it would offer scholars a convenient centralized location to find measures for particular studies; (c) it would offer the potential for determining measure/scale quality (based on rigor of translation, pilot testing, and reliability and validity data); and (d) it would help orient interested scholars to areas of inadequate or non-existent instrument development. Taken together, the establishment of said collection would clearly communicate the importance of quality research oriented toward understanding individual and families of Spanish/French/Chinese-speaking nations.

# From Hierarchical Model to Growth Model

*Nesteren Gazioglu - Turkey*

**Short Description:** Growing up in a hierarchical world sometimes leads people towards a hierarchical expectation in therapy as well. The family members or sometimes even the family therapist might get stuck in hierarchy.

In this workshop, the participants will experience how hierarchical and growth model differ from each other in family therapy.

**Abstract:** Satir Growth Model is one of the most impressive approaches towards shifting from hierarchical model. Satir basically compared hierarchical model and growth model in four dimensions; definition of a relationship, defining a person, defining an event and attitudes towards change.

Growing up in a hierarchical world sometimes leads people towards a hierarchical expectation in therapy. As a family therapist, the family members might label you as the wise person in the therapy room or as the authority. This will directly take the process towards hierarchical model. Sometimes even the therapist consciously or unconsciously might lead the therapy to a hierarchical level. Satir growth model defines events as joint outcomes, encourages taking risks, defines people as equal value and unique. In this workshop, Satir model beliefs and the differences between these two models will be experientially examined. While examining a case, the participants will also have the chance to examine their own attitudes as a family therapist.

# How Many?! Working with Polyamorous Client Systems

*Daniel Stillwell - United States*

**Short Description:** The family unit is changing. More and more couple and family systems are opening their boundaries to include other committed partners. This workshop will discuss various polyamorous systems and how systemic therapists are uniquely suited to work with them. Specific poly-friendly interventions and culturally sensitive strategies will be discussed.

**Abstract:** The family unit is changing. While some families have been structurally fluid in different cultures and at different historical periods, the vast majority of families claim at least the appearance of monogamy. Recently, transparency has increased in couple and family systems regarding expanding their boundaries to include other committed partners. This is attributable to the lessening of the power in the institution of marriage, the increased awareness in the fluidity of sexual orientation and preference, the increased recognition of the seasonality of partnered relationships, and the increased social openness toward diversity and inclusivity.

The term polyamory is a wide-reaching one which can describe things that do not necessarily look similar. Its primary feature is the agreement of partners to have – in some manner – other partners; another term used is consensual non-monogamy. Partners may elect to have emotional or sexual connections with other people (often called open circle). Partners may seek out third or fourth partners to increase the size of their family (often called closed circle). A person may live as co-parent primarily with one partner and have sexual intimacy with others. The kink/bdsm community also has a lot of overlap with the poly community due to more fluid and non-judgmental assumptions around sexuality. Sanctioned “cheating,” “don’t ask don’t tell,” or travel “hall-passes” additionally can be considered a form of polyamory.

Working therapeutically with the poly community brings most of the same challenges as standard relational or systemic therapy, but does so with additional people and complications. Communication skills training remains fundamental to this work, focusing on expectation setting, emotional regulation, and accurate empathy. The additional issues discussed will be collective consent, “coming out,” kink/bdsm, compersion, and contracts. Since different forms of poly systems are more common in different parts of the world, this workshop will take an international perspective. Queer theory will inform this workshop and will be alluded to, but is not the focus of it.

This workshop will discuss various polyamorous systems and how systemic therapists are uniquely suited to work with them. Specific poly-friendly interventions and culturally sensitive strategies will be discussed.

# **Improving the situation for children by strengthening the quality of parents couple relationships.**

## **Collaboration between Family counseling services and Child health centers provides a strengthened and earlier offer to parents with young children**

*Marianne Bie - Norway*

**Short Description:** A pilot project in Norway from 2015-2019 has tried out various forms of cooperation between Family counseling services and Child health centers to improve secure bases for children. The trial shows very positive results.

Marital relationship as a theme.

The experiences will be presented.

**Abstract:** The authorities in Norway wish to improve the situation for children by helping provide high-quality and easily accessible services that can assist in strengthening the quality of marital relationships, as well as prevent marital conflicts and break-ups. The child health centers in combination with the family counselling services are in an especially good position to help strengthen marital relationships for the benefit of the children.

VID Specialized University has evaluated the pilot project.

The trial has been located in five locations spread out over the country. During the trial period, the participating family counseling offices and child health centres have developed and tested various ways to structure and systematise their collaboration. As part of this effort, different interventions have been developed and tested. A frequently tested intervention has involved an invitation to parents to attend a session with a family therapist from the family counselling office at a child health centre. Many parents of infants and toddlers perceive this stage of parenting as a challenging and vulnerable period. Parents report that the sessions with the family therapists have been beneficial and provided them with support and tools that have reinforced their marital relationship. Most of them have attended from one to three such sessions. Provision of this opportunity by the child health centres has been crucial for the recruitment of parents in the first stage of the project. The agencies have also collaborated on provision of training courses and group activities. These initiatives have involved combining knowledge and experience from both agencies pertaining to various topics and have been provided to parents of children in various age groups. The parents appraise these initiatives as useful and informative. They report that a key element in these initiatives has been to meet others who are in the same situation and see that it is common for parents of infants and toddlers to experience challenges in their marital relationships. A third type of initiative that has been developed in collaboration between the agencies includes one-day competence enhancement sessions for staff members.

The project and the experiences will be presented.



# Going global: Training sensitive Systemic Therapists in an interconnected world

*Deisy Amorin-Woods - Australia*

**Short Description:** This presentation addresses the pressing need to respect cultural diversity in an increasingly varied and evolving globalised world. This will look at attending to 'culture' and integrating 'culturally sensitive and responsive' approaches in the training and development of systemic therapists as it applies to education, clinical supervision and service provision.

**Abstract:** Globalization is defined as "a process in which the traditional boundaries separating individuals and societies gradually and increasingly recede" (Okasha, 2005). Globalisation has led to increased migration and people movement around the world. In the therapeutic realm this translates into an increased cultural diversity and diverse set of needs of service users, as well as an increased cultural diversity of service providers and therapeutic trainees due to increase in migration and international students. In Australia, there were almost half a million international students, from nearly two hundred countries, studying over the 2015 period (Kolbech, 2015). Thus living in an interconnected world means our clients present with a culturally diverse set of needs requiring a broader range of therapeutic approaches and models and our trainees requiring a diverse set of educational principles and resources to meet their evolving and varied range of needs. Thus the 'cookie cutter' approach, applying homogenous principles and approaches to a heterogenous group is increasingly becoming not only less acknowledging and more devaluing, but also less appropriate and more obsolete in addressing the culturally diverse needs of clients and providers alike. This presentation addresses the pressing need to respect cultural diversity in an increasingly diverse and evolving globalised world. This will look at attending to, integrating and applying 'culture' to the training and development of family and systemic therapists focusing on education, clinical supervision and service provision. The presentation will include a video of therapeutic conversations with international university trainees in Western Australia about 'living with' and 'working with' CULTURE and a role play of a cross cultural interview between a systemic therapist and a client from a CaLD background. The interview will connect with the notion of emotional attunement and take a stance of curiosity and humility. I would appreciate it if you could please make the necessary amendment.

# Where's God in your Genogram?

*Sarah Causey - United States*

*Daniel Stillwell - United States*

**Short Description:** Genograms are a classic and powerful tool in the family therapist's toolbox. Using a case to illustrate, this poster will demonstrate how depicting God, bodies of faith, sacred values, and meaning-making processes on a genogram allows the client to grow through deep interpersonal and intergenerational issues.

**Abstract:** The genogram is "a practical framework for understanding family patterns" (McGoldrick, Gerson, & Petry, 2008, p. 1). This is not limited to humans only. The relationship with an abstract entity (i.e., higher power, social constructs, organizations, etc.) can be as influential as other biological or familial influences. Clients' healing processes with grief and trauma are particularly salient to explore abstract entity relationships generationally. Perhaps counterintuitively, the relationship with the abstract entity can also be significant to the trauma or pathology itself. Using the genogram as an assessment and intervention tool emphasizes the relationship to an abstract entity and its influences on interpersonal relationships. Systemic therapists understand patterns and influences of change and power. By mapping the abstract entity onto the genogram, its own patterns and influences can be illuminated intergenerationally. Processing the genogram in session allows a space for the client to shift perspectives and begin identifying and deconstructing schemas. The client's relationship with the abstract entity can shape their schematic foundation. This is additionally true for relationships between more than one abstract entities with each other on a genogram. A case study will be used to show clinical application, with "God" and "Church" as the identified abstract entities. Permission from the client has been granted in writing. The client's intergenerational narrative – now with God and the Church – will demonstrate the power of the principles mentioned above. International and culturally expansive elements will be considered as well in the presentation.

# How has L.O.V.E., a global leadership approach, helped refugees and immigrants?

*Jacqueline Tome - United States*

**Short Description:** While working with global executive leaders, Jacqueline Tome created a leadership approach for goal achievement. She has been applying the same concept when working with immigrants and refugees successfully. This interactive workshop will show you how to use the L.O.V.E. model for effective personal and professional goal achievement.

**Abstract:** Jacqueline Tome has developed a global leadership approach, using systemic theories, narrative therapy, positive psychology, neuro-linguistic programming, neuroscience and quantum physics to work with global leaders, helping them achieve their professional goals. While using L.O.V.E. with global professionals, she thought about using the approach also with immigrants and refugees moving or fleeing into the USA. There were key common characteristics in both groups that made the approach attractive to them, such as, the importance of respecting different cultures and beliefs, social and cultural adaptability, interpersonal communication skills, and courage to take risks.

She created an acronym, so her clients could easily remember the steps they had to take in the future to achieve new personal or professional goals. Her idea to use the word LOVE is because it is an English word that is known globally. It was interesting that the same acronym can be used in Spanish and Portuguese, the other main languages that she works with. In L.O.V.E., L stands for Leadership, O for Optimism, V for Vitality, and E for Education. The focus of L is on empowering the client to lead his/her own story and create a multi sensorial experience to define the goal to be achieved. O helps the client to choose the right emotion and support system to generate the necessary energy for success. V is for action, strategies and steps that need to be taken. E is for what needs to be learned, explored, reviewed or changed in order to keep the focus and identify opportunities.

You will receive a template of the model, will have a lot of fun learning interesting interventions, and will use the model step-by-step focusing on a personal or professional goal you want to achieve.

# Processing Moral Injury through Therapeutic and Spiritual Collaboration in Caring for War Veterans

*Kelly O'Lear - Germany*

**Short Description:** This presentation discusses collaboration between therapy and faith in caring for those dealing with moral injury in military veterans. It defines moral injury, provides current research on the topic, and encourages local solutions of how to aggregate counselors and clergy in caring for those displaying moral injury in civilian communities.

**Abstract:** Military veterans surviving combat always return to the civilian populace. In fact, many hope to return to their home of record in search of reconnecting with past experiences of comfort and peace. It is also true that many veterans lack the requisite local network to share and process their combat experiences. While on active-duty, many of these veterans, with and without a faith background, turned to their unit's clergy member (Chaplain) as they dealt with troubling combat experiences. Clergy played an important part in their history as they dealt with tragedy, loss, and death.

Author of *Afterwar* and Georgetown professor Nancy Sherman and author and psychiatrist Jonathan Shay have written and lectured extensively on the impact of moral injury. Both Sherman and Shay affirm the need for faith and therapy to cooperate in caring for those with moral injury. Yet, outside of military circles, moral injury does not receive as much attention as its counterpart, PTSD. Our civilian communities best serve our veterans when therapists, counselors, and clergy seek a greater understanding of moral injury and create collegial opportunities to cooperate in caring for veterans displaying moral injury.

Research demonstrates that veterans suffering moral injury "report of worse physical health, lower mental well-being, and increased PTSD and depression symptoms. The fact that moral injury does not only affect mental but physical health lends further credence to the use of a "whole health" or "integrative health" perspective as part of patient-centered care" (Yan, 455). Communities as a whole are best served when clergy and therapists cooperate in caring for veterans.

This presentation encourages therapists and counselors to engage clergy, based on the client's spiritual history, in treating veterans exhibiting moral injury. This presentation posits that current civilian and clergy networks require further education and connectivity in caring for veterans from Afghanistan and Iraq presenting the effects of moral injury. Additionally, this network can also provide care for those in the local community dealing with trauma not associated with war.

# Challenges of developing the professional identity of the family therapy profession in Sudan Analytical descriptive study

*Makia Himat - United Arab Emirates*

**Abstract:** The study aims at identifying the challenges that prevent the development of the professional identity of family therapy in Sudan. The study uses the analytical description method and relies on the available information about family therapy services in the academic context and the current practice .

# Multiple Layers of the Trainee Therapist a reflective experiential process utilizing GRACES & genograms

*Roy Farquharson - United Kingdom*

*Sam Petrie - United Kingdom*

**Short Description:** As part of the MSc in Systemic Family Therapy in Scotland trainees are given the task to create a multi-layered genogram developed over the academic year. This workshop will share this innovative reflective experiential process, outlining the theory and application, sharing trainees learning and experience in an interactive format.

**Abstract:** The Family Therapy Training Network provide the only AFT (Association for Family Therapy & Systemic practice) accredited training in Scotland and is committed to promoting cultural sensitivity, cultural competence and culturally informed therapy.

The Cultural Genogram paper (Hardy & Laszloffy, 1995), John Burnham's GRRAACCEESS (2000) and Peter Rober's (1999) concept of the Therapists Inner Conversation have been integral in the timetable for many years, however we wanted to ensure these didn't become stand alone exercises on the course and wondered how we could better support trainees to develop their cultural reflexive abilities. We have endeavored to find a way to integrate the ideas so that they have an ongoing life throughout the training and hopefully beyond.

To do this we developed an experiential reflective process that allows trainees to sequentially explore who they are in a safe yet challenging experience. Concepts such as self reflexivity and the use of inner voices are often cited within British family therapy contexts. This exercise, that is on the surface a genogram invites trainees to explore their family of origin story through a range of lenses, to experience relating through and across difference with another trainee and to gain confidence in cross cultural dialogue. This takes place over a full academic year allowing the trainees to better understand and tell the stories of their personal core beliefs and the influence these have on their practice in a unique way

In this workshop we will share the theory and context of this learning experience in a way that will allow participants to think about ways to adapt and integrate this into their own work or training context. Participants will be invited to take part in some aspects of this learning experience through carefully constructed interactive experiences. Our Msc Trainees will provide feedback that we can share within the workshop which we hope will be through a mixture of visual and audio, this part of the workshop is organic and will be develop over the course of this year with our current MSc trainees.

# The Ethos and Ethics of Global Family Therapy

*John Miller - China*

**Short Description:** Western originating family therapy has become increasingly popular in Asian contexts. International scholars are discussing the intricacies of exporting complex clinical models to Eastern cultures. What parts can be meaningfully transplanted to another cultural context? What strategies are uniquely indigenous? These and related topics will be explored in this presentation.

**Abstract:** Contemporary family therapy originated in Western cultures, and is now being exported throughout the Eastern world where it has proven to very popular. Indeed, family therapy is one of the most popular treatment strategies in the Eastern world, where much of life revolves around family and community. Only recently has the Eastern world opened up to Western psychology, social work, and family therapy practices. Many international initiatives have been launched to encourage international clinical and scholarly collaboration between the East and West in an effort to effectively apply established Western methods in Eastern contexts. Yet these models were developed based on Western mores and cultures. What is the appropriate ethos for the application of Western models in non-Western contexts? What are the common dilemmas of theory and practice that the global therapist must consider? What parts of clinical intervention can be meaningfully transplanted to another cultural context without much modification? What clinical intervention strategies are unique to the culture under consideration (indigenous) and must remain unique to that culture? Can certain modes of therapy be careful adapted to other cultures and what are some guiding principles for the exportation for this endeavor? This presentation will discuss these and border issues toward a theory of exporting Western modes of family therapy to non-Western contexts.

# Supporting Families with Children Experiencing Grief and Loss

*Hannah Brinser - United States*

**Short Description:** Grief experienced during youth is associated with familial, social, and mental health difficulties. Mental health professionals have an opportunity to be a source of knowledge for families. Effects of loss on the family system, protective and risk factors, interventions and techniques, types of loss, and social support will be discussed.

**Abstract:** By the time students graduate high school, 90% of students have experienced the loss of a family member or friend. Additionally, loss is the most frequently reported trauma among youth (Briggs et al., 2013; Schonfeld & Demaria, 2016). Grief experienced during childhood and adolescence is associated with social, behavioral, and mental health difficulties. While impacting academic functioning, engagement, and social support; other familial disruptions can also occur. This includes relocating homes and schools, lack of family and economic stability, and changed relationships with family members that are also grieving (Schonfeld & Demaria, 2018). The loss of potential resources, both physical and social, can make the bereavement process for children and families increasingly complex (Blaze & Shwalb, 2009).

Common with peer and friend losses, adults within the family system might not understand or acknowledge the impact loss has on children (Ringer & Hayden, 2000). It is an additional stressor not to have the necessary social support from adults within one's family that is needed to adequately cope. Therefore, mental health professionals have a unique opportunity to be a source of knowledge for families. By providing support, guidance, information, and training; families can better know how to support children and adolescents who are grieving (Schonfeld & Demaria, 2018).

This poster will explore loss experienced by children and adolescents, and the effects it has on the family system. Protective and risk factors will be discussed, as well as interventions and techniques that can be used by mental health professionals and families to support children and adolescents experiencing grief and loss. Differences between peer/friend loss and familial loss on the family system will also be explored, and how the method of loss (accidental, natural/anticipated, traumatic) might influence the process and reactions of grief. Additionally, social support will be examined, as having a stable support system is essential to help children and adolescents cope with loss. Children who receive effective social support, especially from one's family, are less vulnerable to psychiatric issues, health complaints, and other difficulties later in life (Abel et al., 2014).



# Practice Settings and Contexts of Systemic Clinical Supervision Practice

*William Northey - United States*

**Short Description:** In this workshop participants will consider competence development from a number of perspectives as well as the role and style of systemic supervisors. Participants will also reflect on the systemic interplay between supervisor, supervisee, clients, and the clinical context and examine the Condensed Marriage and Family Therapy Core Competencies.

**Abstract:** Borrowing from the work of Morgan and Sprenkle (2007), White and Russell (1995), and Northey and Gehart (2018) this workshop will lay the groundwork for the supervision track by providing a structure to think about the focus on supervision by considering the settings, contexts, and types of supervises. Specifically, participants will consider competence development from a number of perspectives as well as the role (e.g., coach, mentor, teacher, administrator) and style (e.g., collaborative, directive) of systemic supervisors. In addition, participants will reflect on the systemic interplay between supervisor, supervisee, their relationship, the client system, and the clinical context. Finally, participants will examine the Condensed Marriage and Family Therapy Core Competencies that are designed to make the process of competency assessment more manageable.

# Gay Male Couples: The Counseling Experience, Mandates, and Professional Implications

*Brennan Champagne - United States*

**Short Description:** This poster presentation adopts a conceptual approach, through published, peer-reviewed literature to help attendees understand the experience of gay male couples in counseling, our mandates as counselors, and professional implications. Ultimately, this poster proposes a phenomenological study to better understand the counseling experiences of this population.

**Abstract:** Current research and journal reviews continue to show the dearth of research concerning sexual minority relational systems despite overwhelming evidence which indicates very distinct and unique counseling and relational pressures experienced by sexual minority couples. The aim of this poster presentation is to examine the experience of gay males who have pursued couples counseling, decipher from various ethical and legal points of view our mandate as counselors, and communicate the implications for counselors. Along with additional considerations that frame the work on gay male couples within the larger family system. This poster presentation will highlight the importance of training future counselors to understand and effectively work with gay male couples. As much research has been conducted on understanding the dynamics of heterosexual couples, this information is needed to more fully deliver culture specific training programs, supervision sessions, and other professional initiatives. Ultimately, this poster proposes a phenomenological study to better understand the counseling experiences of this population. The current work acts as a foundation for research to explore the unique pressures and challenges of other sexual minority couples. This emerging area of research must be expanded to more holistically understand sexual minority couples and relational systems.

# Supporting Families: Children who have Experienced Neglect

*Nikki Durstling - Canada*

**Short Description:** Neglect is proven to be the most prevalent form of child maltreatment. Children can experience abnormalities in the structure of the brain, altered stress response systems, abnormal physical development, as well as cognitive and executive functioning delays. Effects on the developing brain, protective factors, recognition, and interventions will be discussed.

**Abstract:** Through essential serve and return interactions with adults, children can form essential skills for healthy development and build sturdy brain circuits (Shonkoff et al., 2012). With the absence of these interactions, children can develop problems associated with executive functioning, stress response systems, cognitive/academic delays, and abnormal physical development (Shonkoff et al., 2012). The timing of intervention becomes critically important, by providing early intervention to these families and children, the child has a higher chance of reversing or reducing the negative consequences (Daniel, 2015). Neglect is often experienced in the home due to hereditary conditions, mental health problems, substance misuse, and domestic abuse (Daniel, 2015). Mental health practitioners and counsellors have an opportunity to identify and educate families around this very important subject. By providing education, effective intervention strategies, promoting secure attachment, and using therapeutic and supportive care professionals can promote and facilitate recovery (Shonkoff et al., 2012).

This poster will explore neglect experienced by children, and the effects it has on the developing brain. Protective factors for the family system will be discussed, as well as recognition strategies that can be used by professionals to properly identify children in need. The difference between standard and therapeutic care for the neglected child will be explored, as well as different assessments, such as ACE (adverse childhood experiences), that can be used to inform and educate families on the cycle of neglect. By screening for ACEs early, professionals can implement primary intervention strategies to educate caregivers and provide integrated approaches to understand and help the child (Sukhdip et al., 2016).

The sooner neglected children receive appropriate intervention, the less likely they are to demonstrate long-term and adverse effects. Primary intervention strategies, referrals to specialized services, ACE assessments, and implementation of therapeutic strategies are all ways that counsellors and other professionals can positively impact neglected children (Boglut, 2015). Children and families who receive these specialized services are less vulnerable to mental health conditions, disrupted brain structures, and the passing of abuse to future generation.

# Attachment and Trauma-Focused Integrative Therapy for Clinicians Working with Adoptive and Foster Families

*Sarah Swanson - United States*

**Short Description:** This presentation outlines an integrative model of assisting adoptive and foster families to form secure-attachments with children from trauma. Focusing on a unique blend of trauma informed therapies, clinicians will be provided with methods for empowering caregivers to create meaningful parent-child relationships based on a secure bond and trauma-based psychoeducation.

**Abstract:** For both adoptive and foster families, a common concern is to be able to connect with their newly-placed children. Often, children from the foster care system are victims of sexual and physical abuse, leading to behaviors that can be disruptive in placements and hinder the creation of a meaningful parent-child relationship. This poster presentation seeks to outline the ways in which trauma-informed therapy may assist counselors and clinicians in educating foster and adoptive parents on how to work with children from traumatic backgrounds. Unlike typical parenting methods, which often only look at a child's behavior, trauma-informed therapy is focused on helping parents understand and address the root of difficult behaviors. Research has demonstrated the effectiveness of trauma-based attachment therapy and provided clinicians with the foundation for building secure attachments between placement caregivers and children. A review of the literature points to the need for providing families with a psychoeducation on PTSD and trauma as well as non-punitive and empowering parenting methods. This can be accomplished by utilizing an integrative therapy model that draws from attachment theory, family systems theory, trauma-based relational interventions (TBRI), and trauma-focused cognitive behavioral therapy (TF-CBT). This poster presentation will illustrate this diverse method of trauma-informed family therapy with the ultimate goal of assisting clinicians to facilitate secure relationships between caregivers and their children.

# The Tools for Hope: exploring the architectures of hope

*Sue Robinson - United Kingdom*

*Gill Kind - United Kingdom*

**Short Description:** The workshop will give a brief overview on the futures 3Horizons method as developed by futurists Curry and Hodgeson (2009). It will use the ideas of agitators, orchestrators and innovators to hold conversations about hope.

**Abstract:** “am come of the seed of the people and I have no treasure laid up but hope.” - From the Dubliners song the Rebel.

The rebel brings the people hope. Inherent in the task of therapists is how to help our patients discover; re-kindle or find hope. McGoldrick and Moore Hines informed us that, “Working with our clients around hope is part of our clinical work every day” (2007).

How can we help to generate hope and how is the architecture of our hope configured in families, systems and organizations? Flaskas (2007) says, “it useful to orient to the balance of hope and hopelessness. The workshop will give a brief overview and handouts on the futures 3 Horizons method as developed by Curry and Hodgeson (2009) and Sharpe (2013). This overview integrates Battilana and Kimsey (2017) ideas on agitators, orchestrators and innovators. The 3 Horizons model will then be used to develop conversations about hopes. Participants will be divided into groups looking at Hope in terms of Horizon 1; Horizon 2 and Horizon 3.

Horizon 1 (H1) is epitomised as today’s™ dominant pattern and some describe it as a managerial view. Feelings of hopelessness might predominate but there is a strong quest for hope. This has also been described as agitation, articulating, making critiques and mobilising diversity.

Horizon 2 (H2) encompasses innovation and experimentation and can be seen as the innovative view. There is an understanding that hope exists but there is not yet enough hope to accomplish the vision.

Horizon 3 (H3) evinces the accomplishment of visions and aspirations and can be conceptualised as the visionary view. The orchestrators mobilise around solutions and ensure there are adaptations and the development of actionable solutions. One attractive examples, are Maggie™s Cancer Centres which are emerged first here in Scotland and are rooted in the architectures of hope.

Sharpe (2013) concentrates especially on the patterning of hopes. He says, “To hope is to change our experience of the present moment into one of life to renew the human where we are....”

References will be supplied in workshop handout

# Talking across borders: the UK Association for Family Therapy and Systemic Practice (AFT)

*Shan Tate - United Kingdom*

**Short Description:** Family and systemic psychotherapists from key organizational roles in the UK will share and reflect on the development of family therapy in the UK, including an overview of training, registration, publications and creative practice. Delegates are invited to join in discussion, ask questions and issue challenges.

**Abstract:** IFTA offers an opportunity for family and systemic therapists from different countries to share experiences and learn from one another across national boundaries - instead of operating in geographical silos and despite our differing work contexts and theoretical backgrounds. In this spirit, a panel of family and systemic psychotherapists from key organizational roles in the UK will share their experiences and ideas, invite questions, and engage in an interactive discussion on the development and challenges of family therapy in the UK. Topics will include:

- The history of family therapy in the UK - an overview of key developments and influences.
- Levels of training including entry requirements and dual qualification. An innovation from the past five years is how the first two levels have been rolled out for wider inclusion in a program known as Children and Young Peoples Improving Access to Psychological Therapies Programme or CYP or IAPT for short.
- The relationship between the United Kingdom Council for Psychotherapy (UKCP) (which is the registering body) and UKCP's systemic college (CFCST) that sets the standards for education and training, and AFT (which is the professional body for Family Therapy and Systemic Practice)
- An overview of the work of AFT across the countries of the UK and its network of regional branches.
- Publications: The Journal of Family Therapy and Context magazine.
- The variety of work contexts of family therapists in the UK.
- Theories that inspire creative practice.

Susan Benbow, AFT Board member

Sarah Eldrid, AFT Scotland and member of CFCST (College for Family, Couple and Systemic Therapy)

Roy Farquharson, AFT Scotland

Phillip Messent, Journal of FT editor

Sam Petrie, AFT Scotland representative

Hannah Sherbersky, Chair of Confetti â€” the network for training courses in the UK

Shan Tate, Post Chair, AFT Board

# "Stop making sense" Report from a randomized text design study

*Rolf Sundet - Norway*

**Short Description:** An experimental attempt at contesting an epistemological position is presented. By not trying to ascribe new meaning to utterings, nor providing space for the marginalized, we have systematically destroyed meaning in a text. Using a randomized text design, we have provided space for non-meaning within the mental health discourse.

**Abstract:** Psychotherapy and mental health work are both practical and theoretical endeavors founded on understanding, insight and knowledge, generated by means of linguistic meaning. These concepts positions non-meaning and uncertainty as something to be eliminated, or ignored. Within the logic of representation the ideal is randomized control trials€. By accepting the knowledge generated through such procedures we show our support to an entire ontology. The present workshop is about an experimental attempt at contesting the epistemological scaffolding of this ontology. We have not tried to ascribe new meaning to the utterings of any of our fellow earthlings, nor have we provide space for the voices of the marginalized. Instead, we have attempt to systematically destroy meaning in a text that we ourselves have produced. By way of the innovation randomized text design, we have sought to provide space for non-meaning and ignorance within the mental health discourse. What the process of randomized text design has allowed us to do, is to bend away from ideas that hold psychotherapy to be a finalized, planned and precise process. Instead, it has allowed us to play around with ideas about what it can mean to craft our own life lines where these lines of lived life sometimes seek the company of other people, as when I as patient/service user/client/citizen am called therapist, and when I as therapist am called patient/client/service user/citizen.

# Invisible Wounds: Attachment Injury as Crucible for Attachment Related Issues in Couples

*Nikita Oberoi - India*

**Short Description:** Qualitative data collected from married individuals dealing with attachment injuries was analysed so as to capture the lived experience of these phenomenon. With a secure attachment bond being the foundation of a healthy marriage and over-all well-being, the need to pay keen attention to attachment-related issues will be expounded.

**Abstract:** In insecure relationships, we disguise our vulnerabilities so our partner never really sees us." Susan Johnson

The concept of attachment is one that has pierced through multiple facets of research and theory in mental health and allied fields. Understood as a force that exists and works within us right from birth, it is also an important concept when it comes to conceptualising adult relationships, particularly romantic relationships. Thus, it is akin an essential thread on which an individual's entire life is bound, intertwined. The current presentation aims to discuss literature pertaining to attachment styles and couple distress, with specific focus on bridging the distance between attachment styles and attachment injuries. The data presented is a part of a larger study on development of a scale to assess attachment injuries in married individuals. In-depth interviews were conducted with married individuals in distressed and non-distressed marriages, and the differences that emerged between these groups will be discussed. How an event comes to be construed as an attachment injury, the impact of these injuries, or, "relationship traumas" on the fabric of the relationship, the mechanisms by which the wounded partner seeks to cope, are some of the questions that will be answered. Also thrown light upon will be some of the pathways by which these impasses come to be resolved. The existence of a secure attachment bond within a couple relationship is paramount to one's sense of well-being. The aim of this presentation is to gain a better understanding of how this coveted secure bond at times becomes hard to achieve, and how this hardship may be resolved in therapy. Contributing Authors: Nikita Oberoi, Veena A. Satyanarayana, and Geetha Desai



# Integrating Matters of Faith in the Practice of Family Therapy

*Jake Johnson - United States*

**Short Description:** This presentation will offer theories for conceptualizing the integration of one's faith in clinical practice, outline the risks and potential benefits of integrating matters of faith in family therapy, and provide tools for the ethical integration of matters of faith in therapy with one's clients.

**Abstract:** This presentation will discuss various theories for conceptualizing how therapists may integrate matters of faith in the practice of marriage and family therapy. Particular attention will be given to the risks and potential benefits of integrating aspects of one's faith in the context of family therapy as well as the ethical boundaries that must be considered before ever engaging in such integration. Finally, tools for the ethical integration of matters of faith in therapy with one's clients will be provided, and various clinical vignettes will be presented to help bring the aforementioned concepts to light.

# Accreditation Process for Marriage and Family Therapy Training Programs

*John Lawless - United States*

*William Hiebert - United States*

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

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

# ***Transforming Life Narratives: Context, Connection, Genograms, Legacies and Having A Sense Of Home***

*Monica McGoldrick - United States*

**Abstract:** This presentation will be about the key dimensions for assessing human problems and evolving healing solutions. Genograms are the core mapping tool of this work. A genogram is a map of who you belong to. This presentation will focus on viewing each person in the context of his or her cultural background, social class, gender and sexual orientation, family history, life cycle trajectory, and multiple identities in terms of interests, affiliations, and values.

# ***Co-Creating Fifth Provinces (islands of support) in these times of social crises***

*Imelda McCarthy - Ireland*

**Abstract:** We are at a time of social, financial and ecological mis-alignment at this point in our experiences of living on our planet. From her own experience, Imelda, over the years, has come to appreciate and know the importance of solidarity and communities of support (Fifth Provinces) professionally and personally. When we were building the field of family therapy this was true and it is more so called for at this time of contraction (of money services, treatment possibilities, etc.) and rising inequalities. She will also talk about the importance of systemic reflexivity in coming to know, 'who we choose to be and what we stand for' together with the consequences of our (inter-)actions for our own and our client's contexts and ecologies. She will also suggest that meditation practices can play a big role in helping us to achieve equanimity in our lives and work.

# Benefits of Membership

---

## *JOURNAL OF FAMILY PSYCHOTHERAPY*

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

## *INTERNATIONAL CONNECTION*

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

## *FAMILY THERAPY E-NEWS*

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

## *WORLD FAMILY THERAPY CONGRESSES*

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

## *IFTA MEMBERSHIP DIRECTORY*

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

## *IFTA and IFTA CONGRESS WEB SITES*

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

# Types of Membership

---

## *Individual Membership*

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

## *Student Membership*

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

## *Institutional Membership*

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

## *Lifetime Membership*

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

## *Becoming a Member*

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

# Benefits of Membership

---

## *JOURNAL OF FAMILY PSYCHOTHERAPY*

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

## *INTERNATIONAL CONNECTION*

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

## *FAMILY THERAPY E-NEWS*

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

## *WORLD FAMILY THERAPY CONGRESSES*

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

## *IFTA MEMBERSHIP DIRECTORY*

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

## *IFTA and IFTA CONGRESS WEB SITES*

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

# Types of Membership

---

## *Individual Membership*

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

## *Student Membership*

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

## *Institutional Membership*

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

## *Lifetime Membership*

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

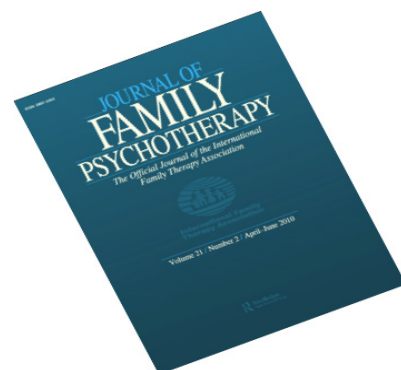
## *Becoming a Member*

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

# IFTA's Journal of Family Psychotherapy

---

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



The Journal Editor, Christian Jordal, Ph.D., from Drexel University, is in attendance. IF you wish to meet him, contact the registration desk.

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

# IFTA Board of Directors, July 1, 2018 – June 30, 2019

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

## Officers



**Warwick Phipps**  
**President**  
PhD, South Africa  
(2017-2019)



**Joyce Ma**  
**President-Elect**  
PhD, Hong Kong  
(2019-2021)



**Ruth Casabianca**  
**Past-President**  
PhD, Argentina  
(2015-2017)



**Anna Low**  
**Recording Secretary**  
MSocScc, Singapore  
(2014-2017)



**Desiree Seponski**  
**Treasurer**  
PhD, USA  
(2016-2018)

## Directors-At-Large

### 2016-2019, Tern Ends June 30, 2019

Ozge Alkanat, PhD, Turkey  
Kathlyne Maki-Banmen, MS, Canada  
Anibal Torres, PhD, USA

### 2017-2020, Term Ends June 30, 2020

Dorothy Becvar, PhD, USA  
Gun Kristina Drott-Engl  n, MSW, Sweden  
Jake Johnson, PhD, USA

### 2018-2021 Term Ends June 30, 2021

Reggie Berger, PhD, Switzerland  
Gloria Baldwin Schultz, MPS, Canada  
Shan Tate, MSA, United Kingdom

## Congress Staff



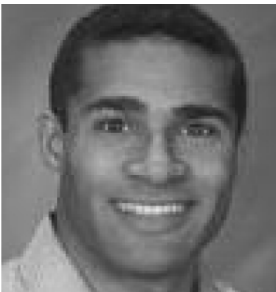
**John Lawless**  
Program Chair



**Doug Tschopp**  
Event Manager



**William Hiebert**  
General Secretary



**Fred Jefferson**  
Congress CFO



**Alyssa Mish**  
Event Coordinator



**Michelle Renee M. Quinn**  
Event Coordinator





## **2019 Annual Meeting & Open Conference**

**Rupture and Repair:  
Remaking Relationships in Families and Communities  
June 20 – 22, 2019  
Oakland Marriott City Center  
Oakland, California**

***OPEN TO ALL -- CE CREDITS WILL BE OFFERED***

### **Why AFTA?**

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

The 41<sup>st</sup> Annual Meeting and Open Conference will examine how we use our knowledge to address ruptures and repair—in couples, families, communities and in our relationship with the environment and non-human beings, and to devise strategies for creating sustainable change and repair. The recent past in this country has brought tremendous ruptures in relationships at micro and macro levels. As systems thinkers we have important contributions to make relative to the many possibilities to address ruptures and repair—in training, consultation and research settings, as well as in organizations both here and abroad. We must prepare to continue addressing the impact of these ruptures while acknowledging that in the end repair is critical. Ruptures can be opportunities to reconsider our views and behavior, and to strengthen relationships.

### ***Keynote Speaker:***

- Vikki Reynolds, PhD, RCC

### ***Plenary Speakers include:***

- Melanie Domenech Rodriguez, PhD
- Chris Hoff, PhD, LMFT
- Sarah Stearns, PhD
- Jill Freedman, MSW
- Tileah Drahm-Butler, MSW

**For more information, go to our website, <http://www.afta.org/conferences> or contact the AFTA Office at (910) 378-4601 or [afta@afta.org](mailto:afta@afta.org).**

# International Accreditation Commission for Systemic Therapy Education

---

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

More information about accreditation can be obtained at the Saturday Workshop, March 30 at 9:30 AM. The Standards and Application for accreditation are available at: <http://www.ifta-familytherapy.org/MFTaccreditation.html>

## Congress Loyalty Discount Registration Rate

---

If you are attending this 2019 World Family Therapy Congress, you are able to register for the 2020 World Congress in Basel, Switzerland at a special price of \$525.

Stop by the IFTA Registration desk and we will help you register at the special price. This price is good only until Saturday, March 30! THIS WEEK ONLY!



### Transformational Systemic Therapy Using the Satir Model

10 day Summer Intensive Training Programs  
Level 1 August 1 - 10, 2019  
Level 2 July 10 - 19, 2019

*Where: Bethlehem Retreat Center 2371  
Arbott Road, Nanaimo, BC, Canada*

*Learn and experience Transformational Systemic Therapy developed from the  
teachings of Virginia Satir*

60 hours of Approved Continuing Education Credits  
Available from Canadian Counselling and  
Psychotherapy Association

Register :  
[admin@satirpacific.org](mailto:admin@satirpacific.org)  
1-604-634-0572

Explore training and program opportunities at [WWW.SATIRPACIFIC.ORG](http://WWW.SATIRPACIFIC.ORG)