

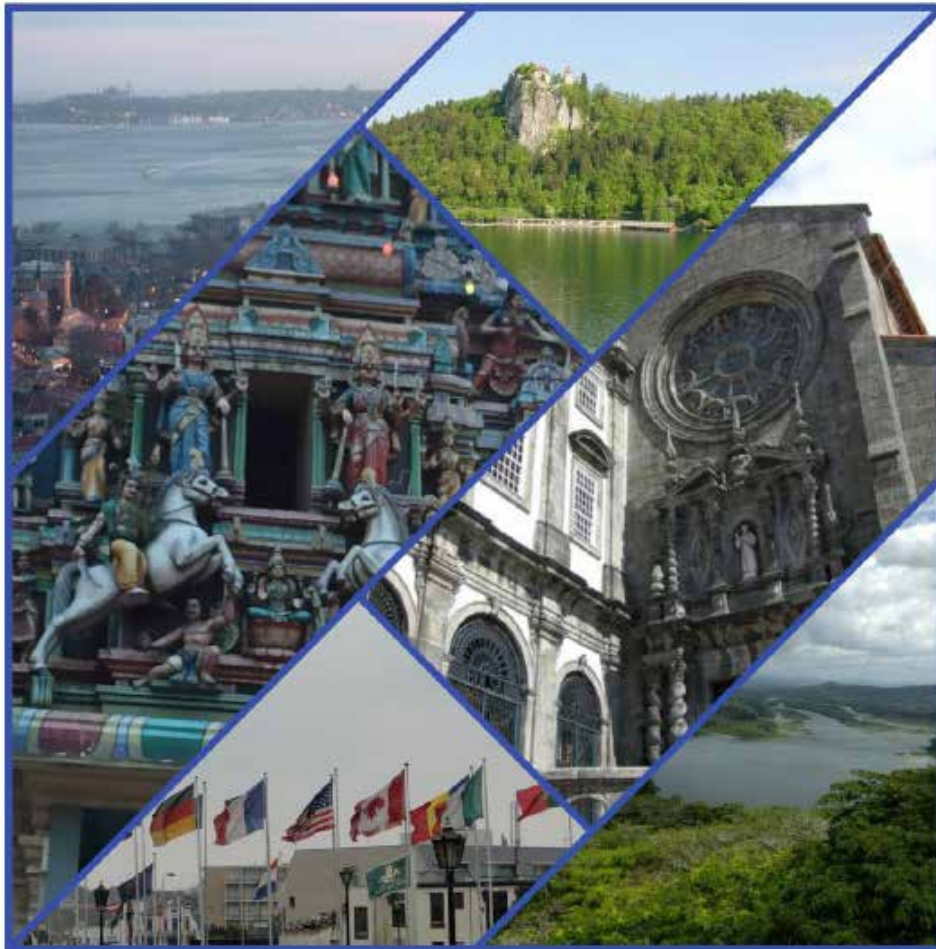


International Family Therapy Association

www.ifta-familytherapy.org
www.ifta-congress.org

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2021 IFTA VIRTUAL WORLD THERAPY CONGRESS



MARCH 26 - JUNE 24, 2021

WELCOME TO THE IFTA CONGRESS

Dear Participants,

Welcome! This is the International Family Therapy Association's first Virtual 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 Virtual Congress facilitates our continued exchange of knowledge and ideas that support the health and well-being of families and other human systems.

The 2021 Congress Committee invites family therapists to explore both new and familiar ways to assist families to overcome their difficulties and challenges and alleviate their pain and suffering.

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. We hope that this Virtual 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.

Joyce Ma

Joyce Ma, Ph.D.
President

CONFERENCE CODE OF ETHICS

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.

WHAT IS IFTA?

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.

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

MISSION STATEMENT

Adopted December 2005

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

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

PRESENTATIONS

Now I See A Person: A New Model for Breaking Free of Mental Health Labels

Presenter: David Abramovitch

Short Abstract: What happens if people are viewed as normal humans who are going through difficult times, when we honestly care about others & invest time to understand hardships they face, when we embrace ideas people can surpass mental illness & invite their community to join the person's strengths and capacity to heal?

Long Abstract: Now I See A Person Institute is a non-profit graduate and postgraduate teaching and clinical institution using Collaborative Dialogical Practices, horses and a nurturing and normal environment for clients to heal from trauma and resultant challenges. We especially have success (evidence-based qualitative research) with those clients who unfortunately have lengthy histories of trauma, and extensive past experiences with hospitalizations, years of therapy, years of residential care or rehabilitation and medications which did not aide but became more hopeless with family distrust and disconnect. Our clients evolve see themselves as a person and not a diagnosis that may have labeled or limited them in the past. Our team of therapists, nurturing horses, and the normalcy of a ranch environment provide a community of support while symptoms dissipate and new self-perceptions evolve, and family member relationships are rebuilt.

Family Focused Mental Health Services in Jordan: Challenges and Implementation

Presenter: Hana Abu-Hassan

Short Abstract: Jordan, like any other developing country, has struggled with prioritizing mental health, especially family focused services. This presentation uses Jordan as an example to describe the needs, resources, challenges, and implementation strategies that family therapists face as they begin working in developing countries especially in the Eastern Mediterranean Region.

Long Abstract: Jordan, a developing country in the Eastern Mediterranean Region (EMR), has struggled with prioritizing mental health. The WHO's Mental Health Atlas (2017) notes that Jordan does not have a budget for mental health under its public health policy. (https://www.who.int/mental_health/evidence/atlas/profiles-2017/JOR.pdf?ua=1)

Jordan has a population of 9.7 million; 1.2 million are Syrian refugees. Syrian refugees are the most recent addition to Jordan's fast-growing population. Jordan has historically received millions of refugees from different countries including Palestine, Iraq, and more recently, Syria. With the current increase in population, Jordanian health services cannot meet the overwhelming needs of Jordan's population.

The current available resources (such as mental health workers per 100,000 population) are scarce, even in comparison to neighboring countries. A 2017 study showed that almost all EMR countries suffer from a higher mental disorder burden compared to global norms. Moreover, the mental health burden is expected to escalate due to worsening instability and ongoing wars. (<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0169575>)

The EMR and Jordan more specifically are conservative countries. Family identity is the cornerstone of Jordanian society and emerging mental health services should reflect the strong value of family unity. Family support is often the only resource available to a member struggling with mental illness.

Since 2014, MFT faculty and students from the University of San Diego have gone to Jordan three times to assess the feasibility of providing family based services in medical settings and community clinics. Using data from evaluations completed by students, medical students, physicians and mental health providers, this presentation describes the needs, resources, challenges, and implementation strategies that family therapists face as they begin working in developing countries especially in the EMR.

A Qualitative Study on Family Buildings in Turkey: Couples' Experiences of Marriage and Parenting

Presenter: Merve Adli Isleyen

Short Abstract: Family buildings (FB) are a form of extended family arrangement where at least two generations live together in separate flats of the same building. This arrangement has received little attention in the literature, although it creates a unique setting to investigate how families negotiate autonomy relatedness in diverse cultural contexts.

Long Abstract: Family buildings (FB) are a form of extended family arrangement where at least two generations live together in separate flats of the same building. This arrangement, emerging in 1950s in Turkey as a result of immigration to urban centers, has received very little attention in the literature, although it creates a unique setting to investigate how families negotiate autonomy and relatedness, as two main components of family functioning, in diverse cultural contexts. Thus, the goal of the present qualitative study was to explore the marital and parenting experiences of couples living in an FB with either the wife's or the husband's side. Seven married couples who had at least one child and had been living in an FB at least for a year were recruited through convenience sampling. The participants' mean age was 41, ranging from 30-46, and their average marriage length was 19 years, varying between 9-34. Individual semi-structured interviews were conducted separately with each partner and were analyzed by using thematic analysis in MAXQDA2020. The analysis revealed four themes: 1) FB as a Network of Support and Safety, 2) Roles and Rules of Conduct in the FB, 3) Interference in the FB and 4) Boundary Negotiations in the FB. On the one hand, the participants considered FB as a social support system and enjoyed the connectedness they managed to sustain with extended family members in this living arrangement. On the other hand, they reported certain issues related to boundary negotiations and resolved them by using different strategies and exerting their agency. The participants' experiences were shaped by the structure of the FB and their gender. The results highlight the significance of understanding autonomy and relatedness in diverse contexts, and adopting a socio-culturally sensitive approach to family functioning. Practical implications, limitations and suggestions for future studies are presented.

Reflecting Teams, Hope, and Couple Relationships

Presenter: Robert Allan

Short Abstract: We will present the findings of a research project that explored the impact of reflecting teams on hope in couple relationships. Data was gathered about client demographics, attachment style and relational hope via questionnaires then we interviewed the couples after the counseling session about their experience with the reflecting team.

Long Abstract: Reflecting teams (RTs) represent both an epistemological stance and a therapeutic technique. Most commonly associated with narrative and systemic approaches to therapy, RTs offer an outsider perspective that can bring hope and alternative narratives and perspectives for therapists and clients to explore. Relational hope is a little researched concept in the field of couple therapy research. This study explores the experience of RTs in couple relationships and the aspects of the experience that couples describe as connected to a sense of hope for their relationship. The study also considers whether difference in attachment style shows any relationship with hope in couple relationships before and after the clients' session with a reflecting team. Couples completed questionnaires about their attachment style, demographics, and relational hope and were given the option to complete an interview about their experience with the reflecting team within 1 month of their therapy session. Our findings suggest that RTs contribute positively to hope in couple relationships particularly for clients who present with an anxious attachment style. This direction for research is important because there is very little research about hope in couple relationships despite its importance (Merolla, 2014; Snyder, 2002) and there is no research about what aspects of a reflecting team contribute to hope in couple relationships. Analysis of interviews indicates a number of features of the reflecting team feedback that were valued by clients.

The Symptom Is Not a Sign But a Means to an End

Presenter: Moshe Almagor Tikotzki

Short Abstract: Functional Dialectic System (FDS) approach is a solution-focused approach. It is based on dialectical thinking, functionality of behavior and systemic framework principles. The adaptive meaning and function of a “pathological” behavior is emphasized. This leads to a relatively quick second-order change we seek in therapy.

Long Abstract: Functional dialectic system approach is a short-term, solution-focused approach. The basic supposition is that all behavior is functional and is carried out in a systemic context. The system exists to satisfy the person’s basic needs for order, security, belongingness and identity. The system provides the framework needed to evaluate the function of behavior. This function may be understood by using dialectical thinking. The essence of dialectical thinking is that the whole consists of opposites who are in an inherent conflict. The inherent conflicts lead to an inherent change. This imparts a very optimistic and positive view of the person and for the prognosis. Using this approach, we look at the adaptive meaning and function of a person’s behavior and help the persons become aware of its adaptive aspects. The ability to see both the functional and dysfunctional aspects of behavior expands the person’s view of himself/herself in a positive, adaptive way. This awareness is followed by a reduction in the experienced stress. A couple entering therapy feeling distressed and demoralized finds, within the context of good-enough joining, that what they initially considered maladaptive behavior (e.g., fights, health conditions, even pathological behavior, etc.) becomes functional and helpful. This cognitive shift represents a second-order change. Realizing the dialectic meaning of the symptom frequently leads to reframing the presenting problem as an attempt to solve a more troubling problem. The underlying problem is likely to represent an existential danger for the system (e.g., Anxious behavior may be viewed as an attempt to connect with, rather than distancing from a significant person). This new perception of behavior allows for a quicker, deeper and more agreeable interpretation and understanding of the presenting difficulty.

Almagor, M. (2011). Functional dialectic system approach to therapy with individuals, couples, and families. Minneapolis, MN: University of Minnesota Press.

Almagor, M., & Ben-Porath, D. D. (2013). Functional dialectic system (FDS) treatment: Integrating family system theory with dialectic thinking. *Journal of Psychotherapy Integration*, 23, 397-405.

“That Just Happened!”: Supervising from Marginalized Locations

Presenter: Leslie Anderson

Short Abstract: Literature highlights the importance of conversations addressing culture and diversity in the supervisory context. However, there is little discussion about how supervisors of color manage conversations that address issues of power and privilege with supervisees. This workshop will address this gap and amplify the marginalizing experiences of supervisors of color.

Long Abstract: Supervisors are tasked with gatekeeping within our profession. Although scholars have identified the significance of cultural diversity in the supervisory context, acknowledgement of the experiences of supervisors of color has been largely overlooked. The number of designated supervisors stands at 71% Caucasian, with the number of supervisors of color steadily growing as our field's pathway to cultural inclusivity continues (AAMFT Aggregated Program Demographic Data, 2019). To aid supervisors of color in their work towards higher standards of cultural awareness and attunement, it's imperative to cultivate spaces where supervisors can process their experiences surrounding multicultural supervision. With a limited number of theoretical models for multiculturally competent and responsive supervision (Inman & Landany, 2014; Landany, 2014), supervisors of color continue to face challenges associated with addressing issues of social location and power in the supervisory relationship. This workshop will provide a brave space for participants to explore the intersection of privilege and oppression as they increase their critical consciousness regarding race in the context of supervision (Tohidian & Mui-Teng Quek, 2017).

This experiential workshop will be conducted by approved supervisors and supervisors-in-training of color. Interactive learning will include a large group activity and small group discussions accentuating the experiences of supervisors with marginalized identities. Collectively, the presenters of this workshop have nearly 20 years of experience practicing as marriage and family therapists. Participants will examine intersecting forms of oppression and privilege within the supervisory system. Participants will review case examples that depict the challenges often faced by supervisors of color. Through activities such as creating a critical genogram and social capital mapping, participants will learn ways to raise critical consciousness within the supervision relationship. Conclusively, participants will have the opportunity to engage in reflexivity and community-building as they explore ways to increase systemic change by centering the experiences of supervisors of color.

Qualitative Inquiry into Supervision of Marriage and Family Students-In-Training During COVID-19

Presenter: Ramya Avadhanam

Short Abstract: The purpose of this study is to inquire into Marriage and Family Counseling students' experience of the Advanced Family Counseling course/field placement at the University of Florida during COVID-19 when clients were unable to be seen in-person and online.

Long Abstract: Whilst navigating an emotional epidemic all on their own, students, including marriage and family master's graduate students, are navigating their place in the world that has been ravaged by a global pandemic, social unrest, and preservation of democracy in a tumultuous election year. A major consideration in the resilience and coping required of these students is the proximal distance between themselves and peers and faculty and staff as many college universities close their campuses and welcome students to a virtual learning platform that challenges the resources and stamina of many (Marshall & Wolanskyj-Spinner, 2020; Copeland et al., 2021). This calls for a deeper and more intentional exploration of how clinical family counseling experiences are experienced and internalized by marriage and family master's students when unable to meet with and/or interact with family counseling clients whether in-person or online while still being required to take the course portion online via Zoom.

Integrating Positive Psychology tools into Family Therapy

Presenter: Elif Balcioglu

Short Abstract: In this workshop Satir Transformational Systemic Therapy and Positive Psychology concepts will be addressed. Then experiential and therapeutic exercises will be demonstrated on integrating positive psychology into Satir Transformational Systemic Therapy.

Long Abstract: Seligman and Csikszentmihalyi (2000) defined positive psychology as the study of positive emotion, positive character and positive institutions. After their epochal work, positive psychology grabbed the attention of professionals and researchers. Researchers studying positive psychology mainly focus around well-being, awe, flow, happiness, mindfulness, compassion and resilience. Although there are numerous studies on positive psychology, positive psychology and family therapy studies are rare. Satir Transformational Systemic Therapy (STST), developed by Virginia Satir, has several common notions with positive psychology such as, change oriented and positively directional. Meta-goals of STST are raising self-esteem, becoming a choice maker, becoming responsible and becoming congruent (Satir, Banmen, Gomori, & Gerber 1991).

In this workshop Satir Transformational Systemic Therapy and Positive Psychology concepts will be addressed. Then experiential and therapeutic exercises will be demonstrated on integrating positive psychology into STST.

References

Satir, V., Banmen, J., Gomori, M., & Gerber, J. (1991). The Satir model: Family therapy and beyond. Palo Alto, CA: Science and Behavior Books.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. American Psychologist, 55(1), 5-14.

Mindfulness in Supervision: The Students' Experience

Presenter: Jamie Banker

Short Abstract: This study examines marriage and family therapy students' experiences in group supervision when mindfulness exercises were included in supervision sessions. The research findings show favorable outcomes when mindfulness exercises were included in supervision. Descriptive data and excerpts from qualitative data are provided. Implications for future research are provided.

Long Abstract: This preliminary study examines marriage and family therapy (MFT) students' experiences in group supervision when mindfulness exercises were incorporated into the students' supervision. The transition from being a student in the classroom to a training therapist in the counseling room can be a difficult part of the training process. Students beginning clinical practice consistently reported feeling anxious about their new role as a therapist and subsequently about their performance in their supervision. In this study, the researcher hypothesizes that incorporating mindfulness practice in supervision would help students learn techniques that not only manage their own anxiety related to their new role as a therapist but also increase their sense of competence when incorporating mindfulness in their clinical practice. For the purpose of this study, mindfulness practices (for students) were added to the weekly group supervision. At the end of the academic term, students were invited to provide feedback about their experience and were given the option to respond via email to written questions or participate in an individual interview about their experience with the mindfulness practices. The students' responses were reviewed and qualitatively analyzed. Four primary domains emerged from the data (1. emotive response, 2. temporal perspective, clinical work application and 4. learning process). In addition to these four primary domains, nine secondary (sub)domains emerged from the data. These domains served to categorize the various responses to the mindfulness activity including the students' overall reactions and how these techniques impacted their supervision and clinical work. The research findings give voice to the students experience when mindfulness exercises are included in supervision. The study also has implications for future research and highlights the positive association between mindfulness exercises and student reported satisfaction in group supervision.

Transcultural Feminist Therapy

Presenter: Joyce Baptist

Short Abstract: Transcultural feminism is proposed as a way to combat disparities among women while being sensitive to dissimilarities arising from various contexts in the globalized world. The presenters who identify as transnationals will illustrate their own journey with transcultural feminism and its influence on their work with transnational clients and students.

Long Abstract: Globalization connects and mixes cultures and people across the world. This exposure facilitates the sharing of values and ways of being, many of which appear to promote social advancement. However, a closer examination reveals that the majority world, made up of mostly non-western cultures, is expected to completely endorse social democratic or modernization as a necessary component of progress including feminism. When adopted in whole with all its western ideals, feminism potentially not only contradicts local cultural values and norms but can perpetuate colonization. In order to overcome the hegemony of a dominant feminist approach, transcultural feminism is proposed. Transcultural feminism is committed to combating disparities among women while being sensitive to dissimilarities arising from cultural, social, and global locations.

Transcultural refers to the “freedom to live on the border of one’s inborn culture or beyond it, without denying native or other cultures, and where this decentering of cultures facilitates the unlearning of identity formation dependent on ethnicity/nationality/locality/religious (Dagnino, 2015, p. 10). This anti-ideological stance sees culture as overlapping and fluid. Hence, transcultural feminism allows a more imaginative range of cultural identities that shifts and varies as needed to live fully in one’s environment. This approach calls for not only honoring the client’s worldview and cultural difference but mindfulness of our own personal stance and processes of transculturalism and clients’ perception of societal hierarchy and their place in it. It calls for honoring clients’ desire for change in order to meet the western ideals of success while also honoring the unique cultural values important to the client that may be antithetical to western ideals. Transgressing both western and own cultural paradigms to form a third paradigm that reflects clients’ unique needs is what transcultural feminism is about.

The presenters who identify as transnationals will present cases that illustrate their own journey with transcultural feminism and its influence on their work with transnational clients and students. The presenters who have lived in the US for 3 and 20 years respectively and are still in their own process of transculturation, will highlight their process of managing the confluence of opposing values.

Top Ten Things Family Therapists Could Do to Curb Burnout

Presenter: Elisabeth Bennett

Short Abstract: Take the challenge! This presentation will include current information on the rates and causes of therapist burnout followed by 10 simple techniques the therapist can do on the fly and throughout one's career to prevent and curb burnout. We double-dog dare you to participate in this hands-on can-do activity-based presentation.

Long Abstract: From at least as early as 1971 to current day the concept of therapist burnout has been the focus of research aimed to determine causes and remedies (Evans & Villavisanis, 1997; Yim, Kim, Kim, Yang, & Le, 2011; Myers, 2019). Estimates of rates of burnout among helping professionals range from 21 to 67% though some of the higher rates may be due to the presence of contributing factors rather than to full-blown burnout (Campagne, 2012).

Whether a therapist is just beginning to experience factors that will likely contribute to burnout, burnout in full-bloom, or only worries that one day burnout may come, having a healthy set of preventative tools that are well-practiced and safely placed within the therapists reach seems prudent. While this is so, many therapists enter the working world without the knowledge or skills needed or with skills that are not effective for that particular therapist.

This presentation will provide the attendee with the alarming facts related to factors that contribute to, the reported rates of, and apparent outcomes of therapist burn out. The presenters will walk the participants through 10 relatively quick and useful tools to apply as needed to help prevent and curb burnout. Finally, the presenters hope to stir the participants to begin to practice and adjust the techniques presented to ensure effectiveness for that individual therapist when needed.

Get ‘Em Moving! The art and science of movement in family therapy.

Presenter: Elisabeth Bennett

Short Abstract: Keeping clients focused is hard enough; a whole family is tougher! This presentation will keep you awake and moving and give you tools for creative and constructive use of movement to enhance healthy adult attachment in families. Come examine the literature as the foundation for use of movement in therapy.

Long Abstract: Movement is a hallmark of life itself and is inextricably and dynamically intertwined with and emotion so that emotions appear even in the most guarded client in movement (Dasgupta, 2013). The creative therapist harnesses the opportunity to infuse movement in sessions so as to provide the client/family with opportunities to recognize one's own and one's family members emotional expressions, needs, and signs of varied styles and behaviors of attachment (Penfield, 2004).

To set the stage, the therapist will be provided a clear understanding of the theory behind dance/movement therapy as well as fundamental principles. Attendees will be exposed to the literature describing populations and issues fitting to this modality and limitations.

The therapist who understands the use of movement in the process of building attachment between children and parents, children and the total family, and between couples and who has specific practiced techniques to apply the knowledge effectively, has a great tool to assist in therapeutic success for the client, couple, and family.

This presentation will briefly review patterns of individual/couple/and family attachment and will spend the bulk of the session presenting theory and technique for the use of movement in building attachment. Attendees will watch video clips related to effective use of movement in the process of developing relationship, expressing/valuing emotions, and building attachment. They will then have hands-on experience applying techniques to brief vignettes. This presentation will be engaging, stimulating, applicable, and fun!

Sociocultural and Ethical Considerations for Interdisciplinary Supervision in a Holistic Clinic

Presenter: Maria Bermudez

Short Abstract: Family therapists and supervisors often work with practitioners from different disciplines in community practice, yet training programs are largely discipline specific. We will discuss the ethical considerations we encountered while developing a socioculturally attuned, interdisciplinary supervision training program in which doctoral Marriage and Family Therapy students supervised MSW interns.

Long Abstract: Practicing in an interdisciplinary context has long been the norm for family therapists (Bradley et al., 2010; Doherty & Simmons, 1996), reflecting the multidisciplinary evolution of family therapy as well as the reality of community practice. The ability to communicate using the terms and worldviews of different professions is increasingly important from a global perspective. Although most mental health agencies have clinicians from different disciplines, (i.e. psychology, counseling, social work, family therapy), training has remained discipline-specific, often overlooking ways to prepare clinicians and supervisors to work together.

We encountered some of these nuances as we piloted a program to increase the opportunity for interdisciplinary collaboration. For this pilot supervision training program, we paired Ph.D. students in a COAMFTE program, preparing to be AAMFT Approved Supervisors, with Social Work Masters students. The Masters students in Social Work/MFT certificate program were actively seeking clinical and supervision experiences to develop skills in relational and systemic therapies. We invited these MSW students to work as clinical interns at the ASPIRE Clinic. Embracing both systemic and interdisciplinary perspectives, the ASPIRE Clinic at the University of Georgia is a unique, holistic clinic that offers couple and family therapy, financial counseling and education, nutrition counseling and education, and legal problem solving services. All the practitioners have the opportunity to collaborate and work together, as well as offer multiple services to community members.

In this presentation, we will discuss the challenges we have encountered while developing this interdisciplinary supervision training program, specifically between those being trained as supervisors and their supervisees. Participants in this workshop will: 1) Identify the ethical considerations of providing supervision within an interdisciplinary context; 2) examine multiple factors that serve as sources of tension, to include ethical and legal obligations, liability for practice; disciplinary terminology, managing boundaries; and managing the multiple stakeholders involved; and lastly, 3) explain how socio cultural attuned family therapy (McDowell, Knudson-Martin, & Bermudez, 2018) informs the ethics of training supervisors to learn how to manage multiple systemic and sociocultural environments as they develop their own supervisory style.

Frames and Reframing in a Postmodern, Post-COVID World

Presenter: Savannah Bernette

Short Abstract: In this workshop we will explore how clients frame COVID-19's impact on wellbeing and the social reality of our clients. We will then present reframes that possibly produce hope in hopeless places.

Long Abstract: Last year, the sudden arrival of COVID-19 radically changed the social and mental health landscape, propelling our clients into a new and possibly unhealthy social climate. These events seem so all encompassing that many around us are coming to terms with a second order change in their view of the world. For some, it is a paradigm shift which we are still experiencing. In this workshop we will explore how client wellbeing is impacted by the social reality our clients construct around their families' response to this crisis. Drawing on the work of Watzlawick (et al., 1974) we review the relationship of our clients' frame to the process of producing therapeutic change. We describe how we deconstruct the experiences of our clients to elicit where clients are finding hope in hopeless places. By utilizing ideas for our deconstructive conversations, we will then help participants reframe common themes in how clients frame their experiences in a covid/post covid world. We will provide examples from our conversations with clients that elicit descriptions of experiences around COVID. An emphasis will be placed on the discovery of frames of COVID/ post COVID realities that facilitate how clients cope and adapt.

Women Veterans After Transition to Civilian Life: An Interpretative Phenomenological Analysis

Presenter: Paula Boros

Short Abstract: Even though women continue to serve in the U.S. military, their presence appears to be absent within the literature and their experiences are usually without acknowledgement. Due to the hypermasculinity within military culture, women continue to be underrepresented and struggle with transition out of the military into civilian life.

Long Abstract: Historically, women are important contributors in the United States military yet struggle for equality and equity. As women's military service increases, literature has failed to keep up with the changes which affect women service members and veterans, especially civilian life transitions. Through a feminist framework, the current study explored the experiences of four women veterans transitioned to civilian life utilizing an interpretative phenomenological analysis (IPA) to analyze semi-structured interviews. Connected by gender, seven superordinate themes emerged: family support, mandatory conformity, identity, service, gender inequality, symptoms, and opportunities. Military life and transition negatively impacted these women veterans' mental, physical, and social well-being. In lieu of current literature, this study's findings discuss implications for research, clinicians, society, and military.

Get ‘Em Moving! The art and science of movement in family therapy.

Presenter: Cassidy Boyle

Short Abstract: Keeping clients focused is hard enough; a whole family is tougher! This presentation will keep you awake and moving and give you tools for creative and constructive use of movement to enhance healthy adult attachment in families. Come examine the literature as the foundation for use of movement in therapy.

Long Abstract: Movement is a hallmark of life itself and is inextricably and dynamically intertwined with and emotion so that emotions appear even in the most guarded client in movement (Dasgupta, 2013). The creative therapist harnesses the opportunity to infuse movement in sessions so as to provide the client/family with opportunities to recognize one's own and one's family members emotional expressions, needs, and signs of varied styles and behaviors of attachment (Penfield, 2004).

To set the stage, the therapist will be provided a clear understanding of the theory behind dance/movement therapy as well as fundamental principles. Attendees will be exposed to the literature describing populations and issues fitting to this modality and limitations.

The therapist who understands the use of movement in the process of building attachment between children and parents, children and the total family, and between couples and who has specific practiced techniques to apply the knowledge effectively, has a great tool to assist in therapeutic success for the client, couple, and family.

This presentation will briefly review patterns of individual/couple/and family attachment and will spend the bulk of the session presenting theory and technique for the use of movement in building attachment. Attendees will watch video clips related to effective use of movement in the process of developing relationship, expressing/valuing emotions, and building attachment. They will then have hands-on experience applying techniques to brief vignettes. This presentation will be engaging, stimulating, applicable, and fun!

Midas's Children

Presenter: J. Sema Bruno

Short Abstract: This presentation will apply constructs of attachment and decolonizing theories to families with domestic laborers, providing therapists and researchers new insights. Highlighting intricacies of abuses of power by examining live-in domestic laborers reveals how parental relationships with caregivers play a role in emotional climate, emotional regulation, and socioemotional development.

Long Abstract: Attachment between parent and child has long been studied and used as a way to understand child socioemotional development. While those with a research or clinical focus have explored the effects of secure and insecure attachment, very little consideration has been paid to the combined effects of wealth and racism on the family emotional climate and the impact of this on the development and maintenance of parent-child relationships. Domestic laborers—such as nannies and housekeepers—are often overlooked by family therapists as having a significant impact on the identified problems that bring these families to family therapy. These people are overlooked, in part, because their roles are monetized and often filled by members of minority communities. The children in their care are navigating unspoken subtleties of racism, classism, and sexism in the context of developing socio emotional maturity and attachment relationships. Navigating parental biases assumes familial conflict as yet unexplored within the practice of family therapy. Researchers and therapists have missed an opportunity to apply constructs of attachment and decolonizing theories to families with domestic laborers.

Early socialization practices set the foundation for later developmental changes. Highlighting intricacies of abuses of power by examining live-in domestic laborers reveals how parental relationships with caregivers play a role in emotional climate, emotional regulation, and socioemotional development. Exploring the role and impact of domestic laborers in the home provides a lens into wealth that highlights key intersectional nuance between class and racial difference. Exploring the role and impact of domestic laborers on family relationships provides insight into the negative impact biases have on the emotional climate of the family, effectively illustrating that socioeconomic and racial disparity cuts both ways.

Non-clinical Descriptors of Self-injurious Behavior and Suicidal Ideation with Youth

Presenter: Amy Budd

Short Abstract: Limited community research is available regarding the relationship between self-injurious behaviors and suicidal ideation in youth, and therefore there is a gap in harm prevention and intervention treatments for these populations. Developing prevention and intervention programs from a family systems perspective could lead to more effective approaches for youth.

Long Abstract: Self-injurious Behaviors (SIB) continue to be a prevalent issue among youth and often associated with persons experiencing suicidal ideation (SI). Emotional distress and poor coping skills acquired from family and social contexts have been cited as being underlying factors that contribute to a host of issues including SIB and SI. There is much to learn and many assumptions that need to be tested regarding the relationship between SIB and SI in youth, and therefore there is a gap in community mental health prevention and intervention treatments for these populations.

A matrix was created to organize the accessed archived contextual data of female and male youth ages 12-17, who have been identified as needing contact with a family systems specialist regarding risk factors for SIB and SI. Content analyses of the matrix provide information regarding contributing factors, relational dynamics, types, and alternative coping strategies to SIB. These analyses could point to indications of the social climate and insight into what alternative prosocial strategies of coping this youth population is drawn to use.

Counselors or other prevention professionals in community settings, when working with adolescents who engage in SIB or experience SIB & SI, may also need to assess potential barriers to receiving services. Results revealed that subjects experiencing SI with or without SIB overwhelmingly reported being open to services. The presence of SIB alone may indicate a coping strategy that is less than 1 year and not frequent, leading to less openness for services. It may indicate that as the SIB increases in duration and frequency its potential impacts on the emotions diminish, raising the despair to SI levels. The current study supports some of the existing theories on suicidal behavior and SIB, as well as adds to the knowledge of the relationship between SIB and suicidal ideation. More specifically, the observations noted regarding frequency, duration, openness to mental health services and identifying trusted adults can lead to more robust approaches at engaging adolescents more preventatively in addressing their mental health concerns.

Digital approaches- a paradigm shift?

Presenter: Frank Burbach

Short Abstract: COVID19 has accelerated digital innovation in systemic psychotherapy. We reflect on the challenges and explore whether there are signs of a second order change, a digital revolution, in systemic practice at the levels of approach, methods, techniques, outcome evaluation and healthcare systems. We conclude that a paradigm shift is underway.

Long Abstract: Systemic therapists and trainers have positively embraced video-conferencing in response to the COVID-19 pandemic. We explore whether the creativity that has been unleashed heralds a paradigm shift for systemic models and practice. In this paper we situate recent digital innovations in the context of a growing evidence base for digital couple, family and parenting interventions pre-Covid and introduce a framework with therapist and technology dimensions to understand digital practice. Although many practices have simply been transferred from room to zoom we have also seen the development of new online rituals, new therapeutic digital tools, and new blended approaches which may be more effective than in-room therapy at engaging key members of the system.

We reflect on four challenges to systemic psychotherapy in the face of digital innovation: digital exclusion, ethical dilemmas, the systemic therapeutic alliance and team collaboration. Then explore whether there are signs of a second order change in systemic practice at the levels of approach, methods, techniques, outcome evaluation and healthcare systems. We predict that the core of our systemic thinking is likely to change as everyone now connects digitally and our definition of systemic will be widened to include not only embodied systems but also virtual networks. In the near future digital technology will shape initial assessments, enable real-time ongoing therapeutic feedback and provide more constantly present and supportive care. A blended practice of virtual (e.g. mobile phone chat bot) and live therapist intervention will support clients to achieve their goals in a more personalised and flexible way. New information will enable more effective process and outcome evaluation, and enrich our systemic formulations. We conclude that an exciting paradigm shift is underway and that digital blended approaches will widen access to systemic therapy for people who have previously been unable to access it and make the current systemic offer more cost-effective.

Best Practices in the Transition to Remote MFT Supervision

Presenter: Jay Burke

Short Abstract: The COVID-19 pandemic has necessitated significant shifts in MFT clinical training and supervision, including demand for supervisors to provide remote supervision and to equip supervisees to provide competent telemental health services. This presentation will focus on the shift to remote supervision and highlight best practices.

Long Abstract: Clinical supervision is the cornerstone of Marriage and Family Therapy (MFT) training. Supervision supports a supervisee's professional and clinical development and ensures client welfare. Through clinical supervision, the traditions, practice, and culture of MFT are taught and transmitted to the supervisee. Supervisors, in turn, confirm that trainees develop the clinical skills necessary for competent practice in MFT.

Traditionally, clinical supervision has been provided in-person. In the field of MFT specifically, this has often included a supervisor observing sessions in real time from behind a one-way mirror, trainees engaging in reflecting teams, and supervisors reviewing audio and video recordings from their sessions with their supervisor.

The COVID-19 pandemic has necessitated significant shifts in MFT clinical training and supervision. This has included demand for supervisors to provide remote supervision and the need for supervisors to equip supervisees to provide competent telemental health services. These shifts have resulted in unique learning opportunities, as well as distinctive challenges for both supervisors and supervisees.

This presentation will focus on the shift to remote supervision and highlight the lessons learned and challenges experienced in this transition. Specific focus will be given to best practices in remote supervision to assist clinical supervisors in adapting and implementing this format of supervision.

Using Genograms to Explore Racism and Transgenerational Trauma with African American Clients

Presenter: Hollie Campbell

Short Abstract: Despite the significance of racism and trauma for African Americans, there are few articles using genograms to address these issues specifically with African Americans. Using a Modified Delphi Method, an interview protocol was created to explore racism and transgenerational trauma with African American couples.

Long Abstract: Genograms are useful for assessment and therapeutic intervention and are adaptable to a variety of settings. Many types of genograms have been created for varied purposes and different types of clients, including: attachment genogram; emotions genogram; anger genogram; gender, sexuality, and romantic love genograms, and; cultural genograms. While the genogram can be used to explore different topics, some issues are of such a sensitive nature that they may require specific guidance to clinicians on how to explore them.

The effects of forced immigration on African Americans as an enslaved people, multigenerational experiences within a system of racism and oppression, and the unique aspects of the African American racial and cultural heritage combined to produce the Black experience, different from that of any other group in U.S. history. Although genograms can be used with any family, clinicians may need guidance on how to use them to specifically explore the transgenerational impact of slavery as well as current violence and discrimination against African Americans. No such genogram currently exists in the literature. There is literature about the importance of including family values, extended family networks, caregiving for children and elders, spirituality, strengths, and traditions in genogram work with African Americans. In addition, there are specific interview protocols for addressing many of these areas, but no one has written specific questions to help clinicians explore with African American clients historical and current racism and trauma.

The presenters will discuss the outcome of a Modified Delphi Study used to create an interview protocol for exploring racism and transgenerational trauma with African American couples. They will discuss the importance of these topics, specific questions created, and the possible impact of racism, microaggressions, and transgenerational trauma on couples.

A case study on the digital delivery of Group Lifestyle Triple P

Presenter: Catarina Canario

Short Abstract: In a case study where the Group Lifestyle Triple P (GLTP) parent group program was delivered to a group of mothers during the COVID-19 pandemic, through digital practice, the clinical results were similar to those of studies in which the program was delivered in-person.

Long Abstract: The purpose of the current study was to explore the delivery of the Group Lifestyle Triple P (GLTP) parent group program through digital practice. Eight mothers of obese children aged 6–11 were recruited from a university hospital. Using a mixed-methods approach, the study sought to characterize the perceived changes throughout the intervention and explore the outcome measures on children's BMI z-score, weight-related behavior problems, parents' self-efficacy, interparental conflict, and parenting styles assessed before and after the intervention. Participants identified changes in themselves, in positive parenting, and in their ability to manage children's nutrition and physical activity, contributing to improving children's lifestyle behaviors. The clinical results were similar to those of studies in which the program was delivered in-person. Delivering GLTP through digital practice seems to be a possible way of implementing the intervention, particularly during the COVID-19 pandemic.

School Based Family Therapy with At-Risk Students in South Florida

Presenter: Gabriella Carson

Short Abstract: The purpose of this poster presentation is to address the importance of working with at-risk students. The family therapists that work with these students focus on providing mentorship, education, and offering support. This provides an opportunity to promote social justice and make a difference in young people's lives.

Long Abstract: In Broward County, African Americans make up 30 percent of the school district's student population. However, the reported incidence rate of suspension for African Americans falls at 50 percent, with the most reported incident being disruptive behavior. Suspension rates for African Americans also remains twice as likely than those of their white and Hispanic counterparts. This trend is also reflected in rate of arrests with African American students making up 50 percent. In Broward County, incidents such as disruptive behavior have historically been left to the criminal justice system to handle, which results in these youths being taken out of the classroom and placed into the juvenile justice system. This process is referred to as the "School-to-prison pipeline". The PROMISE program was implemented to disrupt this process and provide mentorship, academic help, and education. Students who are suspended for offenses such as disruptive behavior, threat to teacher, or drug-related incidents are sent to the program. The length of stay is dependent upon the committed infraction, and the students work on effective communication and conflict resolution. The students also see family therapists who use Solution-Focused Brief Therapy to discuss topics ranging from goals, interests, and family life. The family therapists work systemically with students, parents, and teachers in an effort to create understanding and improve outcomes. Since the program's implementation, recidivism rate has dropped to 8 percent. This type of larger system intervention is necessary when attempting to create change within a multi-faceted system. A common theme amongst students is that they feel invalidated and hopeless at their home schools. The current social climate in the United States also affects students' views of their future and ability to succeed. Students who successfully completed the program reported that they felt heard and hopeful for their future. This type of systemic program is crucial in that it not only lowers recidivism rates and results in greater long-term student success, but that it provides a platform for at-risk students to convey a message of hopefulness in what oftentimes feels like a hopeless situation.

What takes place with family therapy in those countries that are in development in Central and South America: difficulties and hope facing the future

Presenter: Ruth Casabianca

Short Abstract: The goal of this panel is to describe the current situation of Family Therapy among other psychotherapies' models in different countries of South and Central America. It will emphasize and discuss how this paradigm developed and integrated other types of interventions to help solving human problems.

Long Abstract: The goal of this panel is to describe both, what has happened with family or systemic therapy throughout the time in different South and Central American countries, and what is perceived regarding where this model should be developed to take its most and integrate it in individual and social health.

Professionals from different American countries will participate setting forth the changes present in the clinical and social work, and how they implemented the systemic view in relation to other models of psychotherapies, as well as the difficulties and advantages in the resolution of individual, familiar and psychosocial problems.

Likewise, it will be discussed with the public how to approach the future development and permanence of such a useful model to restore the wellbeing of people and their bonds of affection. Collaborating advisors include: Hirsh (Argentina), Zeballos (Peru) and Macedo (Brazil).

Neither divorce nor reunion – How does a DV couple go on with their life after violence is controlled?

Presenter: Chung-ming Chan

Short Abstract: Based on the clinical work with a DV couple, the dyad's struggle in finding their adjustment as a couple and family is presented. Experience of establishing rapport with the couple, addressing their intricate personal cum relationship Issues, and groping for their way forward will be discussed.

Long Abstract: 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. Important as this work may be, the relationship issues and long term family functioning for some couples with intricate and deep-seated conflicts remain to be addressed.

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 wishes to maintain their intimate partner relationship in spite of their multiple individual and relationship issues.

It is a humbling and rewarding journey of working with these DV couples who present great challenges to the clinician who wishes to help but constantly feels frustrated and lost in a process filled with polarities, uncertainty and apparent impossibilities. How do we establish rapport with the man whose remorse for using violence to his wife and daughter is only superficial and triggers disgust in the therapist? What is the goal of working with a couple running in opposite directions, with the wife leaving the relationship but the husband still longing for reunion and intimacy? What is still there between the partners – resentment, jealousy, power struggle . . .? What is the process of rebuilding their relationship and what should this relationship be like?

Based on the clinical work with a DV couple, the dyad's struggle in finding their adjustment as a couple and family is presented. Experience of establishing rapport with the couple, addressing their intricate personal cum relationship Issues, and groping for their way forward will be discussed.

Teaching and practicing the IPScope: Learning to see patterns

Presenter: Ka Man Cheang

Short Abstract: In this presentation, we will provide an overview of the IPScope approach developed by Karl Tomm and colleagues, used at the Calgary Family Therapy Centre. We will include clinical examples to illustrate PIP, HIPS, WIPS, and SCIPS, and invite participants to co-design questions and interventions.

Long Abstract: In this presentation, we will provide an overview of the Interpersonal Patterns (IPScope) approach, a tool implemented in systemic family therapy, developed by Karl Tomm and colleagues from the Calgary Family Therapy Centre in Alberta, Canada. Using clinical vignettes, presenters will use reflexive questioning to help attendees to recognize and identify Pathologizing Interpersonal Patterns (PIPs), Healing Interpersonal Patterns (HIPs), Wellness Interpersonal Patterns (WIPs), Transforming Interpersonal Patterns (TIPs), and Sociocultural Interpersonal Patterns (SCIPs). Participants will be asked to generate and co-construct questions to distinguish the various types of interpersonal patterns and social discourses that perpetuate and stabilize them, and to co-design interventions to enable relational healing. Participants will have the opportunity to reflect on their own practice on the potential pitfalls of being recruited into PIPs using the IPScope framework. Participants will be invited to share their reflection on the correlation between their existing way of working with families and the current approach presented. This model of teaching and learning is coherent with the collaborative and relational processes between therapist and client system in actual therapeutic settings.

To be or not to be together: make the choice with the psychological games

Presenter: Alla Chugueva

Short Abstract: We make special psychological board games and use them in couple therapy. Sometimes the couple comes to a psychotherapist with a hard question: “What is better: stay together or divorce?”

Let’s consider how use the game: we’ll take the simulated clients and play in the psychological game “T-Perspective” (A.Chugueva, E.Miheeva, Russia)

Long Abstract: We make special psychological board games and use them in couple therapy. The psychological board games allow the wide opportunities in the therapy - the psychotherapist can use them in the group therapy, individual therapy, couple and family therapy. We can make fast diagnostics in 1 session or use the games for deep changes between the partners.

The atmosphere on the session in the form of the game are less official and helps:

- clients to have more relax, fun
- therapist to use humour and make close trust contacts with the clients.

Sometimes the couple comes to a psychotherapist for help with a hard question: “What is better: stay together or divorce?”

In the case when the partners are very afraid of discussion, and have fears to consider the divorce as a possible decision, equal to stay together, they can’t have an objective view for their relations.

We can consider their relations in the psychological game and they can play for the one goal in the future: to be together and save marriage or to play for divorce. It’s only the game, so they can tell about different ideas and hard feelings, consider the causation and effects of difficult solutions in a metaphorical sense, on the fantastic and play field in more safety.

There will be the demonstration of the game “T-Perspective “ (A. Chugueva, E. Miheeva, Russia) for simulated clients.

The burden of the caregiver of the psychotic relative and the representation of the psychosis: a comparative study between Italy and Portugal

Presenter: Marco Ciambellini

Short Abstract: Between Italy and Portugal is compared the experience of caring for a relative with a psychotic diagnosis. Results showed that the more the burden the less is the psychological well being of the caregivers, and the negative and pity representations that the caregiver has of the relative affect their burden.

Long Abstract: The experience of caring for a relative with a pathology of psychotic spectrum can include, in the caregiver, experiences of stress and psychological burden. Some researchers show experiences of confusion and shame for the stigma related to mental illness in the society. On the other hand, other researches underline positive feelings in the experience of the caregiver, as personal realization, being able to give a sense to the illness and the love exchange with the relative in charge, that translates into personal development and sense through the experience of caring. An important axis of analysis is how the pathology of the relative in charge is interpreted. Some researches show that a key factor is the interpretation that is made of the psychosis and his symptomatology. In the present study, the aim is to compare, between Italy and Portugal, the way caregivers face their relatives with a psychotic illness. Another objective is to study the relationship between the level of burden and well-being of the caregivers, and also understand which dimensions of the representations that the caregivers have about the psychotic patient affect their burden and their well-being. 71 caregivers filled in 3 questionnaires, the Psychological Well-Being Scale, the Zarit Burden Interview, and the Caregiver Representation Scale of the psychotic relative, created for this research. Has been hypothesized that the level of burden and well-being would have been negatively correlated, and that the negative and pity representations of the psychotic relative would have influenced the burden and the well-being of the caregivers. It was found that the more the burden the less is the psychological well being of the caregivers, and that the negative and pity representations that the caregiver has of the relative affect the burden of the caregivers. Regarding well-being, just the negative representation that the caregiver has of the relative plays a significant effect. Are discussed implications in terms of future studies in order to improve the instrument of the measurement of the representations of the psychotic familiar made by the caregiver, and implications for future therapeutic interventions.

Unpacking Trauma: A Family Systems Perspective on the Socioecological Trauma Model

Presenter: Michael Curtis

Short Abstract: This presentation will explore a new, metatheoretical model for understanding trauma, employing family systems theory, Bronfenbrenner's socio ecological model, and fear cascade theory to elucidate the systemic nature of trauma. The key tenets of the model will be presented alongside implications and applications for research and clinical practice.

Long Abstract: Although trauma and PTSD are recognized in the fields of family therapy and social sciences, trauma is rarely conceptualized through a systemic perspective. Because trauma is seen as residing within the individual, it is often treated through the egocentric lens of the DSM-5 posttraumatic stress disorder (PTSD) diagnostic criteria. These criteria exclude those who experience ongoing trauma, do not experience "appropriate" symptomatology, or experience symptoms that fall outside the bounds of the violent and/or life-threatening category required for a PTSD diagnosis (i.e. betrayal trauma, cultural oppression, historical trauma; Freyd, 1996; Brave Heart, 1999). With these considerations, a systemic trauma model is needed to understand and typify these trauma experiences. To fill this gap, we present a metatheoretical model that places a family systems lens upon Bronfenbrenner's socio ecological theory and fear cascade theory. The model we present includes three domains that elucidate intrasystemic and intersystemic factors. First, various typologies of trauma are described, indicating the systemic level at which the trauma was experienced. These typologies comprise an expanded perspective on the layered, socio ecological systems presented in Bronfenbrenner's (1979) theory of development. Examples of these typological categories include interpersonal trauma, familial trauma, political trauma, and environmental trauma. Second, we employ the fear cascade theory (Kozłowska et al., 2015) to understand and typify trauma severity. This framework allows for severity to be understood outside the context of pre-determined symptomatology, instead considering a variety of responses to trauma through the six stages of the fear cascade (freeze, flight, fight, fright, flag, and faint; Schauer & Elbert, 2010). Finally, the tenet of timing will be discussed, including both chronological/historical timing and the developmental timing of the traumatized system. This model emphasizes both time in history as well as developmental timing, as the stage of development in which a system experiences trauma impacts its ability to respond, including its movement through the fear cascade. Application of this metatheoretical model in research and practice will also be discussed.

Queering Intersectional Family Therapy Praxis

Presenter: Michael Curtis

Short Abstract: This presentation offers an integrated meta-framework of queer theory and intersectional theory within the field of family therapy. Presenters will demonstrate practical applications through an interactive role-play that highlights this innovative and integrated process and its applicability to both modern and postmodern approaches to family therapy theory and practice.

Long Abstract: As critical lines of inquiry such as queer theory and intersectional theory grow in the field of family therapy, many scholars struggle with practical clinical application of these theories. The presenters will deconstruct the traditional conceptualizations of both theories, providing clinicians with theoretical foundations that disrupt colonial ways of knowing and presenting an integrated meta-framework that addresses the limitations of both theories. Through incorporating a decolonizing framework and returning to the critical disruptive roots of queer and intersection theory, the presenters question and challenge western philosophy of knowing, power, privilege, and positionality. On the one hand, queer theory is often used to describe and understand lesbian, gay, bisexual, and transgender people and families; however, scholars and clinicians have yet to utilize this theory to its fullest potential as an analytic tool to contest hegemonic societal norms. Additionally, scholars frequently silo intersectionality into feminist scholarship; yet, this critical analytic tool was originally developed to address privilege and oppression across various subordinate groups. As such, current conceptualizations of both theories are limited in scope and their applicability to clinical practice. The presenters advocate for revisiting the disruptive and transformative principles of these theories in order to innovate the field's commitment to socially just practice. The presenters offer a meta-framework to assist clinicians in critiquing, analyzing, and enhancing their therapeutic practice (e.g., theories of therapy and change). The presenters will complete with a demonstration of such applications by situating their own practice and engaging in a role play that highlights the innovative and integrated process.

Gender Inequality And Disaster Recovery Among Women Living In A Disaster Prone Area

Presenter: Michael Curtis

Short Abstract: The presentation will highlight the experiences of Cambodian and Laotian refugee women in their continuous effort to rebuilt their families and communities after several natural disasters. From their narratives MFTs can gain a greater understanding of the unique psychosocial, and structural challenges that women face during the disaster recovery process.

Long Abstract: Structural inequality is a frequently overlooked feature of disaster preparedness, as within the heat of the moment issues of inequality are often considered to be inconsequential to the collective survival effort. In opposition to the old maxim “women and children first”, issues of structural gender inequality are rarely addressed in communal or national assessments of natural disaster impact and recovery. Communities’ efforts in addressing these issues are often “put on hold” in the sudden onset of a disaster, despite the fact that they play a major role in women’s ability to optimally respond in the face of an impending threat. Through the use of narrative inquiry, this presentation highlights the distinctive experiences of Cambodian and Laotian refugee women living along coastal Alabama in their continuous effort to rebuilt, revitalize, and reinvigorate their families and communities after several natural disasters. Their stories serve to deepen our understanding of the unique psychological, social, and structural challenges that female survivors of natural disasters must face during the recovery process, the roles that they embody within their communities, and the strides they take to embolden and reinforce their family systems in the wake of personal and material loss. Through the examination of their narratives of resistance, marriage and family therapists can gain a deeper understanding of the role that gender socialization manifests within the disaster preparedness process and gain potential touchstones of inquiry that can aide in their understanding of how female survivors of natural disasters construe, understand, and make sense of these potentially devastating life events. The presentation will end with a discussion of how these narratives of resistance can be utilized to enhance the narrative reauthoring process and strengthen the therapeutic healing environment.

Beyond Critique: Composition and Curiosity in Therapy

Presenter: Justine D'Arrigo

Short Abstract: Justine & Chris expand and reinvigorate curiosity by spotlighting the work of Bruno Latour and Ana Louise Keating. Their work serves as a path beyond deconstruction, reduction, — towards what they are calling a compositionist therapy.

Long Abstract: At the time of this writing, many in the field are wrestling with how to integrate social justice into therapy and counseling in tangible and explicit ways.

While attending to larger sociopolitical influence has been the focus of some committed therapists and counselors, historically and in our recent past, more and more therapists are understanding that therapy is bigger than what happens in the four walls of most therapy offices, and are engaged in an effort to confront these systemic problems in the larger social context. In this effort, helpers are increasingly relying on critique and deconstruction, tools that have a long history in more poststructural ways of working. We believe that because these tools have become largely distributed across ideologies, they no longer serve the task at hand.

At the same time, we have also been troubled by the move to what we understand to be more structuralist ways of thinking and working in efforts to bring about social change. Dichotomies, binaries, oppositional mindsets, and professional expertise continue to prevail, often grinding justice efforts to a halt. We see this clearly in the way psychoeducation persists and has gained a counterpart in socioeducation. This is an important point, as it is foundational to the question that lies at the heart of our work; why are we so unable to part ways with a reliance on expertise? Why is it that, even in our best efforts, we continually default towards maintaining certainty rather than encourage play in liminal spaces where curiosity is a more hopeful currency? These are crucial questions for us. So before proposing some new ways of thinking that we believe better inform the demands of the new world, our communities, and most importantly, those who seek our help, we begin by exploring these questions and offering some of our own ideas about why expertise and certainty seem to continue to win out over curiosity.

Supervising with a Feminist Lens: Improving Competency of Transgender Issues

Presenter: Michelle Dalton

Short Abstract: Transgender clients and their families are increasingly seeking therapy services. Therapists report not possessing knowledge and skills to work with this population (Shipherd, Green, & Abramovitz, 2011). This workshop utilizes experiential activities to illustrate how supervisors can assist trainees in deconstructing societal views of being transgender to increase trainee effectiveness.

Long Abstract: Although transgender clients increasingly seek mental health services for a variety of concerns, including accessing gender affirmative treatments, therapists report not possessing the necessary knowledge or skills to provide services (Shipherd, Green, & Abramovitz,

2011). Transgender clients echo this need, as they often report that their providers were not educated on transgender issues (Mizock & Lundquist, 2016). Similarly, transgender clients reported that their provider was not knowledgeable about the differences between gender and sexual orientation (Benson, 2013).

Given that marriage and family therapy supervisors have power over how trainees develop clinical knowledge and skills (Green & Dekkers, 2010), supervision creates a unique opportunity to enhance therapist efficacy with transgender clients. Supervisors consider the systemic influence of societal views of gender and how a binary system can impact case conceptualization through treatment options and diagnosis. Supervision provides the opportunity to create an isomorphic process, where the supervisor models to the trainee how to discuss gender dysphoria with their client. Feminist supervision principles create opportunities for supervisees to explore how multiple identities intersect to impact their client's experience. In addition, feminist supervisors seek to enhance awareness of their thoughts, beliefs, and emotions that may impact the supervisory relationship.

This workshop utilizes experiential and didactic components to illustrate how feminist supervision principles can be utilized to enhance trainee efficacy when providing services to transgender clients and their families. Through role-play vignettes, participants will practice attending to intersectionality, gender, socialization, and diversity within the supervision context.

Couple Therapy with Global and Cultural Perspective

Presenter: Manijh Daneshpour

Short Abstract: All couples are part of multicultural relationships even if they marry their next-door neighbor.

This presentation will discuss the importance of a holistic, systemic, and culturally sensitive view of the couple's problems, taking into account social, socio-economical, psychological, spiritual, and inter- and intrafamily dynamics.

Long Abstract: Most classic couple therapy models are based on the individualistic paradigms and assume all couples are coming from homogenous backgrounds and value systems. These models are not effective for today's psychotherapists working with couples within multicultural settings globally. Suggestions that are foreign to the client's family culture are rarely accepted, internalized, or carried out. Individuals are sometimes unaware of the full array of approved behavioral possibilities within their family culture. Thus, a treatment that uses family culture as an active and tangible co-participant may lead to the discovery of acceptable solutions. Rather than seeing culture as an incontrovertible truth, it is better to use the dynamic and constantly evolving structures as a way of maximizing a client's range of family-based, and culturally bound choices. This presentation integrates couple therapy with family culture, race, ethnic identity, socioeconomic status, religious beliefs, sexual orientation, and immigration experiences. It also provides an in-depth resource for clinicians, supervisors, and educators who are interested in how clients define conflicts and what they consider to be functional solutions. This presentation offers a multiperspective approach that focuses on specific cultural issues in couple therapy; helps the audience with a better understanding of key issues that affect relationships, and features a series of compelling "Case Examples" from the presenter's personal therapeutic experience in treatment with couples from diverse backgrounds.

Strengths-Based Approaches When Working with Immigrant/Refugee Families: COVID-19 & Beyond

Presenter: Zamzam Dini

Short Abstract: Immigrant/Refugee families face unique challenges accessing mental health treatment due to various factors. Covid-19 has exacerbated those barriers and further widened the gap between immigrant/refugee families and mental health wellness. Clinical implications addressing these unique barriers directly and self-assessments of current clinical practice will be explored.

Long Abstract: Immigrants and Refugees are usually the most vulnerable of populations with almost all refugees experiencing some kind of trauma or persecution, in order to be considered a refugee. After grueling through an immigration system, the individual is now expected to live in a foreign, new land, and learn the systems of the country and/or language. This phenomenon is encapsulated in two concepts called pre-emigration trauma and post-migration stress. Not only do these families have to try to move forward from the trauma they experienced before coming to the host country, but they must also now endure the stress of learning a new language, acculturating, and navigating a new way of life, simultaneously. Financial hardships are a type of economic strain that includes factors such as employment, income level, number of dependents in the household, and access to resources and/or assistance; formal or informal; Immigrants/Refugees are particularly at risk of experiencing financial hardships.

Covid-19 has exacerbated these barriers and further widened the gap between immigrant/refugee families and mental health wellness. In terms of individual and relational health, Wieling et al. (2020) highlighted in their article that due to COVID-19, populations who were at the risk of developing mental health distress became even more susceptible to experiencing sequelae of maladaptive psychological outcomes. Compared to the general population this susceptibility is more severe among immigrant families, despite their history of resilience. Our study interviewed several nonprofits serving Immigrant/Refugee families, which showed evidence of increased mental health concerns among these families. Providers highlighted factors such as lack of understanding about mental health, increased stress and fear related to the political environment, and the compounding effect of isolation (due to the pandemic) have contributed to the higher prevalence of mental health issues in this population. After understanding the unique challenges immigrant and refugee families face, how can we as clinicians and practitioners support this population? Recognizing the strengths and resilience these families have, and learning the coping skills used to persevere through a pandemic can be important information clinicians can use to support their treatment methods.

Integrating Systemic Family Therapy and Behavior Analysis When Working with Families with Autism

Presenter: Janessa Dominguez

Short Abstract: This presentation will explore the integration of Systemic Family Therapy and the principles of Applied Behavior Analysis (ABA) when working with families with an individual with Autism Spectrum Disorder (ASD).

Long Abstract: A diagnosis of Autism Spectrum Disorder (ASD) can impact a family and their entire system in a number of ways. Applied Behavior Analysis (ABA) provides an understanding of behavior, what causes it, and what maintains it, which can be very beneficial when working with individuals with ASD and their families. Systemic Family Therapy looks at the system and the parts that make up the system to highlight patterns, relationship dynamics, and strengths. Integrating these two approaches can open the doors to more comprehensive treatment, where we can work on individual and family issues and behaviors simultaneously through the modification of the language and strategies and interventions utilized in treatment.

Follow the Flow to Find Your MFT Theoretical Model

Presenter: Holly Eddy

Short Abstract: Overwhelmed by selecting a conceptualizing model, MFT students may revert to syncretistic confusion. We propose a flowchart that identifies and presents the basic tenets of the major MFT theories in simplified questions to assist students in identifying the theory that best fits with their natural way of thinking.

Long Abstract: Despite being a relatively young field, Marriage and Family Therapy (MFT) has a wide array of guiding theories with which to systemically conceptualize clients and their presenting issues. Instructors and researchers have reached little consensus on how students best learn to conceptualize and treat family problems from systemic models (Bitar, Bean, & Berm dez, 2007). In fact, due to the volume of content required in learning MFT theories, some students might become easily intimidated by theory and defer to an eclectic theoretical approach based on common factors (Simon, 2003; Fife & D  Aniello, 2018; Fife et al., 2014).

Training programs often empathize the importance of selecting a primary model for conceptualizing clients. MFT interns   etry on   various models while working with clients to identify a way of theoretically conceptualizing clients. Many students may begin to abandon theory and focus on common factors of alliance and motivation. Alternatively, students may become overwhelmed trying to select a model and revert to syncretistic confusion and grasp for any intervention that may possibly work for their clients (Karam, Blow, Sprenkle & Davis, 2014). While developmentally normal, this confusion of models can be devastating and can exacerbate feelings of inadequacy in the MFT students.

In this poster, we propose an easy to follow flowchart to assist students in identifying the theory that best fits with their natural way of thinking. The flowchart identifies and presents the basic tenets of the major MFT theories in simplified questions to help students identify a theory. This flowchart allows students to select a model that fits with the way they naturally conceptualize the world and address problems. Additionally, the flowchart can be used to provide a skeleton understanding of the major MFT theories for teaching purposes.

Reflecting Teams, Hope, and Couple Relationships

Presenter: Caitlin Edwards

Short Abstract: We will present the findings of a research project that explored the impact of reflecting teams on hope in couple relationships. Data was gathered about client demographics, attachment style and relational hope via questionnaires then we interviewed the couples after the counseling session about their experience with the reflecting team.

Long Abstract: Reflecting teams (RTs) represent both an epistemological stance and a therapeutic technique. Most commonly associated with narrative and systemic approaches to therapy, RTs offer an outsider perspective that can bring hope and alternative narratives and perspectives for therapists and clients to explore. Relational hope is a little researched concept in the field of couple therapy research. This study explores the experience of RTs in couple relationships and the aspects of the experience that couples describe as connected to a sense of hope for their relationship. The study also considers whether difference in attachment style shows any relationship with hope in couple relationships before and after the clients' session with a reflecting team. Couples completed questionnaires about their attachment style, demographics, and relational hope and were given the option to complete an interview about their experience with the reflecting team within 1 month of their therapy session. Our findings suggest that RTs contribute positively to hope in couple relationships particularly for clients who present with an anxious attachment style. This direction for research is important because there is very little research about hope in couple relationships despite its importance (Merolla, 2014; Snyder, 2002) and there is no research about what aspects of a reflecting team contribute to hope in couple relationships. Analysis of interviews indicates a number of features of the reflecting team feedback that were valued by clients.

Fragility to Resilience for Couples and Newly Singles in the Middle East

Presenter: Mon El Robi

Short Abstract: Divorce is affecting every culture, but minimal information exists on Arab marriages. This presentation is based on research done in Egypt. We address the main themes of why couples divorce. We conclude by providing ways clinicians can help build resilience around the main challenges couples and newly singles face.

Long Abstract: Divorce is affecting every community, culture and country. In the USA and the west, divorce ranges between 50% to as high as 67%. In the Middle East/North Africa (MENA) countries are beginning to notice a similar trend. The divorce rate is considered to range from 42% to as high as 61% amongst first marriages. Thus, select MENA countries are trying to help strengthen marriages in their respective regions. However, they are implementing programs that have minimal research resulting in poor outcomes, resulting in a divorce rate that remains unchanged or continues to increase. This presentation is based on current research being done in Egypt. We address four of the primary themes and their respective sub-themes of dysfunctional relationships and why they ultimately end in dissolution. The primary themes include: 1) expectations, 2) secret life, 3) relational dynamics, and 4) mental health. We transition and focus on how clinicians can help build resilience around these four areas so that struggling couples and/or new singles (divorced) may develop their capacity to prevent a divorce or become better suited for a future relationship. Resilience themes include strengthening emotional regulation, developing a new narrative, self compassion, building a support system, understanding what intimacy is and other areas. The recommendations are based on an intervention developed and tested by the project team that is consistent with the literature, the data collected, adapted to fit the culture and pilot tested. The initial pilot intervention was a workshop presented to the target population who provided pre and post feedback.

Acknowledging Gender Biases: Trainees Experience Working with Domestic Violence

Presenter: Maria Mercedes Fajer de Prado

Short Abstract: This qualitative study explores how three former family therapy trainees become aware of their gender biases in the therapeutic relationship with victims of domestic violence. The trainee's experiences provide some clues on how training programs could bridge ideas between feminist therapy theory and practice with victims of domestic violence.

Long Abstract: In Mexico, domestic violence is a critical problem. According to official records, seven of every 10 women have experienced violence at some point in their lives, and of those, almost half (43.9%) were abused by their husband, boyfriend, or partner (INEGI, 2016). Nevertheless, 78.6% of these women prefer to keep silent for fear of the consequences or shame (INEGI, 2016). In this context, family therapists and supervised trainees are constantly challenged, for their gender biases could contribute to the victimization of women who are already feeling insecure and ashamed to speak about their experiences with domestic violence.

During our training as family therapists in Mexico, we have worked with several cases of domestic violence. This experience has challenged us to think about the implications of our own ideas of being a “woman” or a “man” and its effects on the therapeutic process with victims of domestic violence. Theory shows that some of the therapist's stereotypes and prejudices associated to gender could become obstacles that emphasize differences or even produce revictimization (Haddock & Lyness, 2002; Haddock, MacPhee, & Zimmerman, 2011, in Macías – Esparza & Laso Ortiz, 2017). For instance, ChenFeng and Galick (2015) found three gender biases in the discourse analysis on the context of heterosexual couple therapy: 1) “men should be the authority”; 2) “women should be responsible for relationships”; 3) “women should protect men from shame”.

As family therapy trainees, becoming aware of the ideas and stereotypes that could keep women from telling their experience, turns out to be very relevant in our context. This qualitative study explores how family therapy trainees become aware of their gender biases in a therapeutic relationship with victims of domestic violence. To capture trainees' experience, the researchers chose a narrative design that used unstructured, collaborative interviews with three former trainees who had worked with women who were struggling with violence. The trainees experiences provide some clues on how training programs and supervisors could bridge some of the ideas of the feminist family therapy and the therapy practice with victims of domestic violence.

Using Video-Feedback in Couple and Family Therapy

Presenter: Meredith Farnsworth

Short Abstract: Interpersonal process recall (IPR), or video-feedback, is the use of video playback in therapy. This session will introduce using IPR with couples and families and discuss how to use IPR with limited technological resources. Strategies and approaches for using IPR with clients will be discussed.

Long Abstract: Technological advancements have made new ways of practicing family therapy accessible to therapists in many different settings. Interpersonal process recall (IPR), or video-feedback, is one example of this. IPR was developed by Kagan (1973) and Elliott (1986) for the use of video playback in training, supervision, and research. These recordings have been used for many years for supervision and therapist-review, but have historically had little direct relevance for clients (Gale, Odell & Nagireddy, 1995; Kagan, Krathwohl, & Farquhar, 1965; Reimers, 2001; West, 2004). Recent technological advances have made video recording and playback significantly more accessible and immediate through reduced cost and bulk and increased ease of use, making this intervention more feasible to therapists in multiple settings (O'Reilly et al., 2005; Parr & Cartwright-Hatton, 2009). Additionally, these types of practices have historically focused on individual therapy, leaving a gap of how therapists directly apply such processes to couple and family systems. This session will provide a space to introduce strategies for using IPR with couples and families based on the technology available to a variety of therapists and how therapists can implement these in their own work with various clients. Specifically, discussion on these unique strategies will include goals of using IPR in therapy, choosing when to both record and view recorded sessions with clients, ethical considerations, and ways to navigate and process the viewing of recordings with clients in theoretically informed ways.

Strengths-Based Approaches When Working with Immigrant/Refugee Families: COVID-19 & Beyond

Presenter: Nusroon Fatiha

Short Abstract: Immigrant/Refugee families face unique challenges accessing mental health treatment due to various factors. Covid-19 has exacerbated those barriers and further widened the gap between immigrant/refugee families and mental health wellness. Clinical implications addressing these unique barriers directly and self-assessments of current clinical practice will be explored.

Long Abstract: Immigrants and Refugees are usually the most vulnerable of populations with almost all refugees experiencing some kind of trauma or persecution, in order to be considered a refugee. After grueling through an immigration system, the individual is now expected to live in a foreign, new land, and learn the systems of the country and/or language. This phenomenon is encapsulated in two concepts called pre-emigration trauma and post-migration stress. Not only do these families have to try to move forward from the trauma they experienced before coming to the host country, but they must also now endure the stress of learning a new language, acculturating, and navigating a new way of life, simultaneously. Financial hardships are a type of economic strain that includes factors such as employment, income level, number of dependents in the household, and access to resources and/or assistance; formal or informal; Immigrants/Refugees are particularly at risk of experiencing financial hardships.

Covid-19 has exacerbated these barriers and further widened the gap between immigrant/refugee families and mental health wellness. In terms of individual and relational health, Wieling et al. (2020) highlighted in their article that due to COVID-19, populations who were at the risk of developing mental health distress became even more susceptible to experiencing sequelae of maladaptive psychological outcomes. Compared to the general population this susceptibility is more severe among immigrant families, despite their history of resilience. Our study interviewed several nonprofits serving Immigrant/Refugee families, which showed evidence of increased mental health concerns among these families. Providers highlighted factors such as lack of understanding about mental health, increased stress and fear related to the political environment, and the compounding effect of isolation (due to the pandemic) have contributed to the higher prevalence of mental health issues in this population. After understanding the unique challenges immigrant and refugee families face, how can we as clinicians and practitioners support this population? Recognizing the strengths and resilience these families have, and learning the coping skills used to persevere through a pandemic can be important information clinicians can use to support their treatment methods.

Soul Light for the Dark Night: Healing for the Psycho-Spiritual Wounds of Trauma, Abuse and Addiction

Presenter: Patrick Fleming, Mdiv, LCSW, CSAT

Short Abstract: All abuse, all trauma, is an assault on the human spirit. All survivors of trauma and all addicts suffer both psychological and spiritual damage. This presentation will demonstrate to participants the psychological and spiritual damage caused by trauma, abuse, and addiction and provide a model for healing these soul wounds.

Long Abstract: This presentation, drawn from the presenters'™ personal and clinical experience, will demonstrate to participants the psychological and spiritual damage caused by trauma, abuse, and addiction. All abuse, all trauma, is an assault on the human spirit. Addiction is an assault on the spirit as well. All survivors of abuse and trauma, and all trapped in the throes of addiction, suffer not only psychological damage, but soul damage as well. In addition, survivors of abuse, addicts, offenders and their partners are all caught in a vicious and tragic cycle of abuse, betrayal and addiction which can only be fully broken if the spiritual wounds are addressed and spiritual healing is supported by mental health and pastoral professionals knowledgeable of the psychological and spiritual issues involved.

Student Perspectives on Social Justice Training in Family Therapy Education

Presenter: Laura Gambrel

Short Abstract: This presentation is based on a consensual qualitative research study that examined how current students and alumni of an MFT program in rural Appalachia view social justice training. The themes that emerged included ways of addressing social justice in order to best enhance learning and preparation for clinical practice.

Long Abstract: This presentation will center around student perspectives on ways to enhance social justice training in marriage and family therapy graduate level education. The presenters will share the results of a consensual qualitative research study that examined how current students and alumni of an MFT program in rural Appalachia view social justice training. We will share student suggestions for content areas and ways of addressing social justice in order to best enhance learning and preparation for clinical practice. The themes that emerged from our analysis were related to how students preferred their training to be and included: 1. Focusing on relational processes and transparency; 2. Emphasizing self-awareness; 3. Building knowledge of diverse people and groups; 4. Integrating social justice throughout the curriculum; 5. Focusing on clinical applications and social justice advocacy in agencies. The ten research team members represent women with a variety of racial and LGBTIQ identities, most of traditional graduate student age. The impact of the positionality of the research team members and research participants on data collection, analysis, and results will be discussed.

Psychological distress and resilience in a clinical sample during COVID-19: Brief Report

Presenter: Rashmi Gangamma

Short Abstract: We examined associations between psychological distress and factors of resilience, differentiation of self, and family dynamics in the context of the COVID-19 pandemic in a sample of 31 participants. Findings suggested that higher levels of distress were related to decreased resilience, lower differentiation of self, and higher family conflict.

Long Abstract: In this study we examined the association between symptoms of psychological distress and factors of resilience, differentiation of self, and family dynamics in the current context of the COVID-19 pandemic. Given the enormity and intensity of the ongoing pandemic, there is a need to examine individual and relational factors related to distress and coping. This is especially urgent in clinical populations that may already have had higher distress than the general population. Data from 31 participants who were in therapy at a University based Couple and Family Therapy Center were surveyed on pandemic-related contextual factors, psychological distress, resilience, differentiation of self, and family dynamics. A mix of standardized surveys and open-ended questions were used. Data were analyzed using non-parametric methods in SPSS. Findings suggested that higher levels of distress were related to decreased resilience, lower differentiation of self, and higher family conflict. Additional contextual factors specific to the pandemic such as job and financial losses and loss of social support were noted in those with higher distress. While an increase in distress was noted by most participants, positive changes due to the pandemic and an ability to cope in different ways were also reported. The study findings highlight the value of considering factors across individual, relational, community, societal factors in research and clinical practice in this context. It also points to the significance of including both protective and risk factors in future research.

The ‘Me’ in We: The Interconnectedness of Self-of-the-Therapist, Self-care, and the Therapeutic Relationship

Presenter: Kevin Garrett

Short Abstract: Early founders of family therapy understood the importance of self-of-the-therapist (SOTT) in establishing therapeutic relationships. Today, SOTT continues to be paramount, an ethical mandate, for clinicians. Workshop participants will reflect upon their SOTT, self-care, therapeutic relationships, the interconnectedness of these three, and develop personalized action plans.

Long Abstract: Virginia Satir and other founders of family therapy (FT) understood and expressed the importance of self-of-the-therapist (SOTT) in clinical work. SOTT is tied to therapists’ establishment of appropriate, positive therapeutic relationships with clients. Common factors research has shed light on and supported that the strength of the therapeutic relationship is often an important indicator of treatment outcomes.

Now in the age of managed healthcare, FTs are often expected to practice empirically-supported treatments (ESTs). These brief, prescriptive approaches may pressure clinicians to rush the building of therapeutic rapport. However, using ESTs and establishing a therapeutic relationship do not need to be mutually exclusive. Evidenced-based practice (EBP) nicely integrates these two, with another important element – client factors. The EBP “three pillars” comprise the following “trifecta” in clinical practice: (1) ESTs; (2) clinician factors; and (3) client contextual factors.

These elements – SOTT (i.e., clinician factors), therapeutic relationship, ESTs, and client context – are important considerations in the practice of family therapy, as well as clinician self-care, which is closely tied to SOTT. While paramount, these elements may be easy to forget or neglect amid the busyness of life. If one or more of these is neglected, therapeutic outcomes can be adversely affected and clients can suffer.

This engaging presentation will be comprised of two seamless parts. Part 1 will be a review of SOTT; the therapeutic relationship; and critical client contextual factors. Participants will be asked to reflect upon these, their status in their clinical practice, and status with students and supervisees. In Part 2, participants will be invited to use workshop materials (e.g., succinct action plan map) near the end of and following the presentation to set goals and act on what they recognize can be improved. Then the presentation will conclude with the sharing of resources (citations and websites) and the presenter’s contact information.

Integrating Positive Psychology tools into Family Therapy

Presenter: Nesteren Gazioglu

Short Abstract: In this workshop Satir Transformational Systemic Therapy and Positive Psychology concepts will be addressed. Then experiential and therapeutic exercises will be demonstrated on integrating positive psychology into Satir Transformational Systemic Therapy.

Long Abstract: Seligman and Csikszentmihalyi (2000) defined positive psychology as the study of positive emotion, positive character and positive institutions. After their epochal work, positive psychology grabbed the attention of professionals and researchers. Researchers studying positive psychology mainly focus around well-being, awe, flow, happiness, mindfulness, compassion and resilience. Although there are numerous studies on positive psychology, positive psychology and family therapy studies are rare. Satir Transformational Systemic Therapy (STST), developed by Virginia Satir, has several common notions with positive psychology such as, change oriented and positively directional. Meta-goals of STST are raising self-esteem, becoming a choice maker, becoming responsible and becoming congruent (Satir, Banmen, Gomori, & Gerber 1991).

In this workshop Satir Transformational Systemic Therapy and Positive Psychology concepts will be addressed. Then experiential and therapeutic exercises will be demonstrated on integrating positive psychology into STST.

References

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The Future of Doing Marital and Family Therapy

Presenter: Diane Gehart

Short Abstract: In this workshop, participants will reflect on where our field has been, where it is, and where it is going, focusing on how clinicians can best utilize the extensive range of theories, evidence-based treatments, and research in the field to improve their clinical outcomes.

Long Abstract: I started my doctoral program in family therapy in June 1993, when postmodern theories were still emerging. I learned about 8 major theories and had the freedom to explore a few before I decided which one would be my “theory of choice” and specialty. In retrospect, it is a luxury that my students today do not have.

This year, I created a new standalone master’s degree in marriage and family therapy that included the required COAMFTE components, along with the state licensing requirements, as well as the elements demanded by the local government mental health agencies that will employ my students. The curriculum includes nearly 30 different treatment models to meet the demands of the various stakeholders.

Needless to say, my students leave overwhelmed and confused and not particularly good in any model. In a recent set of surveys and interviews during 2020, over 50% of respondents said that their greatest stress during the pandemic is not knowing what theory or model to learn and/or how to integrate the theories that they have.

In this workshop, I will review the past, present, and future of clinical training in couple and family therapy. I will propose that given the exponential rise in evidence-based treatments and research in general, we need to move to new models of training. I am proposing that we move toward streamlined organized “frameworks” that enable practitioners to quickly and easily access the knowledge and research base of the field.

Sociocultural and Ethical Considerations for Interdisciplinary Supervision in a Holistic Clinic

Presenter: Jennifer Gonyea

Short Abstract: Family therapists and supervisors often work with practitioners from different disciplines in community practice, yet training programs are largely discipline specific. We will discuss the ethical considerations we encountered while developing a socioculturally attuned, interdisciplinary supervision training program in which doctoral Marriage and Family Therapy students supervised MSW interns.

Long Abstract: Practicing in an interdisciplinary context has long been the norm for family therapists (Bradley et al., 2010; Doherty & Simmons, 1996), reflecting the multidisciplinary evolution of family therapy as well as the reality of community practice. The ability to communicate using the terms and worldviews of different professions is increasingly important from a global perspective. Although most mental health agencies have clinicians from different disciplines, (i.e. psychology, counseling, social work, family therapy), training has remained discipline-specific, often overlooking ways to prepare clinicians and supervisors to work together.

We encountered some of these nuances as we piloted a program to increase the opportunity for interdisciplinary collaboration. For this pilot supervision training program, we paired Ph.D. students in a COAMFTE program, preparing to be AAMFT Approved Supervisors, with Social Work Masters students. The Masters students in Social Work/MFT certificate program were actively seeking clinical and supervision experiences to develop skills in relational and systemic therapies. We invited these MSW students to work as clinical interns at the ASPIRE Clinic. Embracing both systemic and interdisciplinary perspectives, the ASPIRE Clinic at the University of Georgia is a unique, holistic clinic that offers couple and family therapy, financial counseling and education, nutrition counseling and education, and legal problem solving services. All the practitioners have the opportunity to collaborate and work together, as well as offer multiple services to community members.

In this presentation, we will discuss the challenges we have encountered while developing this interdisciplinary supervision training program, specifically between those being trained as supervisors and their supervisees. Participants in this workshop will: 1) Identify the ethical considerations of providing supervision within an interdisciplinary context; 2) examine multiple factors that serve as sources of tension, to include ethical and legal obligations, liability for practice; disciplinary terminology, managing boundaries; and managing the multiple stakeholders involved; and lastly, 3) explain how sociocultural attuned family therapy (McDowell, Knudson-Martin, & Bermudez, 2018) informs the ethics of training supervisors to learn how to manage multiple systemic and sociocultural environments as they develop their own supervisory style.

Parenting among Mothers Exposed to Ongoing Military Conflict in Childhood: An Exploratory Study

Presenter: Efrat Hadar

Short Abstract: In this mixed-methods study we examined the experience of mothers who grew up under ongoing military conflict in childhood in terms of their parenting and family patterns. These mothers reported parental and familial difficulties related to their childhood experiences, resulting in anxiety.

Long Abstract: Mothers who were exposed to ongoing military conflict are at higher risk for psychological difficulties, than those who do not live in such areas. The purpose of this two-part exploratory research was twofold. The first aim was to assess differences between mothers who grew up under ongoing military conflict during childhood and mothers who did not grow up in conflict areas with regard to their levels of differentiation of self (DoS) and parental self-efficacy (PSE). The second aim was to identify and depict the parenting experiences of mothers who were exposed to military conflict in childhood. In Part 1 of the study, 120 mothers were included (half of whom reported on being exposed to ongoing military conflict in childhood). Findings indicated that mothers exposed to ongoing military conflict in childhood reported lower levels of DoS and PSE than their counterparts. In Part 2, 10 mothers who were exposed to ongoing military conflict during childhood were interviewed both about their experience as children and as parents. Findings yielded several interesting themes showing that the mothers felt their childhood experiences impacted their parenting negatively. They reported feelings of anxiety, difficulty dealing with stress and sometimes posttraumatic symptoms as well as parental patterns of overprotectiveness, separation anxiety and intergenerational transmission of anxiety. The results of this exploratory innovative study highlight the consequences of exposure to ongoing military conflict during childhood on levels of DoS and parenting practices in adulthood.

Positive and Transcultural Family Therapy

Presenter: Rukiye Hayran

Short Abstract: Positive Family Therapy(PFT) is a distinctive therapy model and aims the solutions of family conflicts by use of Positive Psychotherapy concepts and principles. During the therapy process, the principle of hope, balance model, inventory of differentiation analysis, and five stages of family therapy are used in a structured technique.

Long Abstract: Positive Psychotherapy (PP) is a psychotherapy method that is based on human's own resources and focuses on conflict resolutions. PP basically offers a transcultural overview of human beings' positive conceptions on a psychodynamic approach. PP assumes that human nature is equipped with a large variety of skills and potential. The PP process is comprised of three main principles which are hope, balance and consultation. Firstly, the principle of Hope specifically implies that the therapist wants to assist his or her patients to understand and see the meaning and purpose of their disorder or conflict. Related to this, in this process the disorder will be reinterpreted in a positive way using positive interpretations. Moreover, the principle of Balance suggests that considering social and cultural differences and the uniqueness of every human being, during the management of their problems that all humans refer to typical forms of coping. Thus, the balance model specifies the four areas of life as body/health, achievement/work, contact/relationships and future/purpose/meaning of life. Lastly, the principle of consultation of PP consists of five stages of therapy and self-help. The five stages of positive psychotherapy suggest a concept in which therapy and self-help are closely interrelated. The patient and the family are getting informed together about the illness and the individual solution to it. In this regard PP is intended to help to overcome diseases and disorders by using the patient's own capacities.

Therefore, Positive Family Therapy(PFT) is a distinctive set of psychotherapy methods aiming at the solutions of family conflicts by use of Positive Psychotherapy concepts and principles. PFT's most distinctive feature is that all of the positive and negative aspects are available as the source of treatment with current psycho-social norms. During the therapy process, Inventory of Differentiation Analysis, which has been developed by the PP principles, selected stories, anecdotes and wisdoms are used in a structured interview technique. Furthermore, the effects of cultural differences that led to the conflicts, which have an increasing importance nowadays, shall be considered.

Accreditation Process for Marriage and Family Therapy Programs

Presenter: William Hiebert

Short Abstract: 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.

Long Abstract: 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. The focus will be on the 2 Tiers of accreditation, the difference between Tier 1 (Basic training programs) and Tier 2, (Advanced Training Programs). The session will also discuss issues various countries have in developing training programs.

Beyond Critique: Composition and Curiosity in Therapy

Presenter: Chris Hoff

Short Abstract: Justine & Chris expand and reinvigorate curiosity by spotlighting the work of Bruno Latour and Ana Louise Keating. Their work serves as a path beyond deconstruction, reduction, — towards what they are calling a compositionist therapy.

Long Abstract: At the time of this writing, many in the field are wrestling with how to integrate social justice into therapy and counseling in tangible and explicit ways.

While attending to larger socio political influence has been the focus of some committed therapists and counselors, historically and in our recent past, more and more therapists are understanding that therapy is bigger than what happens in the four walls of most therapy offices, and are engaged in an effort to confront these systemic problems in the larger social context. In this effort, helpers are increasingly relying on critique and deconstruction, tools that have a long history in more poststructural ways of working. We believe that because these tools have become largely distributed across ideologies, they no longer serve the task at hand.

At the same time, we have also been troubled by the move to what we understand to be more structuralist ways of thinking and working in efforts to bring about social change. Dichotomies, binaries, oppositional mindsets, and professional expertise continue to prevail, often grinding justice efforts to a halt. We see this clearly in the way psychoeducation persists and has gained a counterpart in socioeducation. This is an important point, as it is foundational to the question that lies at the heart of our work; why are we so unable to part ways with a reliance on expertise? Why is it that, even in our best efforts, we continually default towards maintaining certainty rather than encourage play in liminal spaces where curiosity is a more hopeful currency? These are crucial questions for us. So before proposing some new ways of thinking that we believe better inform the demands of the new world, our communities, and most importantly, those who seek our help, we begin by exploring these questions and offering some of our own ideas about why expertise and certainty seem to continue to win out over curiosity.

The Timeline of a Gay Poly Couple

Presenter: William Hutter

Short Abstract: This workshop will review the case of a same sex couple and their journey from dating to marriage to polyamory. The focus will include the couple's venture along with the therapist's pitfalls and opportunities for growth.

Long Abstract: What happens when a couple makes the decision to alter the dynamics of their relationship? We are taught that each couple is different and yet many of us are trained through a similar lens of how to view and assist the couples we work with. Yet, when we have a couple that doesn't fit this standard lens, how do we proceed? The goal of this presentation is to explore how two gay men moved, both physically and emotionally, within their relationship to avoid divorce by embracing polyamory. The purpose of this is to highlight how relationships and coupling are changing and the nuances that clinicians need to be aware of. The couple's cultural intersectionality, along with the treating therapists, will be included in the case study. At the end of this dialogue, I will offer my own observations and reflect on issues associated with other couples and cultural practices.

Taking Care of Ourselves while Caring for Others

Presenter: William Hutter

Short Abstract: This workshop will review burnout and compassion fatigue; while incorporating self-care techniques throughout the discussion. Attendees will have the opportunity to do a self-assessment and practice the skills learned.

Long Abstract: Most of us will agree it is easier to help others than to help ourselves. But what happens when the helper needs the help they aren't getting? We are taught to use mindfulness activities, have more intentionality in our work, and take the time to manage our own physical and mental health, but what happens when we don't heed that advice? Here we will look at the signs and symptoms of both compassion fatigue and burnout, while becoming change leaders with our clients by walking the talk in self-care. At the end of this dialogue, we will engage in a group activity that can later be used with the people you work with in your clinical setting.

Y Are We Together: Two Identities Within a Joint Connection

Presenter: Rashida Ingram

Short Abstract: Participants will be guided through an interactive process to define common goals for a thriving relationship. Techniques will be shared to assist participants to develop an understanding of themselves leading to an ability to negotiate interactions with others that promotes interpersonal growth & creates changes that align with core values.

Long Abstract: As a Relationship Specialist, trained in Marriage and Family Therapy techniques I have assisted numerous people to establish a three-way stimulus “communication, connection and commitment” within relationships to establish empathy, and authentic unconditional love. Over time couples can lose sight of their purpose when thinking back to the initial love connection, causing one or both partners to feel disconnected, unfulfilled and insecure. When asked about relationships we often focus on the feeling that is required in order to affirm that love is present. What if I told you that the act of loving is an ongoing process of nurturing your own spirit and well being, as well as the spirit and well being of your mate? Would you believe that the conflict that you are experiencing is providing you with instructions for the opportunity to grow. Allow me to assist you in your process of creating a new and improved relationship dynamic. The techniques that I offer and will support you through will shift your perspective. You will be inspired by the complexity of “Y” you are together.

“Y” Are We Together: Two Identities Within a Joint Connection. Many couples struggle to connect with their mate and have contemplated letting go. Have you asked yourself “what happened?” Are you wondering, “where did things go wrong, and how can I fix this?” The answer is revealed through your journey from romantic love to unconditional love and authentic communication. To achieve this solution means to reshape your mindset, develop supporting skills and engage in a daily practice that will create space for empathy, self reflection, nurturance and openness so that defensive tactics and unhealthy patterns are released. As a result each partner is seen in the essence of who they are. The relationship takes on a new form with a defined meaning of your choice. Your connection is enhanced, making the relationship better than before. Participants are empowered to be accountable to their values and to cultivate success; while nurturing the roots of their union.

Non-clinical Descriptors of Self-injurious Behavior and Suicidal Ideation with Youth

Presenter: Steven Jella

Short Abstract: Limited community research is available regarding the relationship between self-injurious behaviors and suicidal ideation in youth, and therefore there is a gap in harm prevention and intervention treatments for these populations. Developing prevention and intervention programs from a family systems perspective could lead to more effective approaches for youth.

Long Abstract: Self-injurious Behaviors (SIB) continue to be a prevalent issue among youth and often associated with persons experiencing suicidal ideation (SI). Emotional distress and poor coping skills acquired from family and social contexts have been cited as being underlying factors that contribute to a host of issues including SIB and SI. There is much to learn and many assumptions that need to be tested regarding the relationship between SIB and SI in youth, and therefore there is a gap in community mental health prevention and intervention treatments for these populations.

A matrix was created to organize the accessed archived contextual data of female and male youth ages 12-17, who have been identified as needing contact with a family systems specialist regarding risk factors for SIB and SI. Content analyses of the matrix provide information regarding contributing factors, relational dynamics, types, and alternative coping strategies to SIB. These analyses could point to indications of the social climate and insight into what alternative prosocial strategies of coping this youth population is drawn to use.

Counselors or other prevention professionals in community settings, when working with adolescents who engage in SIB or experience SIB & SI, may also need to assess for potential barriers to receiving services. Results revealed that subjects experiencing SI with or without SIB overwhelmingly reported being open to services. The presence of SIB alone may indicate a coping strategy that is less than 1 year and not frequent, leading to less openness for services. It may indicate that as the SIB increases in duration and frequency its potential impacts on the emotions diminish raising the despair to SI levels. The current study supports some of the existing theories on suicidal behavior and SIB, as well as adds to the knowledge of the relationship between SIB and suicidal ideation. More specifically, the observations noted regarding frequency, duration, openness to mental health services and identifying trusted adults can lead to more robust approaches at engaging adolescents more preventatively in addressing their mental health concerns.

Non-clinical Descriptors of Self-injurious Behavior and Suicidal Ideation with Youth

Presenter: Steven Jella

Short Abstract: Accessibility and stigma of services varies which can impact frequency and duration of strategies to regulate one's own mental health. This examination of 4 years of community-based data of youth who employ SIB and/ or SI can provide greater perspectives on coping strategies youth utilize when faced with relational distress.

Long Abstract: Accessibility and stigma of services varies which can impact frequency and duration of strategies to regulate one's own mental health. This examination of 4 years of community-based data of youth who employ SIB and/ or SI can provide greater perspectives on coping strategies youth utilize when faced with relational distress. Self-injurious Behaviors continue as a prevalent issue among youth and often associated with suicidal ideation. The examination of 4 years of community-based data regarding contextual dynamics contributing to the mental health state and propensity for SIB can provide greater perspective on youth factors of distress related to SIB and SI. A matrix was created to organize the accessed archived contextual data of female and male youth ages 12-18 who have been identified as needing contact with a family systems specialist regarding risk factors for SIB and SI. Content analyses of the matrix provide information regarding contributing factors, family dynamics, types, and alternative coping strategies to SIB providing indications of the social climate and insight into what alternative prosocial strategies of coping this youth population is drawn to use. The prevalence of self-inflicted trauma and SI in adolescents is apparently on the rise. However, due to stigma and lack of information, symptoms are either ignored or excessively labeled. Developing and enhancing community-based prevention and intervention programs from a family systems perspective could lead to more effective approaches for youth that use various forms of SIB to cope and may experience SI as well as attempt suicide as a result of being left untreated.

Helping Supervisees Navigate Bullying in Supervision

Presenter: Sabra Johnson

Short Abstract: Issues of power and control in the supervisor-supervisee relationship are common. This presentation will examine aggression in clinical supervision as it relates to the supervisor-supervisee relationship, use a trauma-informed approach to provide support for those experiencing bullying in supervision, and explore methods to handle discrepancies within supervision and the workplace.

Long Abstract: Supervisors hold an immeasurable amount of power within their relationship with supervisees creating a greater potential for abuse of power, which may harm the supervisory relationship. If power is not carefully considered in supervision, the potential for abuse can exacerbate it immensely (Jacobs, 1991). Issues of power and control may make it harder for supervisors to feel they cannot report incidents of bullying within the workplace or wonder how to navigate it altogether. Exploring negative uses of power in the supervisory relationship may provide helpful insight for family therapists in training. Furthermore, it is necessary to explore times when supervision is not safe and how a supervisee can navigate experiences of bullying.

Bullying behaviors and relational aggression can leave a supervisor in a place of vulnerability and instability as they are working to establish a strong connection with their supervisor in hopes to become licensed and self-sufficient to practice on their own (Berger, Quiros, & Bride, 2016). A disruption in this delicate relationship can make for a toxic work environment and may lead to low work productivity and burnout in the field (Garrett, 1997). Differences in power and control may make it more difficult for a supervisee to feel comfortable addressing their supervisor about the bullying behavior. In turn, it is essential to address potential risk factors for bullying behavior within the supervisory relationship and explore helpful methods to protect the supervisory relationship.

This presentation hopes to help supervisees navigate difficult relationships with their clinical supervisors. Issues of power and control in the supervisor-supervisee relationship are common. This presentation will examine aggression in clinical supervision as it relates to the supervisor-supervisee relationship, use a trauma-informed approach to provide support for those experiencing bullying in supervision, and explore methods to handle discrepancies within supervision and the workplace.

The Effects of Immigration on Couples in Arranged Marriages

Presenter: Naveen Jonathan

Short Abstract: Arranged marriages are a norm in many cultures. Researchers have offered insights into these relationships, including structure, longevity and health. Immigration impacts the couple's relationship in many ways. This presentation highlights research on arranged marriages and offers suggestions for clinicians to support these couples, who are also impacted by immigration.

Long Abstract: Arranged marriages are seen as a norm in many cultures, researchers have offered a variety of insights into these relationships, including structure, longevity and health. Immigration is a factor that affects these communities, causing the need for adjustment and transition, while living in the host culture. Research on couples in arranged marriages note the effects of immigration can be traumatic as familiar elements such as relationship structure, gender roles and parenting are all affected by this process. This presentation will highlight research seen in the area of arranged marriages and immigration, noting gaps in the literature. The presentation will offer suggestions of ways clinicians can provide support to these couples who are navigating the complexities of immigration.

Best Practices in the Transition to Remote MFT Supervision

Presenter: Naveen Jonathan

Short Abstract: The COVID-19 pandemic has necessitated significant shifts in MFT clinical training and supervision, including demand for supervisors to provide remote supervision and to equip supervisees to provide competent telemental health services. This presentation will focus on the shift to remote supervision and highlight best practices.

Long Abstract: Clinical supervision is the cornerstone of Marriage and Family Therapy (MFT) training. Supervision supports a supervisee's professional and clinical development and ensures client welfare. Through clinical supervision, the traditions, practice, and culture of MFT are taught and transmitted to the supervisee. Supervisors, in turn, confirm that trainees develop the clinical skills necessary for competent practice in MFT.

Traditionally, clinical supervision has been provided in-person. In the field of MFT specifically, this has often included a supervisor observing sessions in real time from behind a one-way mirror, trainees engaging in reflecting teams, and supervisors reviewing audio and video recordings from their sessions with their supervisor.

The COVID-19 pandemic has necessitated significant shifts in MFT clinical training and supervision. This has included demand for supervisors to provide remote supervision and the need for supervisors to equip supervisees to provide competent telemental health services. These shifts have resulted in unique learning opportunities, as well as distinctive challenges for both supervisors and supervisees.

This presentation will focus on the shift to remote supervision and highlight the lessons learned and challenges experienced in this transition. Specific focus will be given to best practices in remote supervision to assist clinical supervisors in adapting and implementing this format of supervision.

What Every Therapist Should Know About Psychopharmacology

Presenter: Adam Jones

Short Abstract: Approximately 91% of MFTs treat clients who take psychotropic medication(s). Yet, roughly 80% of licensed marriage and family therapists report receiving inadequate psychopharmacological training. In this presentation, we provide a psychopharmacological overview designed for MFTs. Attendees will be better prepared to address psychopharmacological matters with clients and medical providers.

Long Abstract: There is a complex, and often oppositional, history of MFT with regard to diagnosing and utilizing psychotropic medication to treat clients. Approximately 91% of marriage and family therapists (MFTs) treat clients who take psychotropic medication(s). Yet, roughly 80% of AAMFT clinical members report receiving inadequate psychopharmacological training in their graduate programs. Despite the fact that psychopharmacological training has been a required curricular domain for MFT programs since 2001, it appears that most MFTs feel unprepared to address psychopharmacological matters with their clients. As collaborative healthcare becomes more widespread, it is vital that MFTs develop a psychopharmacological knowledge base that enables effective, competent collaboration with medical professionals. Furthermore, MFTs who do not work in integrated healthcare settings still have an ethical responsibility to be familiar with the psychotropic medications their clients use. These issues are further complicated as there is an overall shortage of psychiatrist and other trained prescribers. This shortage has led to many primary care providers operating as the only treatment option for many clients. Partnerships between expertise of MFTs and primary care can help bridge this gap but MFTs must have the ability to understand at least basic psychopharmacology.

In this presentation, we will provide attendees with a psychopharmacological crash course designed for MFTs. The extent to which attendees incorporate psychopharmacological matters in their clinical practice will be assessed and discussed. Recommendations grounded in established treatment standards regarding psychopharmacological incorporation for MFTs will be provided. Furthermore, practices to aid effective collaboration with medical providers on behalf of clients will be discussed. We will then review the psychotropic medications that are used most frequently to treat common condition seen by practicing marriage and family therapists. For each medication, we will review the medication's effectiveness, dosage information, common side-effects, potential interactions with other medications, and answer attendees' questions. Attendees will leave feeling more competent and better prepared to address psychopharmacological matters with clients and medical providers.

Follow the Flow to Find Your MFT Theoretical Model

Presenter: Adam Jones

Short Abstract: Overwhelmed by selecting a conceptualizing model, MFT students may revert to syncretistic confusion. We propose a flowchart that identifies and presents the basic tenets of the major MFT theories in simplified questions to assist students in identifying the theory that best fits with their natural way of thinking.

Long Abstract: Despite being a relatively young field, Marriage and Family Therapy (MFT) has a wide array of guiding theories with which to systemically conceptualize clients and their presenting issues. Instructors and researchers have reached little consensus on how students best learn to conceptualize and treat family problems from systemic models (Bitar, Bean, & Bermudez, 2007). In fact, due to the volume of content required in learning MFT theories, some students might become easily intimidated by theory and defer to an eclectic theoretical approach based on common factors (Simon, 2003; Fife & Aniello, 2018; Fife et al., 2014).

Training programs often empathize the importance of selecting a primary model for conceptualizing clients. MFT interns try on various models while working with clients to identify a way of theoretically conceptualizing clients. Many students may begin to abandon theory and focus on common factors of alliance and motivation. Alternatively, students may become overwhelmed trying to select a model and revert to syncretistic confusion and grasp for any intervention that may possibly work for their clients (Karam, Blow, Sprenkle & Davis, 2014). While developmentally normal, this confusion of models can be devastating and can exacerbate feelings of inadequacy in the MFT students.

In this poster, we propose an easy to follow flowchart to assist students in identifying the theory that best fits with their natural way of thinking. The flowchart identifies and presents the basic tenets of the major MFT theories in simplified questions to help students identify a theory. This flowchart allows students to select a model that fits with the way they naturally conceptualize the world and address problems. Additionally, the flowchart can be used to provide a skeleton understanding of the major MFT theories for teaching purposes.

Now I See A Person: A New Model for Breaking Free of Mental Health Labels

Presenter: Megan Kadler

Short Abstract: What happens if people are viewed as normal humans who are going through difficult times, when we honestly care about others & invest time to understand hardships they face, when we embrace ideas people can surpass mental illness & invite their community to join the person's strengths and capacity to heal?

Long Abstract: Now I See A Person Institute is a non-profit graduate and postgraduate teaching and clinical institution using Collaborative Dialogical Practices, horses and a nurturing and normal environment for clients to heal from trauma and resultant challenges. We especially have success (evidence-based qualitative research) with those clients who unfortunately have

lengthy histories of trauma, and extensive past experiences with hospitalizations, years of therapy, years of residential care or rehabilitation and medications which did not aid but became more hopeless with family distrust and disconnect. Our clients evolve to see themselves as a person and not a diagnosis that may have labeled or limited them in the past. Our team of therapists, nurturing horses, and the normalcy of a ranch environment provide a community of support while symptoms dissipate and new self-perceptions evolve, and family member relationships are rebuilt.

Writing stories as a means of introducing change in systemic therapy

Presenter: Marilena Karamatsouki

Short Abstract: The use of storytelling and writing stories in regards to the therapeutic relationship opens up different possibilities in the therapy room. In this workshop participants will be asked to experiment with story writing through experiential exercises and will have the opportunity to discuss and share their story.

Long Abstract: In an era of social change, the therapeutic relationship undergoes changes as well. Most clinicians consider the relationship between client and therapist a collaborative encounter. In this context, the use of storytelling and writing stories in regards to the therapeutic relationship opens up different possibilities in the therapy room. In my work, I use stories to capture the vivid experience of the psychotherapy process. In these stories, the focus is on the relational conversation between my client and myself. In this way, story writing gives me and my client new awareness about therapy.

In this workshop participants will have the opportunity to experiment with story writing through experiential exercises. They will be asked to write a story regarding their work with a client and will have the opportunity to discuss and share their story. In order to best serve the workshop's interactional quality, the maximum number of participants is 15 people. It is suitable for any level of professional experience.

Promoting Generativity Beyond Income: Roles of Elders in Cambodian and Laotian Refugee Populations

Presenter: Amber Kelley

Short Abstract: This study examines elders in Cambodian and Laotian refugee communities through in-depth qualitative interviews, elucidating their changing financial roles; previously primary income sources, many refugee elders now adopt roles as recipients of familial income, maintaining social capital in other forms. Clinical implications for fostering continued generativity among elders are discussed.

Long Abstract: Community elders not only serve as bridges to a refugee population's homeland, but also hold power through religious channels and heightened social capital. While holding such social capital, many elders also face challenges regarding a lack of financial or land capital, as well as difficulties navigating new sociocultural spaces (Lewis, 2009, 2010; Muruthi & Lewis, 2017). An intergenerational exchange of capital is thus crucial to the success of refugee elders, including the passing on of cultural and communal legacies (Becker, Beyene, Newsom, & Mayen, 2003).

Through semi-structured, in-depth interviews as part of an ongoing community-based participatory research grant, Cambodian and Laotian refugee individuals and families in coastal Alabama were interviewed regarding family and community processes. For many elders in the community, the transition from being the primary source of income to being dependent on other family or community members may have been swift, particularly following immigration due to barriers such as language or physical hardship in resettlement. Further job and financial instability add to this transitional stress due to the proliferation of seasonal work in the coastal region (i.e. fishing and seafood industries).

Increased generativity was found in elders who maintained active participation within their families and communities by upholding cultural and religious traditions and contributing in non-monetary fashions such as by tending to local gardens and adding to family foodways (Lewis, 2008, 2009). Elders within these communities are also cornerstones in local temples and within religious traditions, promoting the continuation of traditional cultural practices, celebrations, and ceremonies. In these manners, community elders continue to uphold and preserve social capital within the community, remaining active and purpose-filled even if not contributing financially.

Recognizing the role of elders within refugee populations is thus crucial, as this population participates in a financial, social, cultural exchange with younger community members (Lewis, 2009). Because each refugee population has unique needs and social processes, involving community elders allows for the creation of interventions that are culturally attuned (Seponski, Lewis, & Megginson, 2014; Seponski, Bermudez, & Lewis, 2013), endorsed by crucial elder and religious figures, and promotive of intergenerational exchanges (Grigg-Saito et al., 2008).

Unpacking Trauma: A Family Systems Perspective on the Socioecological Trauma Model

Presenter: Amber Kelley

Short Abstract: This presentation will explore a new, metatheoretical model for understanding trauma, employing family systems theory, Bronfenbrenner's socio ecological model, and fear cascade theory to elucidate the systemic nature of trauma. The key tenets of the model will be presented alongside implications and applications for research and clinical practice.

Long Abstract: Although trauma and PTSD are recognized in the fields of family therapy and social sciences, trauma is rarely conceptualized through a systemic perspective. Because trauma is seen as residing within the individual, it is often treated through the egocentric lens of the DSM-5 posttraumatic stress disorder (PTSD) diagnostic criteria. These criteria exclude those who experience ongoing trauma, do not experience "appropriate" symptomatology, or experience symptoms that fall outside the bounds of the violent and/or life-threatening category required for a PTSD diagnosis (i.e. betrayal trauma, cultural oppression, historical trauma; Freyd, 1996; Brave Heart, 1999). With these considerations, a systemic trauma model is needed to understand and typify these trauma experiences. To fill this gap, we present a metatheoretical model that places a family systems lens upon Bronfenbrenner's socioecological theory and fear cascade theory. The model we present includes three domains that elucidate intrasystemic and intersystemic factors. First, various typologies of trauma are described, indicating the systemic level at which the trauma was experienced. These typologies comprise an expanded perspective on the layered, socio ecological systems presented in Bronfenbrenner's (1979) theory of development. Examples of these typological categories include interpersonal trauma, familial trauma, political trauma, and environmental trauma. Second, we employ the fear cascade theory (Kozłowska et al., 2015) to understand and typify trauma severity. This framework allows for severity to be understood outside the context of pre-determined symptomatology, instead considering a variety of responses to trauma through the six stages of the fear cascade (freeze, flight, fight, fright, flag, and faint; Schauer & Elbert, 2010). Finally, the tenet of timing will be discussed, including both chronological/historical timing and the developmental timing of the traumatized system. This model emphasizes both time in history as well as developmental timing, as the stage of development in which a system experiences trauma impacts its ability to respond, including its movement through the fear cascade. Application of this metatheoretical model in research and practice will also be discussed.

A SPIRITUALITY OF LOSS: FINDING OUR CORE SELVES BEYOND ENDINGS

Presenter: Dr. Geraldine Kerr

Short Abstract: Jordan, like any other developing country, has struggled with prioritizing mental health, especially family focused services. This presentation uses Jordan as an example to describe the needs, resources, challenges, and implementation strategies that family therapists face as they begin working in developing countries “ especially in the Eastern Mediterranean Region.

Long Abstract: Jordan, a developing country in the Eastern Mediterranean Region (EMR), has struggled with prioritizing mental health. The WHO’s Mental Health Atlas (2017) notes that Jordan does not have a budget for mental health under its public health policy. (https://www.who.int/mental_health/evidence/atlas/profiles-2017/JOR.pdf?ua=1)

Jordan has a population of 9.7 million; 1.2 million are Syrian refugees. Syrian refugees are the most recent addition to Jordan’s fast-growing population. Jordan has historically received millions of refugees from different countries including Palestine, Iraq, and more recently, Syria. With the current increase in population, Jordanian health services cannot meet the overwhelming needs of Jordan’s population.

The current available resources (such as mental health workers per 100,000 population) are scarce, even in comparison to neighboring countries. A 2017 study showed that almost all EMR countries suffer from a higher mental disorder burden compared to global norms. Moreover, the mental health burden is expected to escalate due to worsening instability and ongoing wars. (<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0169575>)

The EMR and Jordan more specifically are conservative countries. Family identity is the cornerstone of Jordanian society and emerging mental health services should reflect the strong value of family unity. Family support is often the only resource available to a member struggling with mental illness.

Since 2014, MFT faculty and students from the University of San Diego have gone to Jordan three times to assess the feasibility of providing family based services in medical settings and community clinics. Using data from evaluations completed by students, medical students, physicians and mental health providers, this presentation describes the needs, resources, challenges, and implementation strategies that family therapists face as they begin working in developing countries “ especially in the EMR.

MOVING BEYOND TRAUMA AND LOSS: POST-TRAUMATIC GROWTH

Presenter: Dr. Geraldine Kerr

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Follow the Flow to Find Your MFT Theoretical Model

Presenter: Heather Koehl

Short Abstract: Overwhelmed by selecting a conceptualizing model, MFT students may revert to syncretistic confusion. We propose a flowchart that identifies and presents the basic tenets of the major MFT theories in simplified questions to assist students in identifying the theory that best fits with their natural way of thinking.

Long Abstract: Despite being a relatively young field, Marriage and Family Therapy (MFT) has a wide array of guiding theories with which to systemically conceptualize clients and their presenting issues. Instructors and researchers have reached little consensus on how students best learn to conceptualize and treat family problems from systemic models (Bitar, Bean, & Bermudez, 2007). In fact, due to the volume of content required in learning MFT theories, some students might become easily intimidated by theory and defer to an eclectic theoretical approach based on common factors (Simon, 2003; Fife & D'Aniello, 2018; Fife et al., 2014).

Training programs often empathize the importance of selecting a primary model for conceptualizing clients. MFT interns "try on" various models while working with clients to identify a way of theoretically conceptualizing clients. Many students may begin to abandon theory and focus on common factors of alliance and motivation. Alternatively, students may become overwhelmed trying to select a model and revert to syncretistic confusion and grasp for any intervention that may possibly work for their clients (Karam, Blow, Sprenkle & Davis, 2014). While developmentally normal, this confusion of models can be devastating and can exacerbate feelings of inadequacy in the MFT students.

In this poster, we propose an easy to follow flowchart to assist students in identifying the theory that best fits with their natural way of thinking. The flowchart identifies and presents the basic tenets of the major MFT theories in simplified questions to help students identify a theory. This flowchart allows students to select a model that fits with the way they naturally conceptualize the world and address problems. Additionally, the flowchart can be used to provide a skeleton understanding of the major MFT theories for teaching purposes.

Transcultural Feminist Therapy

Presenter: Natalia Kuzmina

Short Abstract: Transcultural feminism is proposed as a way to combat disparities among women while being sensitive to dissimilarities arising from various contexts in the globalized world. The presenters who identify as transnationals will illustrate their own journey with transcultural feminism and its influence on their work with transnational clients and students.

Long Abstract: Globalization connects and mixes cultures and people across the world. This exposure facilitates the sharing of values and ways of being, many of which appear to promote social advancement. However, a closer examination reveals that the majority world, made up of mostly non-western cultures, is expected to completely endorse social democratic or modernization as a necessary component of progress including feminism. When adopted in whole with all its western ideals, feminism potentially not only contradicts local cultural values and norms but can perpetuate colonization. In order to overcome the hegemony of a dominant feminist approach, transcultural feminism is proposed. Transcultural feminism is committed to combating disparities among women while being sensitive to dissimilarities arising from cultural, social, and global locations.

Transcultural refers to the “freedom to live on the border of one’s inborn culture or beyond it, without denying native or other cultures, and where this “decentering of cultures” facilitates the “unlearning of identity formation dependent on ethnicity/nationality/locality/religious affiliation (Dagnino, 2015, p. 10). This anti-ideological stance sees culture as overlapping and fluid. Hence, transcultural feminism allows a more imaginative range of cultural identities that shifts and varies as needed to live fully in one’s environment. This approach calls for not only honoring the client’s worldview and cultural difference but mindfulness of our own personal stance and processes of transculturalism and clients’ perception of societal hierarchy and their place in it. It calls for honoring clients’ desire for change in order to meet the western ideals of success while also honoring the unique cultural values important to the client that may be antithesis to western ideals. Transgressing both western and own cultural paradigms to form a third paradigm that reflects client’s unique needs is what transcultural feminism is about.

The presenters who identify as transnationals will present cases that illustrate their own journey with transcultural feminism and its influence on their work with transnational clients and students. The presenters who have lived in the US for 3 and 20 years respectively and are still in their own process of transculturation, will highlight their process of managing the confluence of opposing values.

Why Integrative And Collaborative Family Therapy Is More Relevant Today Than Ever

Presenter: Judith Landau

Short Abstract: Rapid cultural change and globalization call for an increased emphasis on collaboration and integration in order to relate effectively with families. Clinical examples of the application of Transitional Family Therapy (TFT) integrative family therapy will help clinicians understand current challenges, and increase their skills and competence in these fast-changing times.

Long Abstract: Rapid cultural change and globalization call for an increased emphasis on collaboration and integration in order to relate effectively with families.

The family therapy field is approaching 75 years and a variety of models have emerged. With new generations of family therapists, the field now recognizes our roots and commonalities. Current generations are trained in multiple orientations and shared theoretical ideas. This era is marked by the development of integrative models of family therapy, the first of which was Transitional Family Therapy (TFT).

Concurrently, there has been an inevitable transition of people, some of whom have been transformed by forces beyond their control. Problems and clinical patterns have originated in exposure and adjustment to constantly changing culture and present across diverse populations. It is necessary to consider the specific stress of migration and other cultural transitions, along with reactions and family patterns that occurred. The original models of family therapy are still practiced. In addition, much of current practice focuses on integrative models and models applicable to particular problems or populations.

Clinical examples of the application of TFT integrative family therapy will help clinicians understand current challenges and increase their skills and competence in these fast-changing times.

Soul Light for the Dark Night: Healing for the Psycho-Spiritual Wounds of Trauma, Abuse and Addiction

Presenter: Sue Lauber-Fleming

Short Abstract: All abuse, all trauma, is an assault on the human spirit. All survivors of trauma and all addicts suffer both psychological and spiritual damage. This presentation will demonstrate to participants the psychological and spiritual damage caused by trauma, abuse, and addiction and provide a model for healing these soul wounds.

Long Abstract: This presentation, drawn from the presenters'™ personal and clinical experience, will demonstrate to participants the psychological and spiritual damage caused by trauma, abuse, and addiction. All abuse, all trauma, is an assault on the human spirit. Addiction is an assault on the spirit as well. All survivors of abuse and trauma, and all trapped in the throes of addiction, suffer not only psychological damage, but soul damage as well. In addition, survivors of abuse, addicts, offenders and their partners are all caught in a vicious and tragic cycle of abuse, betrayal and addiction which can only be fully broken if the spiritual wounds are addressed and spiritual healing is supported by mental health and pastoral professionals knowledgeable of the psychological and spiritual issues involved.

Accreditation Process for Marriage and Family Therapy Programs

Presenter: John Lawless

Short Abstract: 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.

Long Abstract: 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. The focus will be on the 2 Tiers of accreditation, the difference between Tier 1 (Basic training programs) and Tier 2, (Advanced Training Programs). The session will also discuss issues various countries have in developing training programs.

Ideas and practices of paternal care in low-income communities in the rural Western Cape, South Africa

Presenter: Marié le Roux

Co-Presenter: Elmien Lesch

Short Abstract: Research on fatherhood has shown a rise in more involved fathering practices. This paper explores the ideas and practices of paternal care in a specific social context in South Africa, and presents findings of how traditional and more contemporary, caring masculinity ideas are intertwined in accounts of fathering behaviour.

Long Abstract: The benefits of positive father involvement on the well-being of the child, mother or other primary caregiver, and the father himself have been firmly established in international and South African research on fatherhood. Due to the known positive impact of present and positive father involvement, much South African research has focused on absent fathers. However, recent global and local research on fatherhood has shown a shift in fathering practices, where contemporary men engage in more involved and complicated fathering practices. This has given rise to the so-called “new” father, who is attentive and caring towards his children and other members in the household. Many theories on fatherhood are informed by ideas on masculinities, and researchers agree that masculine identities influence fathering ideas and practices. New masculinity theories are being developed to encapsulate these changes and complexities in fathering practices across the globe. This study, rooted in a social constructionist masculinity theoretical framework, explores the ideas and practices of paternal care in a specific social context in South Africa, namely low-income, rural communities in the Western Cape. These communities are especially under-represented in South African fatherhood literature. Ten families from three such communities took part in this study. The findings presented here were generated from thematic analysis of 30 qualitative interviews, conducted separately with three members of each family unit: a father-figure, a mother-figure and an adolescent. Participants’ accounts revealed complicated notions of paternal care. Although more contemporary caring ideas and practices of fathering behaviour were reported, these caring masculinity ideas remained intertwined with traditional hegemonic masculinity ideals.

Tele-mental health: An Introduction

Presenter: Cassandra Leow

Short Abstract: Tele-mental health has become a popular medium for providing mental health care with research showing it is effective and beneficial to reach underserved populations. This workshop will present a collaborative-care, tele-mental health model, developed and applied in an MFT program with great success in reaching rural underserved communities.

Long Abstract: People living in rural and underserved regions of the United States and the world are often faced with multiple, complex, and seemingly insurmountable barriers to receiving appropriate treatment for mental health problems. These barriers include the stigma associated with mental illness, shortage of healthcare providers, reluctance to acknowledge problems when they exist, and lack of family and community support. It is clear that without improved access to mental health care, mental health problems worsen and negatively impact the quality of life of patients, their families and the community. Sustainable solutions to reducing mental health disparities in rural communities must not only make mental health care more accessible, but ensure that it is acceptable to rural consumers and families. Consequently, innovative transdisciplinary approaches are needed that emphasize engagement with the community and local providers. Through a USDA Higher Education grant, the authors developed a clinical training curriculum focused on the development and delivery of mental health services through videoconferencing that has been using our collaborative care protocol. This model has made a significant contribution to the limited access rural residents have to comprehensive mental healthcare services, and the lack of training of mental health professionals in rural mental healthcare. This model provides an important foundation of training in the use of technology that is missing, and will be a model for other training programs.

Effectiveness of an onsite/online hybrid mode of a Competency-based Family Therapy Training for Mental Health Professionals who work with Chinese Families of Parental Depression in Hong Kong

Presenter: Julia, W. K. Lo

Short Abstract: This presentation reports the preliminary results of an evaluation of an onsite/online hybrid mode of a competency-based family therapy training for mental health professionals in Hong Kong. Significant increase in conceptual, perceptual and executive competencies were found among participants who received intensive advance family therapy training.

Long Abstract: Use of Family Therapy (FT) and Multiple Family Therapy (MFT) by mental health professionals to work with Chinese families of parent(s) with symptoms of depression remain scant in Chinese societies such as Hong Kong. To preserve the intensity and regularity of clinical learning among the trainees under the volatile situations of the COVID-19 pandemic, an onsite/online hybrid mode of competency-based family therapy training programme was launched in July 2020 by the research team of Family and Group Practice Research Centre, Department of Social Work, The Chinese University of Hong Kong and New Life Psychiatric Rehabilitation Association (the agency). In this presentation, we aim to report the preliminary results of an evaluation of the first year of training in enhancing the clinical competency of the trainees in three dimensions, namely the conceptual competency, the perceptual competency, and the executive competency. In total there are seventeen mental health professionals participating in this study as the core group members who receive both basic and advanced family therapy training (total number of hours = 32). Twenty-seven mental health professionals were recruited as the comparison group who receive only the basic training at two different time points. All participants respond to a self-evaluation questionnaire after every training session. Results suggest that, after receiving intensive advance family therapy training, significant increase in conceptual, perceptual and executive competencies were found among the core group members. Challenges and opportunities of conducting the family therapy training in onsite/online hybrid mode will be discussed.

A Multi-Family Therapy in the Natural Outdoors for Chinese Families of Adolescents with ADHD: Context-making for Stimulating the Change Processes

Presenter: Julia, W. K. Lo

Short Abstract: A Multi-Family Therapy in the natural outdoors for Chinese families of adolescents with ADHD was developed. Use of natural outdoors in MFT was found to be a useful strategy that helped create a more naturalistic group setting for the Chinese families of adolescents with ADHD to enact changes more easily.

Long Abstract: Background: Recent reviews of Multi-Family Therapy (MFT) posed the need for knowledge accumulation and development of the unique identity of MFT through identifying the helpful components and the change processes of different MFT models. Against this background, in 2017, 2019, a process research was implemented to develop an MFT model for Chinese families of adolescents with ADHD in Hong Kong, and to investigate how the “making” of the physical and social group contexts would be helpful for promoting change process in the MFT. Objectives: This presentation aims to report the findings on 1) the client-perceived helpful characteristics of the group contexts in the MFT; and 2) the process of change of the MFT for Chinese families of adolescents with ADHD. Methods: Multidimensional qualitative measures, comprising photo-elicitation interviews with adolescents, parent post-treatment focus groups and family in-depth interviews, were employed to explore the participatory experiences of the families. A total of 20 Chinese families of adolescents with ADHD (aged 11 to 15) participated in this process research (23 adolescents with ADHD, 19 fathers and 18 mothers). Results: The results of the thematic analysis revealed that three characteristics of the group context, namely Family Companionship, Exchange, and Change of environment, were conducive to the development of changes in the MFT. Conclusions: The MFT model was perceived by family participants to be helpful in strengthening their family relationships. The use of a natural outdoor environment in the MFT was found to be a useful strategy that helped create a more naturalistic group setting in which the Chinese families of adolescents with ADHD can more easily enact changes.

Effectiveness of an onsite/online hybrid mode of a Competency-based Family Therapy Training for Mental Health Professionals who work with Chinese Families of Parental Depression in Hong Kong

Presenter: Joyce, L.C. Ma

Short Abstract: This presentation reports the preliminary results of an evaluation of an onsite/online hybrid mode of a competency-based family therapy training for mental health professionals in Hong Kong. Significant increase in conceptual, perceptual and executive competencies were found among participants who received intensive advance family therapy training.

Long Abstract: Use of Family Therapy (FT) and Multiple Family Therapy (MFT) by mental health professionals to work with Chinese families of parent(s) with symptoms of depression remain scant in Chinese societies such as Hong Kong. To preserve the intensity and regularity of clinical learning among the trainees under the volatile situations of the COVID-19 pandemic, an onsite/online hybrid mode of competency-based family therapy training programme was launched in July 2020 by the research team of Family and Group Practice Research Centre, Department of Social Work, The Chinese University of Hong Kong and New Life Psychiatric Rehabilitation Association (the agency). In this presentation, we aim to report the preliminary results of an evaluation of the first year of training in enhancing the clinical competency of the trainees in three dimensions, namely the conceptual competency, the perceptual competency, and the executive competency. In total there are seventeen mental health professionals participating in this study as the core group members who receive both basic and advanced family therapy training (total number of hours = 32). Twenty-seven mental health professionals were recruited as the comparison group who receive only the basic training at two different time points. All participants respond to a self-evaluation questionnaire after every training session. Results suggest that, after receiving intensive advance family therapy training, significant increase in conceptual, perceptual and executive competencies were found among the core group members. Challenges and opportunities of conducting the family therapy training in onsite/online hybrid mode will be discussed.

Now I See A Person: A New Model for Breaking Free of Mental Health Labels

Presenter: Emma Macintosh

Short Abstract: What happens if people are viewed as normal humans who are going through difficult times, when we honestly care about others & invest time to understand hardships they face, when we embrace ideas people can surpass mental illness & invite their community to join the person's strengths and capacity to heal?

Long Abstract: Now I See A Person Institute is a non-profit graduate and postgraduate teaching and clinical institution using Collaborative Dialogical Practices, horses and a nurturing and normal environment for clients to heal from trauma and resultant challenges. We especially have success (evidence-based qualitative research) with those clients who unfortunately have lengthy histories of trauma, and extensive past experiences with hospitalizations, years of therapy, years of residential care or rehabilitation and medications which did not aid but became more hopeless with family distrust and disconnect. Our clients evolve to see themselves as a person and not a diagnosis that may have labeled or limited them in the past. Our team of therapists, nurturing horses, and the normalcy of a ranch environment provide a community of support while symptoms dissipate and new self-perceptions evolve, and family member relationships are rebuilt.

Online Single Session Therapy During COVID-19 Emergency

Presenter: Paulina Medina Mora Maurer

Short Abstract: This presentation illustrates a project that started during the COVID-19 emergency, in which a group of supervised training family therapists offered online single sessions with reflective teams. It will approach different aspects of the project, such as the sessions' structure and objectives, and the results of the project.

Long Abstract: During the COVID-19 emergency, many mental health services were not available for the people that needed them, and this was a challenge to overcome. A group of supervised training family therapists developed a project to offer online single sessions with reflective teams. This presentation gives a general view of the project.

First, it presents the clients, their demographic data and the reasons they had for asking for the session. Second, it states the way in which the sessions were organized, and the stages the therapists followed in order to give the service. Then, it analyzes the results the project had, both in quantitative and qualitative terms.

Finally, it gives a general view of the direction that this project can offer to future developments of the kind.

Introducing the violence cycle as a therapeutic tool for woman who suffer violence

Presenter: Paulina Medina Mora Maurer

Short Abstract: The poster presents the violence cycle and its stages as a tool that can be used in the treatment of women who suffer violence. It displays the ways in which this can be implemented and the results that have been obtained with this tool.

Long Abstract: Information is one of the main tools therapists have for the treatment of a woman who suffers violence. Violence is often normalized and therefore overseen by people who suffer it and even by the specialists who treat these women.

This poster introduces the violence cycle as a tool for making violence visible to those who suffer it, and to integrate the stages as one phenomenon, rather than isolated moments.

First, the poster presents the violence cycle and its stages. Then, it proposes different ways in which it can be introduced in a therapeutic process. Finally, it presents some of the results obtained with this therapeutic tool.

Feminism and systemic theory as tools to question hegemonic femininity beliefs: case study

Presenter: Paulina Medina Mora Maurer

Short Abstract: Case study that illustrates how hegemonic femininity beliefs are connected with the normalization of violence against women. In the therapeutic process, both feminism and systemic theory were applied to question the underlying beliefs associated with the woman stereotype in the clients culture.

Long Abstract: The case study presents a therapy process of a woman who, after 18 years of marriage and two children, decided to leave her family and start a relationship with another man. In this relationship, she suffered violence, but eventually she was able to escape.

Having returned, she went back with her husband and children, and decided to start a therapeutic process.

The first section presents the underlying hegemonic beliefs about what being a mother, a daughter, a wife, and a woman means to the client and the people in her context.

The second section analyzes how these beliefs affected her and her relationships, and the way in which the beliefs connect with the normalization of violence.

The third section states the interventions implemented and their epistemological bases in order to analyze the effects that they had in the client and her family.

The final section presents the results through the evolution in the woman's discourse through the process.

Supervision for MFT Trainees Working with Military Families

Presenter: Tatiana Melendez-Rhodes

Short Abstract: Participants will identify issues presented in military families and couples during supervision. Case conceptualization, selection of effective therapeutic models and strategies supervisors can use with their supervisees will be discussed. Supervisor-supervisee relationship and self of the therapist will be examined as supervisees work with trauma survivors on a regular basis.

Long Abstract: Even though there are different models of clinical supervision, none of them have proven that one is better than the other (Morgan & Sprenkle, 2007). What is more, none of those models have addressed specific elements that need to be considered in order to provide clinical supervision to family therapy trainees who are working with military or veteran families. Supervisors should ensure that their supervisees provide competent clinical and ethical services (Sutherland, Fine, & Ashbourne, 2013), and this implies intensive training and supervision (Robbins et al, 2018). In order to do that, supervisors need to help trainees understand and navigate the complexities of military culture and the system in which they practice. Trainees will learn a new language that differs from the one learned in graduate school (Edward and Patterson, 2006). Moreover, trainees will perceive that the application of MFT techniques and models can be challenging, especially when the military member has one or more severe medical or mental health issues (e.g., Traumatic brain injury, PTSD, Substance Use). It is in this context that different supervision strategies need to be applied. In this workshop, participants will identify most common issues presented in military and veteran families and couples during supervision. Also, participants will learn different strategies and methods they can use with their supervisees in order to increase their clinical competencies while working with this population. Participants will learn the importance of paying special attention to the supervisor-supervisee relationship and self of the therapist as supervisees work with trauma survivors on a regular basis.

Mixed-legal Status Families after DACA

Presenter: Joanna Mendez-Pounds

Short Abstract: Presenter will discuss original qualitative research exploring the perspective of DREAMers, undocumented adults raised in the US. Presenter will discuss themes concerning how DREAMers perceived the impact of legislations (i.e. DREAM Act, the Deferred Action for Childhood Arrivals) on family dynamics changed through increased opportunities and resources.

Long Abstract: In 2012 President Obama authorized the Deferred Action for Childhood Arrivals (DACA) program. The DACA program gives eligible undocumented young people relief from deportation, renewable work permits, and temporary social security numbers, which opens up access to different jobs, increased pay earnings, driver's licenses, health care, and banking (Gonzalez, Terriquez, & Ruszczyk, 2014). In the short term, DACA decreased barriers faced by undocumented young people as they strive for economic and social involvement (Gonzalez et al., 2014). While DACA provided important benefits to young people, DACA was initiated as a temporary immigration policy in hopes that Congress would pass the Development Relief and Education of Alien Minors (DREAM) Act. Congress failed to pass legislation, and on September 5, 2017, the Trump administration announced that the program would be phased out. However, on November 14th, 2020 a court ruled in favor of DACA and USCIS began accepting initial DACA applications, DACA renewal requests, and applications for advance parole from DACA recipients (nilc.org, 2021).

This forum will present original qualitative research that resulted from semi-structured interviews with individuals identifying as DREAMers, undocumented students raised in the US awaiting the passage of the DREAM Act. The study used interpretative phenomenological analysis to explore the perspective of DREAMers to explore how family roles and dynamics were affected by mixed-statuses that resulted from policy actions such as DACA. DREAMers shared how they perceived changes in opportunities affecting how family members got along and interacted with one another. Along with changes in family dynamics, DREAMers also discussed changes in the roles that family members assumed as a result of access to opportunities and resources. A structural and textual analysis of the interviews revealed several themes: 1) roles in the family, 2) procuring resources, 3) contextual factors' influence on the undocumented experience, 4) magnitude of DACA, 5) mixed-status in the family, 6) constructing identity, and 7) evolution of the DREAMer status. The presenters will discuss the important clinical, research, and policy implications of the findings.

Fragility to Resilience for Couples and Newly Singles in the Middle East

Presenter: Jaime Mendoza

Short Abstract: Divorce is affecting every culture, but minimal information exists on Arab marriages. This presentation is based on research done in Egypt. We address the main themes of why couples divorce. We conclude by providing ways clinicians can help build resilience around the main challenges couples and newly singles face.

Long Abstract: Divorce is affecting every community, culture and country. In the USA and the west, divorce ranges between 50% to as high as 67%. In the Middle East/North Africa (MENA) countries are beginning to notice a similar trend. The divorce rate is considered to range from 42% to as high as 61% amongst first marriages. Thus, select MENA countries are trying to help strengthen marriages in their respective regions. However, they are implementing programs that have minimal research resulting in poor outcomes, resulting in a divorce rate that remains unchanged or continues to increase. This presentation is based on current research being done in Egypt. We address four of the primary themes and their respective sub-themes of dysfunctional relationships and why they ultimately end in dissolution. The primary themes include: 1) expectations, 2) secret life, 3) relational dynamics, and 4) mental health. We transition and focus on how clinicians can help build resilience around these four areas so that struggling couples and/or new singles (divorced) may develop their capacity to prevent a divorce or become better suited for a future relationship. Resilience themes include strengthening emotional regulation, developing a new narrative, self compassion, building a support system, understanding what intimacy is and other areas. The recommendations are based on an intervention developed and tested by the project team that is consistent with the literature, the data collected, adapted to fit the culture and pilot tested. The initial pilot intervention was a workshop presented to the target population who provided pre and post feedback.

Chinese Family Therapy: Unique Family Dilemmas and Collectivist Clinical

Presenter: John Miller

Short Abstract: Family therapy originated in Western cultures, and is now flourishing in China. This presentation includes a novel collectivist informed method developed at the Sino-American Family Therapy Institute (SAFTI) over the past decade to address Chinese family therapy issues in ways that fit with unique elements of the Chinese culture.

Long Abstract: The presentation will include an introduction to the development of Western originating family therapy practices in non-Western contexts, where counseling practices have only recently begun to develop at a broad level. Next, the presenter will discuss current international social sciences scholarly discussions regarding the intricacies of exporting complex clinical models to other contexts. 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 carefully adapted to other cultures and what are some guiding principles for the exportation for this endeavor? The presenter will discuss these questions during the presentation, with some suggestions for the future development of an ethos of exportation in family therapy.

MFT Perspectives on Food Addiction

Presenter: Darren Moore

Short Abstract: The purpose of this study was to explore Marriage and Family Therapy students' perspectives regarding food addiction and associated eating disorders, as a clinical treatment issue.

Long Abstract: The purpose of this study was to explore Marriage and Family Therapy students' perspectives regarding food addiction and associated eating disorders, as a clinical treatment issue. In a standard addictions course housed in a COAMFTE approved Marriage and Family Therapy program, twenty students completed a qualitative survey where they reflected on the topic of food addiction, Binge Eating Disorder, and Bulimia Nervosa, within the context of individual, couple, and family relationships. In the study four major themes emerged, which included 1) Defining Food Addiction, 2) Perceptions of Eating Disorders, 3) Conceptualizing Systemic Treatment, and 4) Experiences in clinical training. Clinical implications, recommendations for MFT education, clinical practice, and future research are discussed.

Confrontation in Family Therapy with Suicidal Adolescents

Presenter: Noga Nabarro (Rubinstein)

Short Abstract: This presentation includes a taped therapy session, demonstrating Change Focused Confrontational Interventions while working with “suicidal” families. The focus is on mobilizing immediate, crucial changes towards assuming responsibility and commitment. Observe effective interventions dealing with parental denial, scapegoating, disqualifying and other destructive systemic interactions and patterns connected with the suicidality.

Long Abstract: This presentation includes a video of an intense first session in which Dr. Noga Nabarro demonstrates Change Focused Confrontational Interventions while working with families of suicidal adolescents. These interventions are based on Change Focused Therapy and revolve around critical issues and the destructive systemic interactions and patterns connected with suicidality. The focus of the Confrontational Interventions is to create and mobilize immediate and crucial changes towards a healthier, more accepting and open system. The confrontation must create a change in the here and now of the session. The greater the danger, the more immediate and meaningful the change must be. The confronted member must receive ample support while being confronted so as not to raise resistance or denial.

The video demonstrates effective confrontations, from the very first session, dealing with parental denial, scapegoating, disqualifying or disengaged communication and other relevant systemic patterns. You will also observe how the therapist supportively brings the family to assume full responsibility and full commitment to the healing process as early as the first session.

This work is based on over 35 years of experience working in family therapy and with many families with suicidal adolescents within SHINUI Institute for Systemic Studies, Israel.

Over the years and after 16000 families we have had only 2 cases of successful suicide under extreme circumstance and almost no hospitalizations. This encouraged us to look into and study the major elements of our family therapies that could explain this effectivity.

This very short presentation brings forth only a small fracture of the working model, focusing on the crucial beginning of therapy and the motto that we carry: “When the situation is serious there is no time to waste. This is why Confrontational Interventions are so important.

This work is dedicated to my late mentors and teachers Carl Whitaker and Salvador Minuchin and to Carlos Slutzky and Maurizio Andolfi whose work and ideas are deeply embedded in my work.

Family Relationships and Non-residential South African Fathers Involvement with Children

Presenter: Erika Nell

Short Abstract: The non-residential father as a member of a family system has been neglected in research. This study investigated how father-child relationships are influenced by the quality of key extended kin-father relationships. Themes were identified that contribute or inhibit father-child contact. Significance of miscommunication around initiation of contact.

Long Abstract: Constructive paternal involvement has the potential to greatly contribute to family and child mental health. Many South African fathers, however, do not live with or close to their children and are not benefiting from daily or regular father-child contact. Key extended family members play a significant role in father-child contact in general, but especially in black South African communities where fatherhood is often understood to happen to families rather than individuals. The quality of the relationship between the biological father and mother of a child is also often significantly influenced by the inputs of maternal grandparents or other extended kin.

The non-residential father as a member of a larger family system, in which key extended kin play important roles in decisions related to access to children, has been neglected in South African family research. This study therefore aimed to address this gap by investigating if and how the quality of relationships with biological children of black African nonresidential fathers, is influenced by the quality of his relationships with key extended kin. This qualitative study was informed by a General Systems perspective. Purposive sampling resulted in the recruitment of 10 family systems with 4 family members participating in the study (N = 40). This included the non-residential father, his adolescent child, mother of the child and another extended maternal family member. Individual interviews were conducted with each of these members to explore the father's nature, frequency and quality of contact with the child; nature, frequency quality of contact with extended family; and how the nature of these relationships impact on the contact between father and child. These interviews were transcribed and Braun and Clarke's six-phase thematic analysis method was used to identify themes within these relationships that either contribute to, or inhibit father-child contact. The following themes will be presented and discussed: the provision from the father as an overpowering theme; circular miscommunication and misinterpretation between family members around initiation of contact; quality of father-child relationship is prioritised over frequency of contact.

The subjective experiences of the third party in intimate relationship and implications for therapeutic interventions

Presenter: Hoi Ling Ngo

Short Abstract: Female third parties experience struggles in intimate relationships, needs are unfulfilled and bring along with negative emotions, they utilize negative coping strategies and fall into vicious cycles. The study aspires to reflect on the importance of enhancing awareness on the impact of relationships on their needs, interaction pattern and self-understanding.

Long Abstract: Women as third parties experience different struggles in intimate relationships, the ambivalence evokes various negative emotions and reactions with negative impact. Yet, the society mainly has negative discourses on the third parties, condemning them as sinners who breach moral standards. This results in the third parties often becoming the main target of negative comments, without paying attention to their emotions, needs, or suffering. Current literatures mainly focus on the extramarital parties and spouses, and aim to analyze the causes, as well as prevention and restoration. In Hong Kong, there is a general lack of social services and resources to meet the needs of third parties.

In this qualitative study, the subjective experiences of third parties are explored through analyzing relevant literature, and qualitative materials from five in-depth case interviews. There is a particular focus on their emotions, conflicts, coping strategies and needs that arose in conflict situations. Impacts on individuals and close relatives of third parties would be included in the study as well. The goal is to reflect upon current approaches to family education and counseling, and provide fresh insights.

Female third parties in these relationships are troubled by factors including inner longing, negative emotions, struggles with morality, and negative social discourses on third parties etc.. The intimate relationship outside marriage is unable to fulfill their needs, and brings along with tremendous negative emotions, such as guilt and shame. Further, many have utilized negative coping strategies to cope with the struggles and fall into a vicious cycle. Reverberating negative emotions makes it difficult to realize what really plagues. Simultaneously, we cannot neglect the social milieu's impact on the individual, with an example being moral standards.

By understanding the subjective experiences of the female third party, this study aspires to reflect on the importance of enhancing awareness on the impact of outside marriage relationships on their lives, needs, interaction pattern and self understanding. Strengthening support network, developing relevant family education on intimacy and relationship and strengthening professional training in rendering therapeutic services for third parties are the three recommendations in supporting third parties

Piloting a New Model of Whole-Person Care: Inviting Doctorate in Nursing Practice Students into the Therapy Room

Presenter: Lindsey Nice

Short Abstract: Therapists interested in medical family therapy typically join healthcare providers in their spaces of work. The presenter will share themes from an innovative pilot program where psychiatric doctorate in nursing practice students join marriage and family therapy students in the therapy room for a co-led intake session.

Long Abstract: Family therapy faculty who value systemic practice and the biopsychosocial spiritual (BPSS) model face a myriad of challenges when trying to incorporate whole-person care into students' clinical training experiences including: finding space for co-located medical and mental healthcare, working out referral processes, budgeting constraints, and training students to communicate effectively across disciplines. Traditionally, therapists interested in this type of work seek out additional training in medical family therapy (MedFT) and join medical providers in their practice locations. At Pacific Lutheran University, we are piloting a new program where psychiatric doctorate in nursing practice (DNP) students take a semester-long course in family therapy and join our marriage and family therapy (MFT) students in the therapy room for a cold intake session. This innovative approach accomplishes several things: it makes mental health care as important as physical health care by inviting the DNP students into the therapy space, it provides creative learning opportunities across disciplines, and it creates better BPSS care for vulnerable client groups.

This presentation will highlight the themes that have surfaced over the last two years of piloting this model of care. The researcher will show a video demonstrating a real intake session where the DNP student joins the MFT therapist in addressing some of the more healthcare-related aspects of the clients' experience that would likely otherwise be missed. Participants will be invited to take part in a discussion on identifying strategies for cultivating creative, more inclusive places of whole-person care in your own places of work and teaching.

Student Perspectives on Social Justice Training in Family Therapy Education

Presenter: Brandy Nickels

Short Abstract: This presentation is based on a consensual qualitative research study that examined how current students and alumni of an MFT program in rural Appalachia view social justice training. The themes that emerged included ways of addressing social justice in order to best enhance learning and preparation for clinical practice.

Long Abstract: This presentation will center around student perspectives on ways to enhance social justice training in marriage and family therapy graduate level education. The presenters will share the results of a consensual qualitative research study that examined how current students and alumni of an MFT program in rural Appalachia view social justice training. We will share student suggestions for content areas and ways of addressing social justice in order to best enhance learning and preparation for clinical practice. The themes that emerged from our analysis were related to how students preferred their training to be and included: 1. Focusing on relational processes and transparency; 2. Emphasizing self-awareness; 3. Building knowledge of diverse people and groups; 4. Integrating social justice throughout the curriculum; 5. Focusing on clinical applications and social justice advocacy in agencies. The ten research team members represent women with a variety of racial and LGBTIQ identities, most of traditional graduate student age. The impact of the positionality of the research team members and research participants on data collection, analysis, and results will be discussed.

Using Metaphors in Couple Therapy: Bringing Systemic Concepts to Life

Presenter: Arthur Nielsen

Short Abstract: The art of therapy includes the actual words experienced therapists choose to explain psychological concepts and motivate clients to change. Metaphors a particular patterning of words provides a powerful tool to get this job done. This presentation describes a number of metaphors that help couples understand their maladaptive processes.

Long Abstract: Under the rubric of the “art of therapy, we can include the actual words that experienced therapists choose to explain psychological concepts and motivate clients to change. Metaphors, a particular patterning of words, provide a powerful tool to get this job done. As noted by Moran, rather than being frosting on the cake of sense, metaphors help us gauge the unknown by setting it against the known. In this presentation, I illustrate how metaphors can help couples comprehend some hard to grasp concepts. Taking off from the integrative approach developed in my book, *A Roadmap for Couple Therapy: Integrating Systemic, Psychodynamic, and Behavioral Approaches*, I note that while virtually all couple therapists agree that therapeutic progress with couples depends on improving their interpersonal process, thinking systematically does not come naturally to most clients most of whom blame each other, something that feels experience-near to them. Two examples give a taste of my presentation:

Hungry Diners & Unresponsive Waiters

Angry pursuit and escalating conflict commonly consists of one or both partners speaking increasingly loudly, impatiently, and aggressively, perhaps while nagging, guilt-tripping, or swearing. These ineffective attempts to influence a partner tend to occur and intensify when the partner seems unresponsive. Therapists can normalize these counterproductive behaviors by explaining them in systemic terms. One metaphor I frequently use is of a hungry person calling for an unresponsive waiter. At first, the diner waits respectfully, then tries to signal non-verbally, then calls out in a calm voice, and finally might resort to yelling. Often, it is more accurate to characterize both partners as hungry diners, even though one may superficially appear to be an unresponsive waiter.

Firefighters Battling Forest Fires

Just as escalating pursuit can seem appropriate in some situations, so can flight. Therapists can normalize the “flight” of distancers in pursuer-distance couples by comparing them to firefighters understandably retreating, when overmatched, by a raging forest fire. Helping clients share their reasons for retreating frequently deepens the treatment and can be followed by offering assistance to them to deal with their pursuing partners.

“That Just Happened!”: Supervising from Marginalized Locations

Presenter: Maxine Notice

Short Abstract: Literature highlights the importance of conversations addressing culture and diversity in the supervisory context. However, there is little discussion about how supervisors of color manage conversations that address issues of power and privilege with supervisees. This workshop will address this gap and amplify the marginalizing experiences of supervisors of color.

Long Abstract: Supervisors are tasked with gatekeeping within our profession. Although scholars have identified the significance of cultural diversity in the supervisory context, acknowledgement of the experiences of supervisors of color has been largely overlooked. The number of designated supervisors stands at 71% Caucasian, with the number of supervisors of color steadily growing as our field's pathway to cultural inclusivity continues (AAMFT Aggregated Program Demographic Data, 2019). To aid supervisors of color in their work towards higher standards of cultural awareness and attunement, it's imperative to cultivate spaces where supervisors can process their experiences surrounding multicultural supervision. With a limited number of theoretical models for multiculturally competent and responsive supervision (Inman & Landany, 2014; Landany, 2014), supervisors of color continue to face challenges associated with addressing issues of social location and power in the supervisory relationship. This workshop will provide a brave space for participants to explore the intersection of privilege and oppression as they increase their critical consciousness regarding race in the context of supervision (Tohidian & Mui-Teng Quek, 2017).

This experiential workshop will be conducted by approved supervisors and supervisors-in-training of color. Interactive learning will include a large group activity and small group discussions accentuating the experiences of supervisors with marginalized identities. Collectively, the presenters of this workshop have nearly 20 years of experience practicing as marriage and family therapists. Participants will examine intersecting forms of oppression and privilege within the supervisory system. Participants will review case examples that depict the challenges often faced by supervisors of color. Through activities such as creating a critical genogram and social capital mapping, participants will learn ways to raise critical consciousness within the supervision relationship. Conclusively, participants will have the opportunity to engage in reflexivity and community-building as they explore ways to increase systemic change by centering the experiences of supervisors of color.

Understanding the Divorce Adjustment: The Role of Social Support and Locus of Control

Presenter: Basak Oksuzler Cabilar

Short Abstract: Increase in the rate of divorce is a global problem. Because divorce has multidimensional and unique effects and is considered as a life crisis, understanding the adjustment is crucial. Therefore, this study aims to examine the mediating role of locus of control between social support and post-divorce adjustment in adults.

Long Abstract: Divorce is one of the most stressful experiences in adult life and there is a considerable increase in divorce rates all over the world. A great number of literature showed that after divorce, individuals experience numerous challenges in emotional, psychological, social, and financial domains. Because of its multifaceted and specific components, understanding the adjustment process is crucial. Earlier studies indicated that several factors are associated with divorce adjustment. Although the protective function of social support in adverse life events is emphasized by many studies, the mechanism between support and adjustment is not clear. At this point, examining the relationship between social support and adjustment taking the role of intrapersonal features into account would be important. Locus of control (LOC) is a personal and cognitive feature that can be affected by social support and is also known to have an influence on adaptation. Therefore, this study examined the potential mediating role of LOC in the relationship between perceived social support and post-divorce adjustment in adults. Data were obtained from 408 divorced adults (250 women, 158 men) ranging in age between 25 to 68 ($M = 43.44$, $SD = 9.49$). The participants completed the Socio-Demographic Information Form, the Locus of Control Scale, the Multidimensional Perceived Social Support Scale and the Fisher Divorce Adjustment Scale-Short Form. Descriptive and mediation analyses were conducted. Results of t-tests showed that level of adjustment varies according to current relationship status, time since divorce, and the perceived impact on the decision. In other words, having a current romantic relationship, greater time since breakup (more than 5 years) and increased impact on the breakup decision were associated with higher levels of adjustment. However, there was no significant difference on the level of adjustment for gender and having a child or not. Mediation analyses also revealed that there is a significant indirect relationship between social support and adjustment by means of LOC. These findings have clear implications for interventions that take into consideration both interpersonal and intrapersonal factors for adjustment of divorced adults.

Parenting among Mothers Exposed to Ongoing Military Conflict in Childhood: An Exploratory Study

Presenter: Ora Peleg

Short Abstract: In this mixed-methods study we examined the experience of mothers who grew up under ongoing military conflict in childhood in terms of their parenting and family patterns. These mothers reported parental and familial difficulties related to their childhood experiences, resulting in anxiety.

Long Abstract: Mothers who were exposed to ongoing military conflict are at higher risk for psychological difficulties, than those who do not live in such areas. The purpose of this two-part exploratory research was twofold. The first aim was to assess differences between mothers who grew up under ongoing military conflict during childhood and mothers who did not grow up in conflict areas with regard to their levels of differentiation of self (DoS) and parental self-efficacy (PSE). The second aim was to identify and depict the parenting experiences of mothers who were exposed to military conflict in childhood. In Part 1 of the study, 120 mothers were included (half of whom reported on being exposed to ongoing military conflict in childhood). Findings indicated that mothers exposed to ongoing military conflict in childhood reported lower levels of DoS and PSE than their counterparts. In Part 2, 10 mothers who were exposed to ongoing military conflict during childhood were interviewed both about their experience as children and as parents. Findings yielded several interesting themes showing that the mothers felt their childhood experiences impacted their parenting negatively. They reported feelings of anxiety, difficulty dealing with stress and sometimes posttraumatic symptoms as well as parental patterns of overprotectiveness, separation anxiety and intergenerational transmission of anxiety. The results of this exploratory innovative study highlight the consequences of exposure to ongoing military conflict during childhood on levels of DoS and parenting practices in adulthood.

Acculturation Stress and Educational Aspiration among Cuban Immigrant Adolescents

Presenter: Nelson Perez

Short Abstract: Acculturation stress creates negative impacts on immigrant adolescents. The presentation will examine the interrelationship between acculturation stress (e.g., perceived discrimination and depression), family cohesion and educational aspiration among 805 Cuban immigrant adolescents. The presenters also provide clinical suggestions on how to work with Cuban immigrant families throughout acculturation process.

Long Abstract: Acculturation is a complex process that accounts for internal and external stress in immigrant families. Stress inside the family stems primarily from the dissonance in acculturation processes among family members. Social discrimination accounts for most of the external stressors experienced by Latino adolescent immigrants. Studies have shown that perceived discrimination is associated with depressive symptoms and their educational performance among Latino adolescents. This study specifically focused on adolescents in Cuban immigrant families as they experienced the challenges of forging their identity while perceiving discrimination in United States.

Using family resilience theoretical framework, this study examined the mediating effects of depression on the relationship between perceived discrimination and educational aspiration, and moderating effects of family cohesion on the relationship between perceived discrimination and educational aspiration as well as depression among 805 Cuban immigrant adolescents. Data were analyzed using the structural equation modeling to test the hypothesized model. The findings supported that perceived discrimination fully mediated the relationship between perceived discrimination and educational aspiration and had a negative influence on immigrant adolescents' mental health wellbeing. However, the findings challenged the premise that family cohesion would necessarily buffer the negative influence of perceived discrimination.

This study provided several clinical implications for Marriage and Family Therapists who work with adolescents in Cuban immigrant families. Building a therapeutic relationship with Cuban families is important because of their tendency to maintain a closed system and homogenous culture. Therapists assessed and used family cohesion as strength of Cuban families to enhance adolescents' depression. For adolescents from a high family cohesive family, therapists are encouraged to attentively examine the type of familism/cohesion each family member practices and attribute meanings to as high family cohesion might also imply less space for adolescents to explore their developmental needs and acculturate to the external world. Furthermore, therapists should assess the acculturation gap between Cuban adolescents and their other family members and its impacts on adolescents acculturation stress, since acculturation gap would increase family conflicts throughout the acculturation process.

India's Family-Focused Substance Addiction Treatment: Clinical Strategies

Presenter: Sebastian Perumbilly

Short Abstract: This presentation, based on an original study with a qualitative-research design involving substance addiction treatment-professionals (n=20) in India, explores benefits, challenges and clinical strategies related to involving families/relational systems in substance addiction treatment programs.

Long Abstract: Substance use disorders (SUDs) devastate patients/clients, their families, communities, and society. Substance addiction's estimated economic cost in the United States society alone is US\$524 billion per year (Jahanpour, Jahanpour & Azodi, 2015). Several clinical studies have reported that involving families and clients' relational systems in treating SUDs is clinically beneficial because it plays a positive role in engaging reluctant patients to initiate therapeutic change (Chan, 2003); positively influences patients' staying on course, treatment completion and overall treatment outcome (Gangadhar & Porandla, 2015); significantly improves patients' abstinence and increases treatment retention (Martin, Lewis, Josiah-Martin, & Sinnott, 2010); lowers drop-out for patients with low motivation (Ilgen, McKellar, Moos & Finney, 2006; Martin, Lewis, Josiah-Martin & Sinnott, 2010); and, contributes positively to the successful treatment outcome (Perumbilly & Anderson, 2017; Cannon & Levy, 2008; Landau & Garrett, 2008; O'Farrell & Fals-Stewart, 2008; Smith, Meyers & Austin, 2008). Though there have been several studies that focused on the benefits of involving families in the treatment of SUDs, no study, to date, has specified the challenges and effective/pragmatic strategies related to such an involvement. This presentation, based on an original study conducted in India with a qualitative-research focus by the presenters, will explore three key areas related to treating SUDs: (1) Benefits of involving clients' families/relational systems in treatment; (2) challenges of involving clients' families/relational systems in treatment; and, (3) clinical strategies related to involving families/relational systems in treatment. The research participants were twenty (20) leading family-focused clinicians working in substance addiction treatment programs in India. This presentation may have clinical and research implications in international substance addiction treatment contexts.

Impact of War on Families: Research Findings from the Perspectives of War Widows

Presenter: Sebastian Perumbilly

Short Abstract: War and its consequences disrupt nations, communities, families and individuals in a multitude of ways. Using a qualitative research method, this study explores the thoughts and perspectives of war-widows (n=6); provides significant insights into the inner life of war affected family systems, and clinical strategies on facilitating healing and hope.

Long Abstract: War and its consequences disrupt nations, communities, marriages, families and individuals in a multitude of ways ranging from trauma to varying degrees of physical and psychological disabilities and challenges (Cooke, 2017; Fitzpatrick, 2018; Struthers, 2017; Zdjelarević, Komar, Lončar, Plašić, Hraba, & Marinko, D. 2018). Though several research studies have addressed the impact of war on individuals and communities with a focus on understanding and treating trauma, moral injury, and different types of disabilities (e.g., TBI), and to provide welfare assistance to veterans and their families, very few studies to date have focused on how war affects the inner life of family systems, spousal relationships, and family functioning from the perspectives of military service members, veterans and their spouses. Using a qualitative research method focusing on ethnography with a narrative design, this study explored the thoughts and perspectives of war-widows (n=6) in the context of a psychospiritual retreat in Vietnam in November 2018. The research participants: (i) had lost their spouses/husbands to war; (ii) were professionally accomplished; and, (iii) were able to travel to Vietnam and participate for three weeks in a psycho-spiritual retreat, visiting the places where their spouses had fought in Vietnam. Through focus groups, and personal interviews, the research participants shared their thoughts and perspectives on the impact of war, and sources/channels of healing in their lives. Focus of research questions explored the inner workings of the participants' post-war era family systems, everyday struggles, management of grief, family functioning, family transition experiences, resiliency factors, and support mechanisms in their respective communities. Results and discussion from the study shed light on the role of caring communities that significantly help the affected families with the processing of their grief and loss; support groups in communities that reduce family members' isolation; integration of spirituality with the use of rituals and their beneficial role in stabilizing family systems; and re-humanization of the enemy (through learning foe's story, history, and culture) in the healing process. This presentation will provide significant insights into the inner life of war affected family systems, and provide directions on facilitating healing and forgiveness.

Accepting Influence in Military Couples: Implications for Couple and Family Outcomes

Presenter: Clairee Peterson

Short Abstract: Accepting influence is a salient couple-level phenomenon that reflects sharing power and mutuality. This study uses an actor-partner interdependence model to investigate how accepting influence is associated with couples' communication satisfaction and family satisfaction in a dyadic sample of military couples. Implications for intervention in military families are discussed.

Long Abstract: Accepting influence is both the action of letting one's partner influence opinions and decisions, and the approach of viewing one's partner in an open and accepting manner (Gottman, 1999). This phenomenon is heavily rooted in how couples share power and mutually influence one another (Gottman et al., 2015). Although accepting influence has been discussed as a vital element of couple relationships, to date, studies have not explicitly examined the beneficial effects of accepting influence on couple relationships. Instead, research has focused on the detrimental effects of refusing influence, which is associated with adverse couple-level outcomes, such as domestic violence and divorce (Coan et al., 1997; Gottman et al., 1998).

Nonetheless, the ability to accept influence may be beneficial for at-risk couples, including military couples that undergo frequent separations and transitions (Segal, 1986). Drawing from systems theory as a theoretical foundation, this study uses a dyadic sample of married military couples (N=244) to test an actor-partner interdependence model to investigate how accepting influence is related to service members' and civilian spouses' communication satisfaction and family satisfaction after controlling for rank and number of months deployed. Path analyses models were tested in Amos software (Version 25).

Actor effects for both service members and civilian spouses demonstrate that accepting influence is related to both communication satisfaction (service members: $B=0.418$, $p<0.001$; civilian spouses: $B=0.458$, $p<0.001$) and family satisfaction (service members: $B=0.458$, $p<0.001$; civilian spouses: $B=0.426$, $p<0.001$). Civilian spouses' reports of accepting influence were also related to their service member partners' outcomes (communication satisfaction: $B=0.141$, $p=0.003$; family satisfaction: $B=0.153$, $p=0.011$).

The results indicate that interventions designed to enhance military couples' accepting influence actions and approaches may promote healthier couple and family outcomes. For example, teaching couples to intentionally use repair attempts, actions a partner takes to decrease couple conflict (Gottman, 1999), to demonstrate that one wants to compromise and share power may enhance couples' ability to accept influence. Future research is needed to better understand the unidirectional partner effects (from civilian spouses' accepting influence to service members' outcomes). Gender, spousal position in military families, and/or military culture may play a role in this association.

Using Photovoice to Investigate Disaster Preparedness among Immigrants Families in USA

Presenter: Monysakada Phal

Short Abstract: Cambodian and Laotian communities in Coastal Alabama, USA are vulnerable to environmental challenges due to their geographical location and status as immigrants. This study utilizes Photovoice methodology to examine the strengths and vulnerabilities of this population with the purpose of providing implications for MFTs, interventionists, and policymakers.

Long Abstract: Recent disasters, which include Hurricane Katrina and the BP Oil Spill, have caused much devastation to the populations in the Coastal Alabama, USA region, affecting their health, properties, and personal relationships (Ermus, 2018; McCauley, 2010; Osofsky & Osofsky, 2013). These environmental devastations are even more severe for minority and ESL populations because they lack resources to prepare for and recover from both manmade and natural disasters (Nepal et al., 2012; Nguyen & Salvesen, 2014). The Cambodian and Laotian Americans living in this area, in particular, are at high risk when facing these challenges due to their low-income status and limited English proficiency (Nguyen & Salvesen, 2014).

This study utilized Photovoice as a research methodology to investigate the strengths and vulnerabilities of the Cambodian and Laotian communities in Coastal Alabama amidst frequent environmental challenges. With the help of our key community partners, we distributed 74 cameras to Cambodian and Laotian families living in Coastal Alabama and asked them to document 10 photos that represent the strengths of their communities and 10 that represent limitations. Our preliminary analyses demonstrate the disadvantages facing these families due to lack of resources, inadequate access, and low-income status. However, they also demonstrate the high resilience of these communities in using their unique resources to address the needs of their members.

This research methodology potentially introduces an innovative tool for therapists to increase cultural responsiveness when working with this population. Documented photos could be used to highlight their strengths and limitations and mitigate linguistic and cultural barriers. Furthermore, interventionists and policymakers need to address the inadequate infrastructure, lack of resources, and poverty facing these families in order to prepare them for future environmental challenges. These stakeholders should also employ a strength-based approach by exploring the identified strengths of these communities to increase the effectiveness of interventions and policy changes.

The Treatment of Chronic Fatigue Syndrome: An Interactional Approach

Presenter: Warwick Phipps

Short Abstract: Chronic Fatigue Syndrome (CFS) is a debilitating illness with devastating effects. The Integrative Interactional Approach with a focus on the person-in-interaction-with-others identifies the circularity between an individual's family systems relationships and their well-being. The healing effects of this approach will be discussed using a case study.

Long Abstract: Chronic Fatigue Syndrome (CFS), also referred to as myalgic encephalomyelitis (ME), is described as a complex, chronic and debilitating illness that has a devastating impact on the person's overall quality of life and well-being. The severity of CFS symptoms can vary from day-to-day and may range from profound exhaustion or tiredness to disabling pain. Understanding the aetiology of CFS is limited and there is no specific form of treatment, adding further to the psychological distress of the individual suffering from this illness. The stigma associated with CFS, often results in a double bind effect that can be extremely isolating and traumatic for the individual, affecting the quality of their family systems relationships and in turn their psychological health. This is further compounded by fears of judgement by others and / or embarrassment related to the diagnosis, correlating with increased anxiety, emotional turmoil and suffering. The integrative interactional approach draws on a person-centred, communications, and systems family therapy interactional orientation that recognises the importance of the quality of an individual's family systems relationships and in turn the impact of this on the individual's overall quality of life and well-being. The application of this approach will be discussed using a case study to illustrate the significant potential for therapeutic and healing impacts, when treatment directs the emphasis away from the individual in isolation, to the person-in-interaction-with-others; a cornerstone of the integrative interactional approach.

Happy Tears: An Adoptee's Development of Identity through Reunification

Presenter: Jessica Popham

Short Abstract: This presentation reviews the larger picture of adoption, reunification, and identity. For those who have similar experiences or work with people who have similar experiences, such as family therapists, this presentation contributes to the development of empathy and understanding with a new type of phenomenon, reunification through DNA profiling websites.

Long Abstract: The story of adoption reunions is a story of many others. With the invention of the internet and DNA profiling websites, what was once impossible, or very difficult, is now as simple as submitting saliva to a DNA profiling company. This easier way to explore family backgrounds has created new experiences for adoptees. After a reunification, adoptees can reevaluate their identity with the new information to help develop a broader and deeper view of themselves (Henze-Pederson, 2019; Kiecolt & LoMascolo, 2003; Palmer, 2011; Schooler & Norris, 2002). In this presentation, I look at how my adoptive identity changed after reunification with my birth mother through DNA profiling. I explore my own personal reactions during and after reunification and how these reactions shaped my identity as a person and an adoptee. I discuss my own life-changing experience, how it contributed to my identity, and how it can provide insight for others that may go through or have gone through similar experiences. This presentation helps others to look at the larger picture of adoption, reunification, and identity. For those who may have similar experiences or work with people who have similar experiences, such as family therapists, social workers, and counselors, this presentation contributes to the development of empathy and understanding with this new type of phenomenon.

Digital approaches- a paradigm shift?

Presenter: Helen Pote

Short Abstract: COVID19 has accelerated digital innovation in systemic psychotherapy. We reflect on the challenges and explore whether there are signs of a second order change, a digital revolution, in systemic practice at the levels of approach, methods, techniques, outcome evaluation and healthcare systems. We conclude that a paradigm shift is underway.

Long Abstract: Systemic therapists and trainers have positively embraced video-conferencing in response to the COVID-19 pandemic. We explore whether the creativity that has been unleashed heralds a paradigm shift for systemic models and practice. In this paper we situate recent digital innovations in the context of a growing evidence base for digital couple, family and parenting interventions pre-Covid and introduce a framework with therapist and technology dimensions to understand digital practice. Although many practices have simply been transferred from room to zoom we have also seen the development of new online rituals, new therapeutic digital tools, and new blended approaches which may be more effective than in-room therapy at engaging key members of the system.

We reflect on four challenges to systemic psychotherapy in the face of digital innovation: digital exclusion, ethical dilemmas, the systemic therapeutic alliance and team collaboration. Then explore whether there are signs of a second order change in systemic practice at the levels of approach, methods, techniques, outcome evaluation and healthcare systems. We predict that the core of our systemic thinking is likely to change as everyone now connects digitally and our definition of systemic will be widened to include not only embodied systems but also virtual networks. In the near future digital technology will shape initial assessments, enable real-time ongoing therapeutic feedback and provide more constantly present and supportive care. A blended practice of virtual (e.g. mobile phone chat bot) and live therapist intervention will support clients to achieve their goals in a more personalised and flexible way. New information will enable more effective process and outcome evaluation, and enrich our systemic formulations. We conclude that an exciting paradigm shift is underway and that digital blended approaches will widen access to systemic therapy for people who have previously been unable to access it and make the current systemic offer more cost-effective.

The Science of Family Systems Theory

Presenter: Jacob Priest

Short Abstract: Uniquely focusing on how to integrate science and theory into clinical practice, this presentation provides an overview of science from multiple domains and ties it to family systems theory through the key framework of autonomy and adaptation.

Long Abstract: Family therapy has benefited greatly from the advances in evidence-based practice and practice-based evidence; yet, the foundational theory of family therapy – family systems theory – has been largely reliant on proposals and hypotheses put forward more than 50 years ago. Uniquely focusing on how to integrate science and theory into clinical practice, this presentation provides an overview of science from multiple domains and ties it to family systems theory through the key framework of autonomy and adaptation. Drawing on research from genetics, physiology, emotion regulation, attachment, and triangulation, chapters demonstrate how a comprehensive science-informed theory of family systems can be applied to a range of problematic family patterns. The presentation also explores self-of-the-therapist work and considers how autonomy and attachment are connected to systems of power, privilege, and oppression.

Acculturation Stress and Educational Aspiration among Cuban Immigrant Adolescents

Presenter: Xin Quan

Short Abstract: Acculturation stress creates negative impacts on immigrant adolescents. The presentation will examine the interrelationship between acculturation stress (e.g., perceived discrimination and depression), family cohesion and educational aspiration among 805 Cuban immigrant adolescents. The presenters also provide clinical suggestions on how to work with Cuban immigrant families throughout acculturation process.

Long Abstract: Acculturation is a complex process that accounts for internal and external stress in immigrant families. Stress inside the family stems primarily from the dissonance in acculturation processes among family members. Social discrimination accounts for most of the external stressors experienced by Latino adolescent immigrants. Studies have shown that perceived discrimination is associated with depressive symptoms and their educational performance among Latino adolescents. This study specifically focused on adolescents in Cuban immigrant families as they experienced the challenges of forging their identity while perceiving discrimination in United States.

Using family resilience theoretical framework, this study examined the mediating effects of depression on the relationship between perceived discrimination and educational aspiration, and moderating effects of family cohesion on the relationship between perceived discrimination and educational aspiration as well as depression among 805 Cuban immigrant adolescents. Data were analyzed using the structural equation modeling to test the hypothesized model. The findings supported that perceived discrimination fully mediated the relationship between perceived discrimination and educational aspiration and had a negative influence on immigrant adolescents mental health wellbeing. However, the findings challenged the premise that family cohesion would necessarily buffer the negative influence of perceived discrimination.

This study provided several clinical implications for Marriage and Family Therapists who work with adolescents in Cuban immigrant families. Building a therapeutic relationship with Cuban families is important because of their tendency to maintain a closed system and homogenous culture. Therapists assessed and used family cohesion as strength of Cuban families to enhance adolescents' depression. For adolescents from a high family cohesive family, therapists are encouraged to attentively examine the type of familism/cohesion each family member practices and attribute meanings to as high family cohesion might also imply less space for adolescents to explore their developmental needs and acculturate to the external world. Furthermore, therapists should assess the acculturation gap between Cuban adolescents and their other family members and its impacts on adolescents acculturation stress, since acculturation gap would increase family conflicts throughout the acculturation process.

MRI Brief Therapy A Dialogue between Wendel Ray & Jean-Jacque Wittezaele

Presenter: Wendel Ray

Short Abstract: MRI Brief Therapy is one of the most influential models of systemic family therapy. Trained by the model founders, both presenters have 35+ years' practicing, teaching, supervising & publishing in the approach. This dialogue will highlight essential elements of effective MRI Brief Therapy practice, teaching & supervision.

Long Abstract: MRI Brief Therapy is one of the most influential and effective models of systemic family therapy. Trained by the model founders, Richard Fisch, MD, John Weakland, MFCC, & Paul Watzlawick, PhD, each of the presenters have 35+ years' experience in the practice, teaching, supervising & publishing of the model.

This presentation will feature a dialogue between two long established experts in the practice, research, teaching and supervision of successful use of MRI brief therapy with a wide range of presenting complaints.

The dialogue will highlight essential elements of effective MRI Brief Therapy practice, teaching & supervision.

John Weakland - Supervision from an MRI Brief Therapy Perspective

Presenter: Wendel Ray

Short Abstract: John Weakland was a Pioneer of Family & Brief Therapy; founding member of Gregory Bateson's research team & of the Mental Research Institute (MRI). Weakland supervised numerous therapists from across the helping professions. A video of Weakland will be used to present essential aspects of MRI Brief Therapy supervision.

Long Abstract: John H. Weakland, ChE, MFCC was among the earliest researchers, and pioneers of Family and Brief Therapy. A member of Gregory Bateson's Palo Alto research team and co-creator of communication / interactional theory and therapy, John was also a founding member of the Mental Research Institute (MRI). Jay Haley described John Weakland, who was one of Haley's closest colleagues, as "always being in the important conversations." John Weakland was a central figure in creation of systemic theory, family and brief therapy; he taught and supervised numerous therapists from across the helping disciplines who themselves went on to be leading contributors to systemic family and brief therapy. The presenter was supervised by Weakland in the practice of effective brief therapy. This workshop will use a rare video recording of Weakland conducting a supervision of a brief therapy consultation. Essential aspects of supervision from the MRI Brief Therapy frame of reference will be taught.

Frames and Reframing in a Postmodern, Post-COVID World

Presenter: Kayla Reeve

Short Abstract: In this workshop we will explore how clients frame COVID-19's impact on wellbeing and the social reality of our clients. We will then present reframes that possibly produce hope in hopeless places.

Long Abstract: Last year, the sudden arrival of COVID-19 radically changed the social and mental health landscape, propelling our clients into a new and possibly unhealthy social climate. These events seem so all encompassing that many around us are coming to terms with a second order change in their view of the world. For some, it is a paradigm shift which we are still experiencing. In this workshop we will explore how client wellbeing is impacted by the social reality our clients construct around their families' response to this crisis. Drawing on the work of Watzlawick (et al., 1974) we review the relationship of our clients' frame to the process of producing therapeutic change. We describe how we deconstruct the experiences of our clients to elicit where clients are finding hope in hopeless places. By utilizing ideas for our deconstructive conversations, we will then help participants reframe common themes in how clients frame their experiences in a covid/post covid world. We will provide examples from our conversations with clients that elicit descriptions of experiences around COVID. An emphasis will be placed on the discovery of frames of COVID/ post COVID realities that facilitate how clients cope and adapt.

Psychological distress and resilience in a clinical sample during COVID-19: Brief Report

Presenter: Tracey Reichert Schimpff

Short Abstract: We examined associations between psychological distress and factors of resilience, differentiation of self, and family dynamics in the context of the COVID-19 pandemic in a sample of 31 participants. Findings suggested that higher levels of distress were related to decreased resilience, lower differentiation of self, and higher family conflict.

Long Abstract: In this study we examined the association between symptoms of psychological distress and factors of resilience, differentiation of self, and family dynamics in the current context of the COVID-19 pandemic. Given the enormity and intensity of the ongoing pandemic, there is a need to examine individual and relational factors related to distress and coping. This is especially urgent in clinical populations that may already have had higher distress than the general population. Data from 31 participants who were in therapy at a University based Couple and Family Therapy Center were surveyed on pandemic-related contextual factors, psychological distress, resilience, differentiation of self, and family dynamics. A mix of standardized surveys and open-ended questions were used. Data were analyzed using non-parametric methods in SPSS. Findings suggested that higher levels of distress were related to decreased resilience, lower differentiation of self, and higher family conflict. Additional contextual factors specific to the pandemic such as job and financial losses and loss of social support were noted in those with higher distress. While an increase in distress was noted by most participants, positive changes due to the pandemic and an ability to cope in different ways were also reported. The study findings highlight the value of considering factors across individual, relational, community, societal factors in research and clinical practice in this context. It also points to the significance of including both protective and risk factors in future research.

Temporal Therapeutic Letters: Utilizing Time as a Structural Guide

Presenter: Michael Reiter

Short Abstract: This workshop explores temporal therapeutic letters focusing on past, present, and future. Temporal therapeutic letters acknowledge client's initial limited identities, highlight their co-constructed resourceful identities, and reflect on the future implementation of those resourceful identities.

Long Abstract: Therapeutic letters have been incorporated into psychotherapy for over half a century, being used for a variety of purposes including recruiting non-attending members to therapy, implementing therapeutic interventions, summarizing client change, and termination. Therapeutic letters have been used by therapists from a variety of models such as narrative, solution-focused, and strategic therapies. This workshop presents a format for writing therapeutic letters that focuses on temporality. These temporal therapeutic letters are structured to highlight the flow of a client's story; past, present, and future. By focusing on temporality, the temporal therapeutic letter acknowledges the client's initial limited identity, highlights their co-constructed resourceful identities, and reflects on the future implementation of those resourceful identities. Two temporal therapeutic letters will be presented to demonstrate how therapists can compose this three-part format of letters.

Contemporary Chinese views of marriage in comparison with that of Japan

Presenter: Zhixian Ren

Short Abstract: This presentation explores the impact of economic growth on people's view of marriage and gender roles in China. Statistics of divorce, marriage, and birth rate in Japan during its economic growth hey days (1980's to 2000's) are reviewed. Rapid economic growth seems to impact China and Japan similarly.

Long Abstract: The relationship between divorce and economy is well documented. This presentation explores the impact of economic growth on people's view of marriage and gender roles in China. Unprecedented economic growth in the past 30 years rapidly created a large group of well-to-do Chinese families. This growth, at the same time, erased much of the progress in women's equality in the society. Discrimination against women is much more explicit and rampant. Chinese young women from well-to-do families, although well-educated and high earning, seem to be averse to marriage, as the traditional benefit of marriage is not obvious to them. Gender inequality is often cited as one of the reasons to delay or entirely avoid marriage. For those who do choose to marry, the marital dynamics seems to be impacted by the economic growth and gender discrimination as well. Female dominance in the marriage is a common phenomenon, which may be women's fear-based reaction to the gender discrimination in the society. Statistics of divorce, marriage, and birth rate in Japan during its economic growth hey days (1980s to 2000's) is reviewed. Although decades apart, the rapid economic growth seems to impact China and Japan similarly in terms of divorce, marriage, and reasons not to marry. Japan has been suffering from a historically low birth rate because of the low marriage rate. Although China has a much larger population base, the presenters predict that the low marriage rate will eventually lead to low birth rate, which in turn will impact China's capacity to sustain its economic growth.

Acknowledging Gender Biases: Trainees Experience Working with Domestic Violence

Presenter: Ma. Del Rocío Rivera de la Garza

Short Abstract: This qualitative study explores how three former family therapy trainees become aware of their gender biases in the therapeutic relationship with victims of domestic violence. The trainee's experiences provide some clues on how training programs could bridge ideas between feminist therapy theory and practice with victims of domestic violence.

Long Abstract: In Mexico, domestic violence is a critical problem. According to official records, seven of every 10 women have experienced violence at some point in their lives, and of those, almost half (43.9%) were abused by their husband, boyfriend, or partner (INEGI, 2016). Nevertheless, 78.6% of these women prefer to keep silent for fear of the consequences or shame (INEGI, 2016). In this context, family therapists and supervised trainees are constantly challenged, for their gender biases could contribute to the victimization of women who are already feeling insecure and ashamed to speak about their experiences with domestic violence.

During our training as family therapists in Mexico, we have worked with several cases of domestic violence. This experience has challenged us to think about the implications of our own ideas of being a "woman" or a "man" and its effects on the therapeutic process with victims of domestic violence. Theory shows that some of the therapist's stereotypes and prejudices associated to gender could become obstacles that emphasize differences or even produce revictimization (Haddock & Lyness, 2002; Haddock, MacPhee, & Zimmerman, 2011, in Macías – Esparza & Laso Ortiz, 2017). For instance, ChenFeng and Galick (2015) found three gender biases in the discourse analysis on the context of heterosexual couple therapy: 1) "men should be the authority"; 2) "women should be responsible for relationships"; 3) "women should protect men from shame".

As family therapy trainees, becoming aware of the ideas and stereotypes that could keep women from telling their experience, turns out to be very relevant in our context. This qualitative study explores how family therapy trainees become aware of their gender biases in a therapeutic relationship with victims of domestic violence. To capture trainees' experience, the researchers chose a narrative design that used unstructured, collaborative interviews with three former trainees who had worked with women who were struggling with violence. The trainees experiences provide some clues on how training programs and supervisors could bridge some of the ideas of the feminist family therapy and the therapy practice with victims of domestic violence.

The therapist in Family Therapy Practice

Presenter: Peter Rober

Short Abstract: This presentation's focus is on the therapist in family therapy practice. Dual process models from cognitive psychology are used as a frame to reflect on the therapist in the present moment of the session.

Long Abstract: "Psychotherapy research shows that -in individual therapy as in family therapy- some therapists are more effective than others. This highlights the crucial role the therapist plays in a client's improvement. Furthermore, it seems that training may make a difference, as deliberate practice can improve the therapist's effectiveness. In the context of the current renewed awareness of the importance of the person of the therapist in the psychotherapy field, the presentation's focus is specifically on the therapist in family therapy practice.

here's a long tradition of reflecting on the person of the therapist in the family therapy field, often inspired by the metaphor of the wounded healer. In contrast, focusing on the person or the therapist in the present moment of the therapy session is fairly new. In this presentation we use cognitive psychologist Daniel Kahneman's dual process model as a frame to reflect on the person of the therapist. We propose that the intuitive responsibility of the therapist relies on the fast, implicit cognitive system (system 1) and the therapist's self-reflection on the slow, deliberate system (system 2). The therapist's actions in therapy practice then emerge moment-by-moment as an echo of the way these two cognitive systems balance each other. It is optimal if the therapist, attuned to the family's rhythm, can flexibly oscillate between the two systems. If we frame the person of the therapist in this way, we can ask reflective questions about what this perspective may mean for family therapy practice, training and supervision."

A systemic-solution-oriented intervention to promote mental health in an elite athlete – a case report

Presenter: Erika Ruchti

Short Abstract: Besides everyday stressors, elite athletes are exposed to sport-specific stressors. With vulnerable athletes, this combination may lead to mental disorders. The application of systemic-solution-focused interventions allows to find solutions involving the perspectives of physically absent people. Therefore, such multi-perspective approaches are suitable for sport psychological consultations.

Long Abstract: Besides everyday stressors, elite athletes are exposed to sport-specific stressors (Jones & Tenenbaum, 2009). With vulnerable athletes, this combination may lead to the development of mental disorders, especially when there is a lack of resources (e. g., social network). In elite sport, this social network is often physically absent. The application of systemic-solution-focused interventions allows one to find solutions involving the perspectives of physically absent people (Levold & Wirsching, 2014). Therefore, such multi-perspective approaches are also suitable for sport psychological consultations. This case study describes the application of systemic-solution-focused techniques with an elite athlete. Because of the athlete's family history, there is a given state of vulnerability. Injuries, a conflict between the head coach and the coach together with the athlete's father and transitions are the key stressors. A counseling sequence of six interventions illustrates how systemic solution- focused techniques are used to accompany adaptation processes. Furthermore, experiences, processes, and results of the counseling are reflected upon.

I Don't Have to Marry my Parent: Multi-racial Attraction based Coupling

Presenter: Sarah Samman

Short Abstract: This presentation will explore the meaning of multi-racial attraction in relationships through the three relational development phases. We will also explore social constructionism through Ecological Systems Theory viewing stereotypes, social location, and Family of Origin contexts that influence these developing relationships. We will conclude with implications for clinical practice.

Long Abstract: As technology and the world economy evolve, communication and travel continue to expand. People of different cultural and racial backgrounds continue to have plentiful opportunities to interact and develop intimate relationships. Frequently, couples are becoming attracted to racial differences without understanding how they play a role in their attraction and connection. As couple and family therapists, it is our responsibility to ensure a client responsive, diversity centered view of couple relationships, while acknowledging the considerable vulnerability that these relationships face in an ever-evolving world.

Attraction was often believed to have a biological basis and were more heavily weighted in heteronormative couple relationships, more specifically, gendered attraction (Feingold, 1992); however, post-modern research indicated that sexual attraction is also socioculturally based through stereotypes and expectations as well as peer group approval (Pines, 2001; Silvestrini, 2019). Due to the complex attraction process, multi-racial couple relationships are at higher risk of relational dissolution.

We will begin with defining multi-racial attraction and the coupling processes that are generally observed through each of the three relational development phases guiding the presenters; 1) Attraction, Dating, and Early Phase Couple Relationships, 2) Coupling and Committed Relationships, and 3) Common Law/Marital Relationships. These were developed based on predominantly Western-centric life cycle phases of couple relationships and the ethical commitment to demonstrate progression of diversity centered case conceptualization.

Next, we discuss how to challenge common myths about attraction within multi-racial couple relationships through the use of a social constructionist lens and Ecological Systems Theory. We will also explore the impact of disenfranchising "othering" discourses through these lenses. This will help our audience identify and challenge common stereotypes, discourses, and meanings, as well as acknowledge and clinically conceptualize the couple relationships. In addition, we will explore the intersection of their social location and Family of Origin contexts that influence these developing relationships. We will conclude with implications for clinical practice.

The Remarriage Beliefs Inventory (RMBI): a Validation Study in the Portuguese Population

Presenter: Carina Santos

Short Abstract: Psychometric properties of the Portuguese version of the RMBI were analyzed in a database of 741 remarried participants. Exploratory factor analyses revealed seven dimensions, confirming the original seven-factor structure. Confirmatory Factor Analysis confirmed an adequate fit ($\chi^2(130) = 363.588$; $p = .000$; CFI = 0.93; RMSEA = 0.05).

Long Abstract: In remarried couples, dysfunctional beliefs from previous experiences and unrealistic expectations can lead to low marital quality. This study assessed the factor structure and measurement invariance of the Portuguese version of the RMBI. Data were analyzed with 741 remarried participants (82.4% women; women age $M = 42.79$ years, $SD = 8.21$; men age $M = 46.22$ years, $SD = 9$) who responded to all RMBI items. The majority of participants had a university degree (69.1%), and were remarried for an average of 7.1 years ($SD = 7.5$). Participants were recruited through a web-based survey (LimeSurvey software) between January 2019 and July 2020. Participants reported on sociodemographic characteristics, dyadic marital adjustment, stress symptoms and perceived social support. Two independent researchers translated the RMBI, and retroversion was performed by an independent bilingual researcher. Exploratory factor analyses revealed seven dimensions (Adjustment, Finances, Priority, Partner, Success, Stepfamily and Past confirming the original seven-factor structure. The Exploratory Factor Analysis (EFA) solution was confirmed by an adequate fit of data in a Confirmatory Factor Analysis (CFI) fit ($\chi^2(130) = 363.588$, $\chi^2/df = 2.79$, $p = .000$; CFI = .93; GFI = .95; RMSEA = .05). Results revealed good internal consistency for the total score ($\alpha = 0.72$) and moderate for the subscales ($\alpha \geq 0.61$), which can be attributed to a small number of items in several of them. The RMBI also revealed good psychometric properties for construct validity, with measures of dyadic adjustment, stress and social support. Implications for research and intervention was discussed.

Get ‘Em Moving! The Art and Science of Movement in Family Therapy

Presenter: Michael Schaffer

Short Abstract: Keeping clients focused is hard enough; a whole family is tougher! This presentation will keep you awake and moving and give you tools for creative and constructive use of movement to enhance healthy adult attachment in families. Come examine the literature as the foundation for use of movement in therapy.

Long Abstract: Movement is a hallmark of life itself and is inextricably and dynamically intertwined with and emotion so that emotions appear even in the most guarded client in movement (Dasgupta, 2013). The creative therapist harnesses the opportunity to infuse movement in sessions so as to provide the client/family with opportunities to recognize one's own and one's family members emotional expressions, needs, and signs of varied styles and behaviors of attachment (Penfield, 2004).

To set the stage, the therapist will be provided a clear understanding of the theory behind dance/movement therapy as well as fundamental principles. Attendees will be exposed to the literature describing populations and issues fitting to this modality and limitations.

The therapist who understands the use of movement in the process of building attachment between children and parents, children and the total family, and between couples and who has specific practiced techniques to apply the knowledge effectively, has a great too to assist in therapeutic success for the client, couple, and family.

This presentation will briefly review patterns of individual/couple/and family attachment and will spend the bulk of the session presenting theory and technique for the use of movement in building attachment. Attendees will watch video clips related to effective use of movement in the process of developing relationship, expressing/valuing emotions, and building attachment. They will then have hands-on experience applying techniques to brief vignettes. This presentation will be engaging, stimulating, applicable, and fun!

Considering the Future of Systemic Practice

Presenter: Benedicte Schilling

Short Abstract: Over the last decade or so Systemic and Family therapies and practices have suffered in a variety of ways both in nuance and location. This workshop looks at what has gone wrong and what can be done to reinvigorate this exciting and often necessary approach to helping people.

Long Abstract: Over the last decade or so Systemic and Family therapies and practices have suffered in a variety of ways both in nuance and location. This workshop looks at what has gone wrong and what can be done to reinvigorate this exciting and often necessary approach to helping people. Benedicte and Simon will contribute ideas that they see as vital to the world of change both in therapy and how systems prepare to work and sustain quality in that work.

Childhood Traumas and Revictimization: The Role of Adult Attachment and Defense Mechanisms

Presenter: Ipek Senkal Ertürk

Short Abstract: This study examined the mediator roles of adult attachment dimensions and primitive defense mechanisms on the relation between childhood traumas and revictimization in a Turkish sample. With participation of 585 married individuals, mediation analysis findings were reported. The results of this study will be discussed in light of relevant literature.

Long Abstract: The main aim of this study is to examine the mediator roles of adult attachment dimensions (secure, insecure-anxious, avoidant- disorganized) and splitting and projective identification primitive defense mechanisms in the relationship between childhood traumas and revictimization experiences in adulthood. The research sample consisted of 585 married individuals. Demographic Information Form, Childhood Trauma Questionnaire (CTQ), Experiences in Close Relationships (ECR-I), Adult Disorganized Attachment Scale (ADA), Splitting Scale (SS), Paulson Daily Living Inventory (PDLI) and The Revised Conflict Tactics Scale (CTS-2) were applied to the married individuals. Within the scope of the main purpose of the study, the mediation models were tested using the SPSS PROCESS macro (Model 4-parallel multiple mediation model). Accordingly, childhood traumas had direct effect on adult attachment anxiety, attachment avoidance, attachment disorganization, splitting and projective identification defense mechanisms. Additionally, the splitting defense mechanism and childhood traumas had direct effects on perpetration of violence. At the same time, the splitting defense mechanism played a mediator role in the relationship between childhood traumas and perpetration of violence. Furthermore, adult attachment anxiety, splitting and projective identification defense mechanism had direct effects on victimization of violence. At the same time, splitting and projective identification defense mechanisms played mediator roles in the relationship between childhood traumas and victimization of violence. More specifically, these findings revealed that while splitting defense mechanism is determinant in the relationship of childhood traumas with both perpetration and victimization of violence, projective identification defense mechanism is determinant only in the relationship between childhood traumas and victimization of violence in the marital relationship. It is thought that the findings of the present study are expected to provide significant contributions to the related literature and clinical practice field in terms of comprehensive evaluation of the phenomenon of revictimization in marriage, based on object relations and attachment theory. This presentation includes a part of the doctoral dissertation study conducted by Ipek Senkal Ertürk within the scope of Ankara University Institute of Social Sciences Clinical Psychology Doctoral Program.

Promoting Generativity Beyond Income: Roles of Elders in Cambodian and Laotian Refugee Populations

Presenter: Desiree Seponski

Short Abstract: This study examines elders in Cambodian and Laotian refugee communities through in-depth qualitative interviews, elucidating their changing financial roles; previously primary income sources, many refugee elders now adopt roles as recipients of familial income, maintaining social capital in other forms. Clinical implications for fostering continued generativity among elders are discussed.

Long Abstract: Community elders not only serve as bridges to a refugee population's homeland, but also hold power through religious channels and heightened social capital. While holding such social capital, many elders also face challenges regarding a lack of financial or land capital, as well as difficulties navigating new socio-cultural spaces (Lewis, 2009, 2010; Muruthi & Lewis, 2017). An intergenerational exchange of capital is thus crucial to the success of refugee elders, including the passing on of cultural and communal legacies (Becker, Beyene, Newsom, & Mayen, 2003).

Through semi-structured, in-depth interviews as part of an ongoing community-based participatory research grant, Cambodian and Laotian refugee individuals and families in coastal Alabama were interviewed regarding family and community processes. For many elders in the community, the transition from being the primary source of income to being dependent on other family or community members may have been swift, particularly following immigration due to barriers such as language or physical hardship in resettlement. Further job and financial instability add to this transitional stress due to the proliferation of seasonal work in the coastal region (i.e. fishing and seafood industries).

Increased generativity was found in elders who maintained active participation within their families and communities by upholding cultural and religious traditions and contributing in non-monetary fashions such as by tending to local gardens and adding to family foodways (Lewis, 2008, 2009). Elders within these communities are also cornerstones in local temples and within religious traditions, promoting the continuation of traditional cultural practices, celebrations, and ceremonies. In these manners, community elders continue to uphold and preserve social capital within the community, remaining active and purpose-filled even if not contributing financially.

Recognizing the role of elders within refugee populations is thus crucial, as this population participates in a financial, social, cultural exchange with younger community members (Lewis, 2009). Because each refugee population has unique needs and social processes, involving community elders allows for the creation of interventions that are culturally attuned (Seponski, Lewis, & Megginson, 2014; Seponski, Bermudez, & Lewis, 2013), endorsed by crucial elder and religious figures, and promotive of intergenerational exchanges (Grigg-Saito et al., 2008).

Gender Inequality And Disaster Recovery Among Women Living In A Disaster Prone Area

Presenter: Desiree Seponski

Short Abstract: The presentation will highlight the experiences of Cambodian and Laotian refugee women in their continuous effort to rebuild their families and communities after several natural disasters. From their narratives MFTs can gain a greater understanding of the unique psychosocial, and structural challenges that women face during the disaster recovery process.

Long Abstract: Structural inequality is a frequently overlooked feature of disaster preparedness, as within the heat of the moment issues of inequality are often considered to be inconsequential to the collective survival effort. In opposition to the old maxim “women and children first”, issues of structural gender inequality are rarely addressed in communal or national assessments of natural disaster impact and recovery. Communities’ efforts in addressing these issues are often “put on hold” in the sudden onset of a disaster, despite the fact that they play a major role in women’s ability to optimally respond in the face of an impending threat. Through the use of narrative inquiry, this presentation highlights the distinctive experiences of Cambodian and Laotian refugee women living along coastal Alabama in their continuous effort to rebuilt, revitalize, and reinvigorate their families and communities after several natural disasters. Their stories serve to deepen our understanding of the unique psychological, social, and structural challenges that female survivors of natural disasters must face during the recovery process, the roles that they embody within their communities, and the strides they take to embolden and reinforce their family systems in the wake of personal and material loss. Through the examination of their narratives of resistance, marriage and family therapists can gain a deeper understanding of the role that gender socialization manifests within the disaster preparedness process and gain potential touchstones of inquiry that can aide in their understanding of how female survivors of natural disasters construe, understand, and make sense of these potentially devastating life events. The presentation will end with a discussion of how these narratives of resistance can be utilized to enhance the narrative reauthoring process and strengthen the therapeutic healing environment.

Using Photovoice to Investigate Disaster Preparedness among Immigrants Families in USA

Presenter: Desiree Seponski

Short Abstract: Cambodian and Laotian communities in Coastal Alabama, USA are vulnerable to environmental challenges due to their geographical location and status as immigrants. This study utilizes Photovoice methodology to examine the strengths and vulnerabilities of this population with the purpose of providing implications for MFTs, interventionists, and policymakers.

Long Abstract: Recent disasters, which include Hurricane Katrina and the BP Oil Spill, have caused much devastation to the populations in the Coastal Alabama, USA region, affecting their health, properties, and personal relationships (Ermus, 2018; McCauley, 2010; Osofsky & Osofsky, 2013). These environmental devastations are even more severe for minority and ESL populations because they lack resources to prepare for and recover from both manmade and natural disasters (Nepal et al., 2012; Nguyen & Salvesen, 2014). The Cambodian and Laotian Americans living in this area, in particular, are at high risk when facing these challenges due to their low-income status and limited English proficiency (Nguyen & Salvesen, 2014).

This study utilized Photovoice as a research methodology to investigate the strengths and vulnerabilities of the Cambodian and Laotian communities in Coastal Alabama amidst frequent environmental challenges. With the help of our key community partners, we distributed 74 cameras to Cambodian and Laotian families living in Coastal Alabama and asked them to document 10 photos that represent the strengths of their communities and 10 that represent limitations. Our preliminary analyses demonstrate the disadvantages facing these families due to lack of resources, inadequate access, and low-income status. However, they also demonstrate the high resilience of these communities in using their unique resources to address the needs of their members.

This research methodology potentially introduces an innovative tool for therapists to increase cultural responsiveness when working with this population. Documented photos could be used to highlight their strengths and limitations and mitigate linguistic and cultural barriers. Furthermore, interventionists and policymakers need to address the inadequate infrastructure, lack of resources, and poverty facing these families in order to prepare them for future environmental challenges. These stakeholders should also employ a strength-based approach by exploring the identified strengths of these communities to increase the effectiveness of interventions and policy changes.

The Effects of Immigration on Couples in Arranged Marriages

Presenter: Gita Seshadri

Short Abstract: Arranged marriages are a norm in many cultures. Researchers have offered insights into these relationships, including structure, longevity and health. Immigration impacts the couple's relationship in many ways. This presentation highlights research on arranged marriages and offers suggestions for clinicians to support these couples, who are also impacted by immigration.

Long Abstract: Arranged marriages are seen as a norm in many cultures, researchers have offered a variety of insights into these relationships, including structure, longevity and health. Immigration is a factor that affects these communities, causing the need for adjustment and transition, while living in the host culture. Research on couples in arranged marriages note the effects of immigration can be traumatic as familiar elements such as relationship structure, gender roles and parenting are all affected by this process. This presentation will highlight research seen in the area of arranged marriages and immigration, noting gaps in the literature. The presentation will offer suggestions of ways clinicians can provide support to these couples who are navigating the complexities of immigration.

I Don't Have to Marry my Parent: Multi-racial Attraction based Coupling

Presenter: Gita Seshadri

Short Abstract: This presentation will explore the meaning of multi-racial attraction in relationships through the three relational development phases. We will also explore social constructionism through Ecological Systems Theory viewing stereotypes, social location, and Family of Origin contexts that influence these developing relationships. We will conclude with implications for clinical practice.

Long Abstract: As technology and the world economy evolve, communication and travel continue to expand. People of different cultural and racial backgrounds continue to have plentiful opportunities to interact and develop intimate relationships. Frequently, couples are becoming attracted to racial differences without understanding how they play a role in their attraction and connection. As couple and family therapists, it is our responsibility to ensure a client responsive, diversity centered view of couple relationships, while acknowledging the considerable vulnerability that these relationships face in an ever-evolving world.

Attraction was often believed to have a biological basis and were more heavily weighted in heteronormative couple relationships, more specifically, gendered attraction (Feingold, 1992); however, post-modern research indicated that sexual attraction is also socioculturally based through stereotypes and expectations as well as peer group approval (Pines, 2001; Silvestrini, 2019). Due to the complex attraction process, multi-racial couple relationships are at higher risk of relational dissolution.

We will begin with defining multi-racial attraction and the coupling processes that are generally observed through each of the three relational development phases guiding the presenters; 1) Attraction, Dating, and Early Phase Couple Relationships, 2) Coupling and Committed Relationships, and 3) Common Law/Marital Relationships. These were developed based on predominantly Western-centric life cycle phases of couple relationships and the ethical commitment to demonstrate progression of diversity centered case conceptualization.

Next, we discuss how to challenge common myths about attraction within multi-racial couple relationships through the use of a social constructionist lens and Ecological Systems Theory. We will also explore the impact of disenfranchising "othering" discourses through these lenses. This will help our audience identify and challenge common stereotypes, discourses, and meanings, as well as acknowledge and clinically conceptualize the couple relationships. In addition, we will explore the intersection of their social location and Family of Origin contexts that influence these developing relationships. We will conclude with implications for clinical practice.

Training, Integration, Narrative and System-How Does It Work in Family Therapy

Presenter: Anisha Shah

Short Abstract: Training psychotherapists (undergoing a course in clinical psychology) in family therapy skills is always a challenge, especially when merely three months are available for this. When narrative therapy perspective is offered to manage family therapy sessions, it gets integrated with systemic family therapy concepts and skills in a distinctive style.

Long Abstract: Integration is a rapidly emerging concept in the field of family therapy. In some ways, it is becoming more of a necessity in our brief family therapy training format. Clinical psychology students from a professional training course are expected to develop competence in family therapy within three months. Family sessions appear very intimidating to them due to the presence of many family members in the sessions. Among other things, teaching, training and supervision activities are organized to promote skills for a) equal attention to all family members, b) remaining neutral, c) use of relevant circular questions and d) maintaining curiosity about specific family interactions. But trainees are often lost within sessions. Their repertoire of questions for family members doesn't expand quickly enough. This challenge multiplies manifold as therapy progresses. As a consequence, empowering them through supervision sessions becomes essential. Their quest for theoretical comprehension of what they do in family sessions also deserves attention. A few instances in such processes brought out the observation that narrative therapy principles can be assimilated with family therapy in a manner that empowers the trainees immensely.

The presentation will describe the ways in which narrative principles were used by therapists to attend to the family as a system. Understanding the system can remain in the forefront in supervision or rounds-based case- presentation whereas inspiration from the narrative therapy approach can be used to make questions more circular in nature and convey neutrality in the family sessions. Since clinical psychology training emphasizes the inner world of clients, interest in the outer factual and data-driven world of families is hard for a trainee. So the skills for family sessions can evolve on connections between their inner worlds and others in the family. Therapies using these styles have retained a connection with systemic aspects like disengagement, coalition, communication and yet promoted a sense of competence in therapists.

Psychological distress and resilience in a clinical sample during COVID-19: Brief Report

Presenter: Daran Shipman

Short Abstract: We examined associations between psychological distress and factors of resilience, differentiation of self, and family dynamics in the context of the COVID-19 pandemic in a sample of 31 participants. Findings suggested that higher levels of distress were related to decreased resilience, lower differentiation of self, and higher family conflict.

Long Abstract: In this study we examined the association between symptoms of psychological distress and factors of resilience, differentiation of self, and family dynamics in the current context of the COVID-19 pandemic. Given the enormity and intensity of the ongoing pandemic, there is a need to examine individual and relational factors related to distress and coping. This is especially urgent in clinical populations that may already have had higher distress than the general population. Data from 31 participants who were in therapy at a University based Couple and Family Therapy Center were surveyed on pandemic-related contextual factors, psychological distress, resilience, differentiation of self, and family dynamics. A mix of standardized surveys and open-ended questions were used. Data were analyzed using non-parametric methods in SPSS. Findings suggested that higher levels of distress were related to decreased resilience, lower differentiation of self, and higher family conflict. Additional contextual factors specific to the pandemic such as job and financial losses and loss of social support were noted in those with higher distress. While an increase in distress was noted by most participants, positive changes due to the pandemic and an ability to cope in different ways were also reported. The study findings highlight the value of considering factors across individual, relational, community, societal factors in research and clinical practice in this context. It also points to the significance of including both protective and risk factors in future research.

Get ‘Em Moving! The Art and Science of Movement in Family Therapy

Presenter: Rubjoyt Singh

Short Abstract: Keeping clients focused is hard enough; a whole family is tougher! This presentation will keep you awake and moving and give you tools for creative and constructive use of movement to enhance healthy adult attachment in families. Come examine the literature as the foundation for use of movement in therapy.

Long Abstract: Movement is a hallmark of life itself and is inextricably and dynamically intertwined with and emotion so that emotions appear even in the most guarded client in movement (Dasgupta, 2013). The creative therapist harnesses the opportunity to infuse movement in sessions so as to provide the client/family with opportunities to recognize one's own and one's family members emotional expressions, needs, and signs of varied styles and behaviors of attachment (Penfield, 2004).

To set the stage, the therapist will be provided a clear understanding of the theory behind dance/movement therapy as well as fundamental principles. Attendees will be exposed to the literature describing populations and issues fitting to this modality and limitations.

The therapist who understands the use of movement in the process of building attachment between children and parents, children and the total family, and between couples and who has specific practiced techniques to apply the knowledge effectively, has a great tool to assist in therapeutic success for the client, couple, and family.

This presentation will briefly review patterns of individual/couple/and family attachment and will spend the bulk of the session presenting theory and technique for the use of movement in building attachment. Attendees will watch video clips related to effective use of movement in the process of developing relationship, expressing/valuing emotions, and building attachment. They will then have hands-on experience applying techniques to brief vignettes. This presentation will be engaging, stimulating, applicable, and fun!

“That Just Happened!”: Supervising from Marginalized Locations

Presenter: Karmen Smith

Short Abstract: Literature highlights the importance of conversations addressing culture and diversity in the supervisory context. However, there is little discussion about how supervisors of color manage conversations that address issues of power and privilege with supervisees. This workshop will address this gap and amplify the marginalizing experiences of supervisors of color.

Long Abstract: Supervisors are tasked with gatekeeping within our profession. Although scholars have identified the significance of cultural diversity in the supervisory context, acknowledgement of the experiences of supervisors of color has been largely overlooked. The number of designated supervisors stands at 71% Caucasian, with the number of supervisors of color steadily growing as our field's pathway to cultural inclusivity continues (AAMFT Aggregated Program Demographic Data, 2019). To aid supervisors of color in their work towards higher standards of cultural awareness and attunement, it's imperative to cultivate spaces where supervisors can process their experiences surrounding multicultural supervision. With a limited number of theoretical models for multiculturally competent and responsive supervision (Inman & Landany, 2014; Landany, 2014), supervisors of color continue to face challenges associated with addressing issues of social location and power in the supervisory relationship. This workshop will provide a brave space for participants to explore the intersection of privilege and oppression as they increase their critical consciousness regarding race in the context of supervision (Tohidian & Mui-Teng Quek, 2017).

This experiential workshop will be conducted by approved supervisors and supervisors-in-training of color. Interactive learning will include a large group activity and small group discussions accentuating the experiences of supervisors with marginalized identities. Collectively, the presenters of this workshop have nearly 20 years of experience practicing as marriage and family therapists. Participants will examine intersecting forms of oppression and privilege within the supervisory system. Participants will review case examples that depict the challenges often faced by supervisors of color. Through activities such as creating a critical genogram and social capital mapping, participants will learn ways to raise critical consciousness within the supervision relationship. Conclusively, participants will have the opportunity to engage in reflexivity and community-building as they explore ways to increase systemic change by centering the experiences of supervisors of color.

Get ‘Em Moving! The Art and Science of Movement in Family Therapy

Presenter: Hannah Smith

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Improving Mental Health in a Global Context: Applications in Brazil and Abroad

Presenter: Paul Springer

Short Abstract: MFTs are well positioned to make an impact in global mental health due to our systems thinking and affinity for collaborative care. This study presents a family-based collaborative care, telemental health intervention applied in Brazil, by trained MFTs. Results identify a promising global solution to address mental health disparities.

Long Abstract: MFTs are well positioned to make an impact in global mental health due to our systems thinking and affinity for collaborative care practices. In fact, innovative practices such as collaborative care and tele-mental health are unconventional strategies that when utilized in low to middle-income countries, may lead to improved mental health outcomes. This may be especially true in rural underserved regions. Rural areas traditionally have fewer investments in health and social promotion. Similar to other countries, the distribution of mental health resources in urban and rural areas of Brazil are disproportionate, with services being concentrated in urbanized areas. The lack of resources in rural areas is problematic, as rural residents experience worse mental health related outcomes than their urban counterparts. Telemental health and collaborative care are two solutions to increasing mental health care in rural communities. Collaborative care practices are a standard-of care in the treatment of both medical and mental health problems (Archer et al., 2012). Collaborative care practices are not standards of care in Brazil with less than 20% of primary care doctors interacting with mental health professionals at least once a year (WHO-AIMS, 2007). Telemental health is effective for a variety of mental health disorders (Backhaus et al., 2012), and is beneficial for rural communities because services can be delivered by providers residing in urban settings. Telemental health practices in Brazil are not common and have not been applied in a family therapy context. The aim of this study is to demonstrate the potential effectiveness of a family-focused, collaborative care, telemental health model by investigating patient adherence and mental health outcomes. Results indicate client treatment progress and adherence to the telemental health modality. This is the first family-based telemental health study in Brazil, and has significant implications for local and country policies when considering telemental and collaborative care when addressing mental health disparities

Tele-mental health: An Introduction

Presenter: Paul Springer

Short Abstract: Tele-mental health has become a popular medium for providing mental health care with research showing it is effective and beneficial to reach underserved populations. This workshop will present a collaborative-care, tele-mental health model, developed and applied in an MFT program with great success in reaching rural underserved communities.

Long Abstract: People living in rural and underserved regions of the United States and the world are often faced with multiple, complex, and seemingly insurmountable barriers to receiving appropriate treatment for mental health problems. These barriers include the stigma associated with mental illness, shortage of healthcare providers, reluctance to acknowledge problems when they exist, and lack of family and community support. It is clear that without improved access to mental health care, mental health problems worsen and negatively impact the quality of life of patients, their families and the community. Sustainable solutions to reducing mental health disparities in rural communities must not only make mental health care more accessible, but ensure that it is acceptable to rural consumers and families. Consequently, innovative transdisciplinary approaches are needed that emphasize engagement with the community and local providers. Through a USDA Higher Education grant, the authors developed a clinical training curriculum focused on the development and delivery of mental health services through videoconferencing that has been using our collaborative care protocol. This model has made a significant contribution to the limited access rural residents have to comprehensive mental healthcare services, and the lack of training of mental health professionals in rural mental healthcare. This model provides an important foundation of training in the use of technology that is missing, and will be a model for other training programs.

Domestic Violence Focused Couples Therapy

Presenter: Sandra Stith

Short Abstract: Domestic Violence-Focused Couples Treatment (DVFCT) uses a conjoint couples treatment approach to help partners learn new techniques for managing conflict and ending violence. This presentation will provide attendees with an overview of DVFCT and guidelines for how to incorporate the model's core techniques into clinical practice.

Long Abstract: In most communities, interventions for intimate partner violence (IPV) are narrow in scope and designed with the assumption that couples must terminate their relationship in order to achieve safety. Typically, services involve helping recipients of aggression leave the abusive relationship and requiring aggressors to learn anger management skills. This traditional approach to addressing IPV is misaligned with research indicating that many couples engaging in aggressive behavior desire, and ultimately decide to, remain in their relationships. Research also suggests that many couples experiencing IPV do not fit a stereotypical single aggressor-single victim profile, instead displaying patterns of mutual partner violence.

Domestic Violence-Focused Couples Treatment (DVFCT) uses a conjoint couples treatment approach to help partners learn new techniques for managing conflict and ending violence, regardless of whether or not they choose to remain together or co-parent. This presentation will provide attendees with an overview of DVFCT and guidelines for how to incorporate the model's core techniques, which are based on a solution-focused approach, into clinical practice. Attendees will learn how to screen couples to determine their appropriateness for conjoint couples work, ways to prepare each partner for conjoint treatment, and techniques to use in conjoint IPV-focused partner therapy sessions.

Risk For Intimate Partner Homicide: Research-Informed Assessment

Presenter: Sandra Stith

Short Abstract: Intimate partner homicide (IPH) is a serious concern throughout the world. The results of a systematic review focused on examining risk factors for IPH perpetration and victimization will be presented. Results from this research will be used to inform how family therapists can assess for IPH when working with clients.

Long Abstract: Intimate partner homicide (IPH), which is when an individual is murdered by a current or previous intimate partner, is a serious concern throughout the world. Family therapists working with couples who have experienced violence in their relationship should be aware of the possibility of this violence escalating to the point of IPH. Therapists working with victims of violence should also be aware of the potential lethality that can occur from terminated relationships. A large systematic review, including both a quantitative meta-analysis and a qualitative synthesis, on risk factors related to IPH perpetration and victimization were conducted. The meta-analysis examined results from 17 studies yielding 148 unique effect sizes. The meta-analysis found that the strongest risk markers for IPH perpetration were access to a gun ($OR = 11.17, p < .001$), followed by threatening the victim with a weapon ($OR = 7.36, p < .001$), non-fatally strangling the victim ($OR = 7.23, p < .001$), sexual assaulting the victim ($OR = 5.44, p < .001$), and exhibiting controlling behaviors ($OR = 5.60, p < .001$). Results from the qualitative synthesis, which examined 20 qualitative studies focused on motivations and risks for attempted and completed IPH perpetration and victimization, found that the top reported motivations for IPH perpetration were a loss of control over the victim, jealousy, separation/estrangement, and self-defense. The qualitative synthesis also found a theme within the current qualitative literature that victims often underestimate the level of danger regarding the situation they are in. The results from these two studies provide pertinent information for family therapists working with couples who have experienced violence in their relationship, as well as for family therapists working with survivors of intimate partner violence. Results from this research will be used to inform therapists on key risk factors to assess when working with couples who have experienced violence, or survivors of violence from a previous relationship, in order to assess levels of potential danger of the situation. Potential assessment questions that therapists can ask when working with couples or individuals will be provided and discussed.

Relationship Dynamics and Perpetration of Intimate Partner Violence Among Female Chinese College Students

Presenter: Sandra Stith

Short Abstract: We aim to examine how relationship factors are linked with female physical and psychological IPV perpetration among Chinese college women. Our findings suggest that it may be important to explore the role of these relational factors in their dating relationships, as well as to develop female-based intervention programs.

Long Abstract: In China, most violence studies focus on male intimate partner violence (IPV) perpetration and female victimization, and studies on dating violence and female IPV perpetration are less common. Although female IPV perpetration and gender symmetry in IPV in China has surfaced with very recent research, there have been limited studies examining the factors related to female perpetration in dating relationships in China. In the current research, we aim to examine how relationship factors, including anger management, communication problems, relationship conflict, and relationship distress are linked with female physical and psychological IPV perpetration. We included 857 female college students in three regions in China from the International Dating Violence database. A single path analysis model was performed to answer three questions: 1) Is the participants' level of anger management skills associated with lower levels of physical and psychological IPV perpetration; 2) Is the participants' level of communication problems, relationship conflict, and relationship distress associated with higher levels of physical and psychological IPV perpetration and; 3) Does the participants' level of anger management skills moderate the negative effects of relationship conflict and distress in predicting their self-reported level of IPV perpetration. We found that Chinese college women's anger management skills and communication problems were both significantly associated with physical and psychological abuse on both minor and severe levels, relationship conflict was significantly associated with minor physical, minor psychological and severe psychological abuse, and anger management skills moderated the negative effects of relationship conflict on female IPV perpetration. Our findings suggest that it may be important to explore the role of college women's anger management skills, communication problems and conflict resolution skills in their dating relationships, as well as to develop female-based intervention programs to increase Chinese college women's anger management, communication skills and conflict resolution skills, in order to reduce their levels of IPV perpetration.

Evolving Structural Strategic Family Therapy (ESSFT)

Presenter: Keith Sutton

Short Abstract: Evolving Structural-Strategic Family Therapy provides a four step treatment approach that is a clear roadmap for working with families. ESSFT utilizes theories and techniques from Structural Family Therapy, Strategic Family Therapy, Behavioral Family Therapy, Attachment Based Family Therapy, Neuroscience, Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy.

Long Abstract: There has been significant research to show that family therapy is an effective treatment for working with children and adolescents. Many therapists don't provide family therapy because they feel undertrained or intimidated by working with families. One difficulty therapists find is that there are multiple theories of family therapy making it difficult to integrate the approaches. Evolving Structural-Strategic Family Therapy provides a four step treatment approach that is a clear roadmap for working with families. ESSFT utilizes theories and techniques from Structural Family Therapy, Strategic Family Therapy, Behavioral Family Therapy, Attachment Based Family Therapy, Neuroscience, Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy.

Now I See A Person: A New Model for Breaking Free of Mental Health Labels

Presenter: Susan Swim

Short Abstract: What happens if people are viewed as normal humans who are going through difficult times, when we honestly care about others & invest time to understand hardships they face, when we embrace ideas people can surpass mental illness & invite their community to join the person's strengths and capacity to heal?

Long Abstract: Now I See A Person Institute is a non-profit graduate and postgraduate teaching and clinical institution using Collaborative Dialogical Practices, horses and a nurturing and normal environment for clients to heal from trauma and resultant challenges. We especially have success (evidence-based qualitative research) with those clients who unfortunately have lengthy histories of trauma, and extensive past experiences with hospitalizations, years of therapy, years of residential care or rehabilitation and medications which did not aid but became more hopeless with family distrust and disconnect. Our clients evolve to see themselves as a person and not a diagnosis that may have labeled or limited them in the past. Our team of therapists, nurturing horses, and the normalcy of a ranch environment provide a community of support while symptoms dissipate and new self-perceptions evolve, and family member relationships are rebuilt.

Effectiveness of an onsite/online hybrid mode of a Competency-based Family Therapy Training for Mental Health Professionals who work with Chinese Families of Parental Depression in Hong Kong

Presenter: Alan, T. L. Tam

Short Abstract: This presentation reports the preliminary results of an evaluation of an onsite/online hybrid mode of a competency-based family therapy training for mental health professionals in Hong Kong. Significant increase in conceptual, perceptual and executive competencies were found among participants who received intensive advance family therapy training.

Long Abstract: Use of Family Therapy (FT) and Multiple Family Therapy (MFT) by mental health professionals to work with Chinese families of parent(s) with symptoms of depression remain scant in Chinese societies such as Hong Kong. To preserve the intensity and regularity of clinical learning among the trainees under the volatile situations of the COVID-19 pandemic, an onsite/online hybrid mode of competency-based family therapy training programme was launched in July 2020 by the research team of Family and Group Practice Research Centre, Department of Social Work, The Chinese University of Hong Kong and New Life Psychiatric Rehabilitation Association (the agency). In this presentation, we aim to report the preliminary results of an evaluation of the first year of training in enhancing the clinical competency of the trainees in three dimensions, namely the conceptual competency, the perceptual competency, and the executive competency. In total there are seventeen mental health professionals participating in this study as the core group members who receive both basic and advanced family therapy training (total number of hours = 32). Twenty-seven mental health professionals were recruited as the comparison group who receive only the basic training at two different time points. All participants respond to a self-evaluation questionnaire after every training session. Results suggest that, after receiving intensive advance family therapy training, significant increase in conceptual, perceptual and executive competencies were found among the core group members. Challenges and opportunities of conducting the family therapy training in onsite/online hybrid mode will be discussed.

Student Perspectives on Social Justice Training in Family Therapy Education

Presenter: Jane Thibodeau

Short Abstract: This presentation is based on a consensual qualitative research study that examined how current students and alumni of an MFT program in rural Appalachia view social justice training. The themes that emerged included ways of addressing social justice in order to best enhance learning and preparation for clinical practice.

Long Abstract: This presentation will center around student perspectives on ways to enhance social justice training in marriage and family therapy graduate level education. The presenters will share the results of a consensual qualitative research study that examined how current students and alumni of an MFT program in rural Appalachia view social justice training. We will share student suggestions for content areas and ways of addressing social justice in order to best enhance learning and preparation for clinical practice. The themes that emerged from our analysis were related to how students preferred their training to be and included: 1. Focusing on relational processes and transparency; 2. Emphasizing self-awareness; 3. Building knowledge of diverse people and groups; 4. Integrating social justice throughout the curriculum; 5. Focusing on clinical applications and social justice advocacy in agencies. The ten research team members represent women with a variety of racial and LGBTIQ identities, most of traditional graduate student age. The impact of the positionality of the research team members and research participants on data collection, analysis, and results will be discussed.

Follow the Flow to Find Your MFT Theoretical Model

Presenter: Miranda Thornton

Short Abstract: Overwhelmed by selecting a conceptualizing model, MFT students may revert to syncretistic confusion. We propose a flowchart that identifies and presents the basic tenets of the major MFT theories in simplified questions to assist students in identifying the theory that best fits with their natural way of thinking.

Long Abstract: Despite being a relatively young field, Marriage and Family Therapy (MFT) has a wide array of guiding theories with which to systemically conceptualize clients and their presenting issues. Instructors and researchers have reached little consensus on how students best learn to conceptualize and treat family problems from systemic models (Bitar, Bean, & Berm dez, 2007). In fact, due to the volume of content required in learning MFT theories, some students might become easily intimidated by theory and defer to an eclectic theoretical approach based on common factors (Simon, 2003; Fife & D  Aniello, 2018; Fife et al., 2014).

Training programs often empathize the importance of selecting a primary model for conceptualizing clients. MFT interns   etry on   various models while working with clients to identify a way of theoretically conceptualizing clients. Many students may begin to abandon theory and focus on common factors of alliance and motivation. Alternatively, students may become overwhelmed trying to select a model and revert to syncretistic confusion and grasp for any intervention that may possibly work for their clients (Karam, Blow, Sprenkle & Davis, 2014). While developmentally normal, this confusion of models can be devastating and can exacerbate feelings of inadequacy in the MFT students.

In this poster, we propose an easy to follow flowchart to assist students in identifying the theory that best fits with their natural way of thinking. The flowchart identifies and presents the basic tenets of the major MFT theories in simplified questions to help students identify a theory. This flowchart allows students to select a model that fits with the way they naturally conceptualize the world and address problems. Additionally, the flowchart can be used to provide a skeleton understanding of the major MFT theories for teaching purposes.

Exquisite Empathy: Connecting in the Therapeutic Relationship When Working with Trauma

Presenter: Ileana Ungureanu

Short Abstract: As therapists, we are asked to ethically connect with our clients'™ deepest fears. This workshop will address the ways working with trauma triggers self-of-the-therapist issues. Using an experiential format, the presenter will help the audience learn and process aspects of the therapeutic relationship when working with clients that experienced trauma.

Long Abstract: Exquisite empathy is described by Harrison and Westwood as the ability to get very close without fusing or confusing the clients stories, experiences, and perspectives with their own. An exquisite type of empathic attunement that is nourishing for therapist and client alike (2009, p.214). Working with clients that deal with consequences of trauma in their lives can take a toll on clinicians invested in the process. Vicarious traumatization, compassion fatigue are only a couple of examples, of a more extreme type that therapists can encounter. But how about the everyday work with our trauma clients and how they impact us long before symptoms of vicarious traumatization arise? What happens when, as therapists, we are empathically connected to our clients that suffered trauma and when we help them carry their burden? Moreover, as therapists and fellow sufferers, we are ethically asked to dare to connect with our clients deepest and darkest fears and pains.

This workshop will address the numerous ways working with trauma triggers self-of-the-therapist issues that can both get in the way of successfully helping our clients and develop into burnout or vicarious traumatization. Using a multi-media format and an experiential approach, the presenter will help the audience process aspects of the therapeutic relationship when working with clients that experienced trauma. This workshop will also address how to become more exquisite in our empathic skills for the sake of our clients as well as our own mental health.

Non-clinical Descriptors of Self-injurious Behavior and Suicidal Ideation with Youth

Presenter: Giuliana Valia

Short Abstract: Limited community research is available regarding the relationship between self-injurious behaviors and suicidal ideation in youth, and therefore there is a gap in harm prevention and intervention treatments for these populations. Developing prevention and intervention programs from a family systems perspective could lead to more effective approaches for youth.

Long Abstract: Self-injurious Behaviors (SIB) continue to be a prevalent issue among youth and often associated with persons experiencing suicidal ideation (SI). Emotional distress and poor coping skills acquired from family and social contexts have been cited as being underlying factors that contribute to a host of issues including SIB and SI. There is much to learn and many assumptions that need to be tested regarding the relationship between SIB and SI in youth, and therefore there is a gap in community mental health prevention and intervention treatments for these populations.

A matrix was created to organize the accessed archived contextual data of female and male youth ages 12-17, who have been identified as needing contact with a family systems specialist regarding risk factors for SIB and SI. Content analyses of the matrix provide information regarding contributing factors, relational dynamics, types, and alternative coping strategies to SIB. These analyses could point to indications of the social climate and insight into what alternative prosocial strategies of coping this youth population is drawn to use.

Counselors or other prevention professionals in community settings, when working with adolescents who engage in SIB or experience SIB & SI, may also need to assess potential barriers to receiving services. Results revealed that subjects experiencing SI with or without SIB overwhelmingly reported being open to services. The presence of SIB alone may indicate a coping strategy that is less than 1 year and not frequent, leading to less openness for services. It may indicate that as the SIB increases in duration and frequency its potential impacts on the emotions diminish, raising the despair to SI levels. The current study supports some of the existing theories on suicidal behavior and SIB, as well as adds to the knowledge of the relationship between SIB and suicidal ideation. More specifically, the observations noted regarding frequency, duration, openness to mental health services and identifying trusted adults can lead to more robust approaches at engaging adolescents more preventatively in addressing their mental health concerns.

COVID-19 as a Scapegoat

Presenter: Barry Viljoen

Short Abstract: Documented within family therapy processes. It has been replicated in social contexts. Employed against minority groups, during times of strife, they become the focus of frustration. In a similar vein it will be argued and highlighted that COVID-19 has been used a Scapegoat for various social ills and failings.

Long Abstract: The presentation plans to initially define the concept of Scapegoating and give a brief historical contextualisation. Scapegoating is a concept which can be traceback to biblical times. However, the concept has been well documented within family therapy processes, in which one family member, often one within limited power or status within the family, holds the blame for challenges within the family and as a result will have frustrations of other members aimed towards them. Time will be allocated to briefly indicate the function which this fulfils within the family system. The concept though is not limited to the family therapeutic context and rather has been replicated in larger social processes. Several historical examples of this will be briefly explored. Highlighting how this has been employed against minority groups at times of extreme stress or strife, in which they have been the focus of frustration and blame for social situations which they could not have been responsible for. Once understanding this process and how it manifests within social contexts as well as the function it serves for the larger system. An attempt will be made to display through the use of examples within the South African context, how in a similar vein the novel corona virus, known as COVID-19 has been used a Scapegoat. For various social ills and failings which have been in existence, long before the emergence of this virus. The presentation will attempt to draw hypotheses to the function that this form of scapegoating would hold for the larger South African system.

Archipelago Psychotherapy Work with Children and Parents in Post-Divorce Situations

Presenter: Gabriela Vykypelova

Short Abstract: The lecture presents a method which offers a playful way of working with a child who has experienced parental separation. It uses interactive computer programs based on a comprehensive psychological approach to working with children and families. Authors will illustrate everything in case studies.

Long Abstract: In psychological care we meet children, whose symptoms are related to the divorce of their parents. Sometimes these are current events, sometimes events several years old. However, for many reasons, these contexts are often unreflected neither by children nor by their parents. As child therapists, we know how much any of our work is related to the entire relationship field in which the child lives, however working with it in the therapeutic situation now is not easy. Yet we see that if we do it, whether in individual work or working with the family, the dynamics of the basic field of father-mother-child, and especially the contact with the child itself, come to life. Therapy then provides space for experiment, creativity, sharing and growth.

Archipelago means a series of islands. The program works with the metaphor that each family is a bit like an archipelago made up of several islands, separated and yet connected together. Divorce can then be perceived as an earthquake that causes the islands in the archipelago to regroup over a certain period of time. Even at the time of the earthquake or sometime after it, there are various new feelings and events that sometimes are not easy to integrate, but gradually there is a new archipelago, new ties and new ways of separating family members from each other and meeting each other again and to interconnect. Even a divorced family remains in many respects a family with newly created links.

The Archipelago method offers a structured, playful and creative way of working with a child and later also with his/her parents. The child chooses one of three animal friends (tiger, rabbit, hedgehog) and creates his story about an earthquake that separated his parents. The method uses interactive computer program based on a comprehensive psychological approach to working with children. You can print and bind all the images you create with the child while working with the interactive computer program, and the child gets a book with his own story and can share it with his/her parents.

HIV Risk Behaviors and Risk Reduction among Mothers Experiencing Homelessness

Presenter: Laura Walsh

Short Abstract: Homeless mothers are at high risk for contracting HIV. Risk behaviors among homeless mothers and prevention efforts have not been well detailed. This study assesses the prevalence of HIV risk behaviors among a sample of homeless mothers, and the impact of a housing and HIV prevention intervention on risk behaviors.

Long Abstract: Homeless mothers report numerous HIV risk factors, and rates of HIV are significantly higher for homeless populations. Predictors of HIV risk among homeless women include history of childhood abuse, intimate partner violence, multiple sexual partners, low condom use, substance use, arrest history, and exchanging sex for money, drugs, shelter, or other resources. Despite the high risk for HIV among homeless women, scant literature has examined the efficacy of HIV prevention interventions for this population. To address this gap, the current study identified 240 substance-using homeless mothers with at least one biological child under the age of six. Mothers received housing + therapy/HIV prevention, housing only, or services as usual. Overall, 29% of women reported exchanging sex for drugs, money, shelter, or other resources, which was negatively correlated with HIV self-efficacy scores, such that women who engaged in survival sex reported lower HIV self-efficacy. Surprisingly, history of child abuse was positively related to HIV knowledge. It may be that women with a history of abuse get linked to HIV education materials through the child welfare system, but further research is needed to examine this relationship. Additionally, results showed that women who have been tested for HIV have more confidence in their ability to avoid behaviors that place them at high risk for HIV. Overall, our findings indicate that homeless mothers are at a particularly high risk for HIV, and engage in several risky behaviors, particularly survival sex. This pattern of HIV risk may be unique to young homeless mothers, though future research will need to compare risk behaviors to other groups of homeless women. In any case, HIV prevention interventions will likely require special focus on the unique life context of these women. Furthermore, preliminary findings indicate that women assigned to the housing and HIV prevention intervention show reduced risk compared to the other conditions, suggesting that an intervention package that reduces risk in context of women's lives is essential for behavior change. That is, HIV prevention intervention provided within a comprehensive intervention package including housing may be essential for powerful HIV risk reduction among this population.

Contemporary Chinese views of marriage in comparison with that of Japan

Presenter: Linna Wang

Short Abstract: This presentation explores the impact of economic growth on people's view of marriage and gender roles in China. Statistics of divorce, marriage, and birth rate in Japan during its economic growth hey days (1980's to 2000's) is reviewed. Rapid economic growth seems to impact China and Japan similarly.

Long Abstract: The relationship between divorce and economy is well documented. This presentation explores the impact of economic growth on people's view of marriage and gender roles in China. Unprecedented economic growth in the past 30 years rapidly created a large group of well to do Chinese families. This growth, at the same time, erased much of the progress in women's equality in the society. Discrimination against women is much more explicit and rampant. Chinese young women from well to do families, although well-educated and high earning, seem to be averse to marriage, as the traditional benefit of marriage is not obvious to them. Gender inequality is often cited as one of the reasons to delay or entirely avoid marriage. For those who do choose to marry, the marital dynamics seems to be impacted by the economic growth and gender discrimination as well. Female dominance in the marriage is a common phenomenon, which may be women's fear-based reaction to the gender discrimination in the society. Statistics of divorce, marriage, and birth rate in Japan during its economic growth hey days (1980s to 2000's) is reviewed. Although decades apart, the rapid economic growth seems to impact China and Japan similarly in terms of divorce, marriage, and reasons not to marry. Japan has been suffering from a historically low birth rate because of the low marriage rate. Although China has a much larger population base, the presenters predict that the low marriage rate will eventually lead to low birth rate, which in turn will impact China's capacity to sustain its economic growth.

Being Present Online: Teaching, Practicing, and Supervising in a Virtual Setting

Presenter: Yulia Watters

Short Abstract: In this workshop participants will discuss the concept of being present in an online environment. Presenters will address how to bridge the physical distance in a virtual setting. Using their research on this topic and current literature review, presenters will engage participants in an interactive discussion.

Long Abstract: In their seminal book *Creating a Sense of Presence in Online Teaching*, Lehman and Concei (2010) make a distinction between being present and being engaged in an online setting. As demonstrated by several researchers, it is often not enough to join an online meeting or turn on a camera during the video chat to create a full presence in a distance-based context. Different strategies, unique to a virtual setting, need to be developed to create meaningful learning experiences and therapeutic connections among all involved participants. The presenters of this workshop teach, supervise, see clients, and do research in a distance-based setting. They are also administrators who aim to develop clinical programs and curriculum engaging for students and faculty, as well as increase retention and develop ethically solid clinical supervision practices online. During this session, presenters will introduce the concept of being present and engage the participants in a review and development of specific strategies to make the online world more meaningful and interactive.

A Whole New World: Future Paths for Internship Programs in Distance-based Education

Presenter: Yulia Watters

Short Abstract: New and exciting possibilities in technology have allowed online programs to develop competitive internship programs around the world. In an interactive workshop, presenters will share lessons learned in developing, managing, and enhancing applied internship programs for diverse populations.

Long Abstract: With the increase of available secure technology and the growing need for professionals with graduate level training in the social sciences, distance-based educational programs offered different solutions pertaining to applied internships. While the academic experience of learning course content in online programs has been validated and generally accepted, building internship-based programs without the use of an on-campus clinic or a well-developed local network of internship sites poses a significant challenge. Presenters will share the history, pitfalls, considerations, and pathways that have led to the success in developing multiple online internship-based graduate programs within their institution. Specific examples will be given from two programs that show as a 15-year established program and newly developed program. Using an interactive format, presenters will address considerations regarding curriculum development, faculty training, clinical readiness, facilitation of internship placements, evaluation of student outcomes, accreditation, licensing considerations, student experience, and other applied internship options.

Integrative Services 2.0 An International Perspective

Presenter: Katheryn Whittaker

Short Abstract: In order to assist the global community, this panel of presenters will present a referral process that can be integrated into any therapeutic community. The cultures represented in this integration 2.0 presentation will be from various regions of the USA, Australia, India, and the Caribbean.

Long Abstract: Due to the overwhelming response of the IFTA 2019 Conference, the presenters of Integrative Services have decided to present at the 2020 congress with updated collaborative efforts to integrate service provisions on an international level.

In order to assist the global community, this panel of presenters will present a referral process that can be integrated into any therapeutic community. The cultures represented in this integration 2.0 presentation will be from various regions of the USA, Australia, India, and the Caribbean.

It is our hope to provide tools to community therapists, incorporating a local culture perspective. This tool will assist individuals with therapeutic medical and community referrals, including any referrals significant to multisystemic treatment.

This panel of speakers represents disciplines from marriage and family therapy, social work, addiction medicine, academia, psychology, clinical supervision, mental health, and managed and palliative care. Each of these professionals shares a common desire to share their expertise of integrative care.

Presenters/Specialties:

Katheryn Whittaker, PsyD, LMFT, LPCC, Clinical Supervisor, Addiction and Trauma Specialist-Cayman Islands, BWI

Naveen Jonathan, PhD, LMFT, Clinical Associate Professor and Chair, MFT Crean College of Health and Behavioral Sciences, Chapman University CA, USA

Wayne Conron, LCSW “ AUSTRALIA

Sarayu Chandrashekar, MS MFT, MS Counselling Psychology, Bangalore, INDIA

Becky Rau, LCSW Director of Client Care, Los Angeles Centers for Alcohol and Drug Abuse (LA CADA) CA, USA

Jay Burke, () CA, USA

Yulia Watters, PhD, LMFT, FL, USA, Faculty Northcentral University, USA

Mike Olson, PhD, LMFT, Faculty, Behavioral Medical , St Mary’s Hospital, Family Medicine Residency, CO, USA

Leticia Pileski Gonzales, PsyD, LMFT, Co-founder of the LP Intercambio, Consultant, Private Practice, CA USA

What takes place with family therapy in those countries that are in development in Central and South America: difficulties and hope facing the future

Presenter: Katheryn Whittaker

Short Abstract: The goal of this panel is to describe the current situation of Family Therapy among other psychotherapies' models in different countries of South and Central America. It will emphasize and discuss how this paradigm developed and integrated other types of interventions to help solving human problems.

Long Abstract: The goal of this panel is to describe both, what has happened with family or systemic therapy throughout the time in different South and Central American countries, and what is perceived regarding where this model should be developed to take its most and integrate it in individual and social health.

Professionals from different American countries will participate setting forth the changes present in the clinical and social work, and how they implemented the systemic view in relation to other models of psychotherapies, as well as the difficulties and advantages in the resolution of individual, familiar and psychosocial problems.

Likewise, it will be discussed with the public how to approach the future development and permanence of such a useful model to restore the wellbeing of people and their bonds of affection. Collaborating advisors include: Hirsh (Argentina), Zeballos (Peru) and Macedo (Brazil).

Frames and Reframing in a Postmodern, Post-COVID World

Presenter: Jon Winek

Short Abstract: In this workshop we will explore how clients frame COVID-19's impact on wellbeing and the social reality of our clients. We will then present reframes that possibly produce hope in hopeless places.

Long Abstract: Last year, the sudden arrival of COVID-19 radically changed the social and mental health landscape, propelling our clients into a new and possibly unhealthy social climate. These events seem so all encompassing that many around us are coming to terms with a second order change in their view of the world. For some, it is a paradigm shift which we are still experiencing. In this workshop we will explore how client wellbeing is impacted by the social reality our clients construct around their families' response to this crisis. Drawing on the work of Watzlawick (et al., 1974) we review the relationship of our clients' frame to the process of producing therapeutic change. We describe how we deconstruct the experiences of our clients to elicit where clients are finding hope in hopeless places. By utilizing ideas for our deconstructive conversations, we will then help participants reframe common themes in how clients frame their experiences in a covid/post covid world. We will provide examples from our conversations with clients that elicit descriptions of experiences around COVID. An emphasis will be placed on the discovery of frames of COVID/ post COVID realities that facilitate how clients cope and adapt.

Effectiveness of an onsite/online hybrid mode of a Competency-based Family Therapy Training for Mental Health Professionals who work with Chinese Families of Parental Depression in Hong Kong

Presenter: Monica, L.T. Yau-Ng

Short Abstract: This presentation reports the preliminary results of an evaluation of an onsite/online hybrid mode of a competency-based family therapy training for mental health professionals in Hong Kong. Significant increase in conceptual, perceptual and executive competencies were found among participants who received intensive advance family therapy training.

Long Abstract: Use of Family Therapy (FT) and Multiple Family Therapy (MFT) by mental health professionals to work with Chinese families of parent(s) with symptoms of depression remain scant in Chinese societies such as Hong Kong. To preserve the intensity and regularity of clinical learning among the trainees under the volatile situations of the COVID-19 pandemic, an onsite/online hybrid mode of competency-based family therapy training programme was launched in July 2020 by the research team of Family and Group Practice Research Centre, Department of Social Work, The Chinese University of Hong Kong and New Life Psychiatric Rehabilitation Association (the agency). In this presentation, we aim to report the preliminary results of an evaluation of the first year of training in enhancing the clinical competency of the trainees in three dimensions, namely the conceptual competency, the perceptual competency, and the executive competency. In total there are seventeen mental health professionals participating in this study as the core group members who receive both basic and advanced family therapy training (total number of hours = 32). Twenty-seven mental health professionals were recruited as the comparison group who receive only the basic training at two different time points. All participants respond to a self-evaluation questionnaire after every training session. Results suggest that, after receiving intensive advance family therapy training, significant increase in conceptual, perceptual and executive competencies were found among the core group members. Challenges and opportunities of conducting the family therapy training in onsite/online hybrid mode will be discussed.

Family Conflict Regarding Women's Paid Work

Presenter: Samantha Yowell

Short Abstract: This original qualitative research examines patterns of communication among families where there is conflict concerning a woman's paid work. The researchers used grounded theory methodology to create a theory that describes the process of navigating conflict for these families. Clinical implications of working with families in conflict will be discussed.

Long Abstract: While women currently make up approximately 45% of the employed labor force in the United States (United States Department of Labor, 2018), many women still face obstacles concerning their education and employment. Religious beliefs often influence women's work choices as religion functions as a determinant of economic behavior (Lehrer, 2004). Religious faiths, specifically conservative Protestant and the Latter-Day Saint (LDS) faiths, distinguish economic and social roles according to gender. While LDS females are just as likely to be educated as their U.S. peers, they are significantly less likely to be employed in full time work with only 25% of LDS women working full time compared to 39% of women in the general population (Phillips & Cragun, 2008). Additionally, many LDS leaders have encouraged women to prioritize raising children by staying at home. In the context of the LDS women's religious culture that has overtly discouraged outside employment, it is important to understand how women who choose to work navigate conflict that may arise around their paid work.

The research used a constructivist grounded theory methodology to investigate when and how LDS women experience conflict concerning their paid work. The study aimed to answer the research question: How do LDS working women navigate conflict concerning their paid work? Three sub questions were also considered: 1) What does conflict look like? 2) Who are the players? and 3) How do LDS women respond to the conflict concerning their paid work? The analysis produced a model of conflict navigation for working women and their families. Findings revealed important themes such as proximity of the relationship and conflict content which in turn impact responses to conflict and associated outcomes. The various themes comprising the model will be discussed. The presenter will discuss important clinical implications of working with families who experience conflict concerning women's paid work.

Finding The Right Words: Language for Treating Clients with Substance Use Disorders

Presenter: Samantha Yowell

Short Abstract: This original qualitative research explores the perspective of those with a substance use disorder concerning treatment language. Presenters will compare and contrast current language recommendations with the research findings that emerged from participant interviews. Clinical implications will be discussed to emphasize the importance of language in treatment.

Long Abstract: Researchers and politicians have identified substance-related disorders as a leading public health issue for the United States (Institute for Health Policy, 2001). Despite considerable costs to individuals, families, and society, many individuals in need of treatment fail to receive specialized services. Research has revealed stigma as a significant factor reducing help-seeking behaviors in those with a substance use disorder (SAMSHA, 2008). While societal stigma is most apparent, persons with SUDs may find that even treatment professionals use language in a way that perpetuates stigma. Many health care professionals mirror the societal stigma of a SUD, as most negatively view patients diagnosed with a SUD (Van Boekel, Brouwers, Van Weeghel, & Garretsen, 2013). Such attitudes and use of language among treatment and healthcare professionals may pose a significant barrier to resolving this significant public health concern. To address this concern, many scholars have proposed using more sensitive language in the description and treatment of those with substance-related disorders, there is little research on the language used by SUD clinicians and how their language impacts clients/patients.

This research forum presents the first empirical study examining SUD treatment language from the perspective of the client/patient. The study explored three important research questions: 1) What does it mean to have a SUD? 2) How do those with a SUD make meaning of the language used to describe and discuss their condition and treatment? 3) What specific terms related to SUDs carry significant meanings for persons with SUD and how do they experience these terms and associated meanings? The researcher will discuss the interpretative phenomenological analysis methodology used to conduct the study. Important themes concerning identity, person first language, and openness will be compared and contrasted with past research and current practices. Clinical implications will be discussed to emphasize the importance of language in treatment.

Stigma and Treatment of Substance Use Disorders

Presenter: Samantha Yowell

Short Abstract: This presentation will provide an overview of the impact of stigma on entrance to treatment for substance use disorders. The authors will share their original research that examines the experiences of those with an SUD in treatment settings. Clinical implications will provide guidelines for treatment language to reduce stigma.

Long Abstract: Substance use disorders (SUD) are considered to be one of the most significant public health issues in the United States (Institute for Health Policy, 2001). In addition, substance use disorders can plague many communities across the globe. Notwithstanding considerable costs to society, many who need treatment never receive help. Researchers have found stigma to be a leading factor in reducing help-seeking behaviors (SAMSHA, 2008). While stigma occurs at a societal level, research shows that implicit bias impacts treatment professionals (Van Boekel, Brouwers, Van Weeghel, & Garretsen, 2013). In order to address societal stigma, researchers must first uncover how implicit bias manifests itself in healthcare settings.

Despite attempts to understand the impact of stigma and efforts to improve treatment language, there is still a paucity of research that examines how treatment language influences the perpetuation of stigma related to SUDs. This poster presentation reveals new research findings that explain the inner workings of treatment language and how implicit bias and stigma is experienced by the client with an SUD. In addition, this poster provides recommendations for language that helps reduce stigma and promotes recovery.

Marriage and Family Therapists Need to Fill the Gap for Adoption-Competent Healthcare

Presenter: Samantha Yowell

Short Abstract: Thousands of families are left without social services once the adoption process is finalized. Compounding this issue is the lack of adoption-competent healthcare providers. This poster will identify how MFT's can utilize a systemic model to support families post finalization to promote the development and maintenance of a healthy attachment bond.

Long Abstract: In 2017, a preliminary report by the Administration for Children and Families reported 59,430 children involved with a child welfare agency had been adopted. Although families have access to various services while fostering a child, once their adoption is finalized those services vanish, leaving the families to confront challenges, struggles, and unmet needs on their own (Festinger, 2002; Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019). One study found that Rates increased from 4% to 9% after five and ten years, respectively (Rolock and Testa, 2008). This lack of support is evident in research with frequent statements of parents and professionals pleading for post adoption support and services (Marcenko & Smith, 1991; Festinger, 2002; Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019).

Compounding the problem of inadequate services for post-adoption families is the lack of adoption-competent healthcare providers (Atkison & Riley, 2017). In fact, fewer than 25% of adoptive parents seeking care reported their providers were knowledgeable about adoption's impact on families (Brodzinsky, 2013). These numbers highlight the substantial lack of practitioners who are qualified to support these families. In particular, families must have trauma-informed providers that are trained to promote the establishment and maintenance of parent-child attachment bonds (Atkison & Riley, 2017, Brodzinsky, 2013 & Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019).

This poster will identify how MFT's can utilize a systemic model to support families post finalization to promote the development and maintenance of a healthy attachment bond. Marriage family therapists (MFTs), trained in systemic therapy work to address family issues on a systemic level often with an emphasis on attachment, could be the service these families are seeking. Research reports that nearly a fifth of graduates from COAMFTE programs work with families impacted by adoption and foster care issues, however, only a mere 4.8% of the COAMFTE programs offer specific coursework in that field (Weir, Fife, Whiting, & Blazewick, 2008). Clinical applications for assessing and addressing these family needs will be provided.

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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

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.

GROUP 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

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. at a discount.

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**Bridging Our
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FAMILY PROCESS INSTITUTE

Who We Are....

The Family Process Institute in addition to its oversight of the journal, Family Process, creates initiatives that promote family and systems theory, practice, research, and policy, with a commitment to social justice.

FPI Mission

The FPI oversees the journal, Family Process, and ensures the coordination of the operations between Family Process and our publishing partner, Wiley/Blackwell.

FPI Vision

Grounded in a commitment to social justice, Family Process institute aims to be an independent voice for scholarly work in the field and to shape future directions for research and practice.

We Are Proud....

The Family Process Institute is proud to be a supporting sponsor of IFTA's World Family Therapy Congresses.





International Accreditation Commission for Systemic Therapy Education

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www.ifta-familytherapy.org

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.

An accreditation workshop will be in this Virtual Congress with information about accreditation.

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

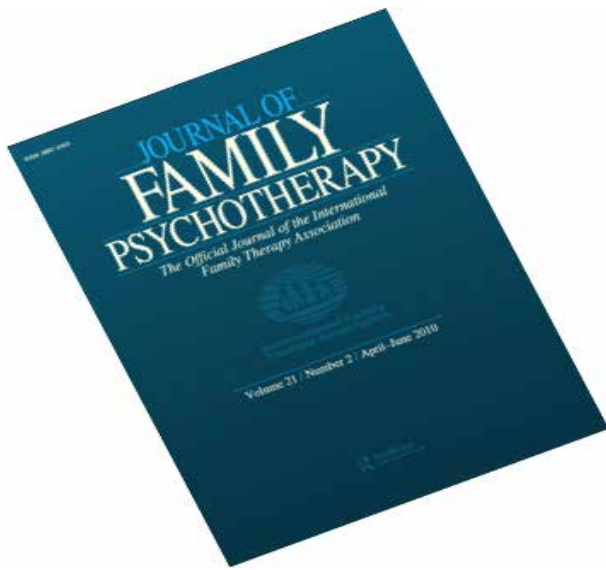
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The Journal is a unique, peer-reviewed journal designed for practicing clinicians as well as academics that offers empirical studies, treatment reports, theoretical discussion, and strategies in clinical practice from family psychotherapy scholars 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 is Todd Edward, Ph.D., from the University of San Diego, CA. Look for his workshop.

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