



MÁLAGA,
March 30th -
April 1st, 2023 **SPAIN**



International Family
Therapy Association

WELCOME TO THE IFTA CONGRESS

Dear Colleagues,

Welcome to Málaga, Spain! This is the International Family Therapy Association's 2023 World Family Therapy Congress.

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

The 2023 Congress Committee invites family therapists to explore both new and familiar ways to assist families.

We live simultaneously in "one world" and many worlds. Thus, family therapy is a mutual, interactive process in which we learn new ways from colleagues from many lands. Communicating and networking among over 300 therapists from over 40 countries during this congress will provide professional contacts and information to support the exchange of knowledge and the growth of family therapy in many countries.

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

Desiree Seponski

Desiree Seponski, Ph.D.
President

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, IFTA 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.

CONFERENCE CODE OF CONDUCT

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

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

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

MISSION STATEMENT

Adopted December 2005

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

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

OVER 30 YEARS OF 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.

PLENARY SPEAKER

PAULINE BOSS, Ph.D.

Keynote Topic: Ambiguous Loss in a Time of Anxiety and Change: Therapy and Interventions for the Global Family



Pauline Boss, PhD, Professor Emeritus at the University of Minnesota is a Fellow in the American Psychological Association and the American Association for Marriage and Family Therapy, and a former president of the National Council on Family Relations. She practiced family therapy for over 40 years. With her groundbreaking work in research and practice, Dr. Boss coined the term ambiguous loss in the 1970s and since then, developed and tested the theory of ambiguous loss, a guide for working with families of the missing, physically or psychologically. Dr. Boss summarized her research and clinical work in her now classic book, *Ambiguous Loss: Learning to Live with Unresolved Grief* (Harvard University Press, 2000). In addition to over 100 peer reviewed academic articles and chapters, her other books include *Loss, Trauma, and Resilience: Therapeutic*

Work with Ambiguous Loss (W. W. Norton, 2006) and *Loving Someone Who Has Dementia* (Jossey-Bass, 2011). Her most recent writing, with updates on ambiguous loss, is the widely acclaimed book, *The Myth of Closure: Ambiguous Loss in a Time of Pandemic and Change* (W. W. Norton, 2022). Her work is known around the world wherever ambiguous losses occur, and thus her books are now available in 18 different languages spanning the globe. For more information about Dr. Boss, her writings, and the ambiguous loss online training program, see www.ambiguousloss.com.

Dr. Pauline Boss will discuss her theory of ambiguous loss and its application which has now gone around the world--from family members disappeared and missing physically to the psychologically missing from dementia, addictions, and serious mental illnesses. With focus on context and culture, she describes ambiguous loss, how it differs from death, and its systemic symptoms, and why closure is a myth. Because traditional grief therapies do not work with ambiguous loss, Dr. Boss encourages embracing the paradox of absence/presence with both/and thinking--and presents six tested guidelines for therapy and interventions based on meaning, mastery, identity, ambivalence, attachment, and new hope. Finally, she emphasizes self-care for therapists since, with ambiguous losses that have no resolution, we, too, must increase our tolerance for ambiguity. We, too, must be able to hold unanswered questions.

PROGRAM AT A GLANCE

Wednesday, March 29, 2023

14:00-17:00 Registration for Congress
No meetings or workshops

Thursday, March 30, 2023

07:00-16:00 Registration Hours
08:30-09:15 Presentations/Workshops
09:30-10:15 Presentations/Workshops
10:15-10:45 Recess/Break
10:45-11:30 Presentations/Workshops
11:45-12:30 Presentations/Workshops
12:45-13:30 Presentations/Workshops
13:30-14:15 Presentations/Workshops
14:15-15:00 Recess/Break
15:15-16:00 Presentations/Workshops
16:15-17:00 Presentations/Workshops

Friday, March 31, 2023

08:00-16:30 Registration Hours
08:30-09:15 Presentations/Workshops
09:30-10:15 Presentations/Workshops
10:15-10:45 Recess/Break
10:45-12:30 Plenary Address:
Pauline Boss, Ph.D.
12:45-13:30 Presentations/Workshops
13:30-14:15 Recess/Break
13:45-15:00 Poster Presentations
15:15-16:00 Presentations/Workshops
16:15-17:00 Presentations/Workshops

Saturday, April 1, 2023

08:00-16:30 Registration Hours
08:30-09:15 Presentations/Workshops
09:30-10:15 Presentations/Workshops
10:15-10:45 Recess/Break
10:45-11:30 Presentations/Workshops
11:45-12:30 Presentations/Workshops
12:45-13:30 Presentations/Workshops
13:30-14:15 Recess/Break
14:15-15:00 Presentations/Workshops
15:15-16:00 Presentations/Workshops
16:15-17:00 Presentations/Workshops

MÁLAGA, SPAIN

Thursday, March 30, 2023



The Supervision Track in the 2023 World Family Therapy Congress is designed to meet the workshop requirements for those seeking to accrue the hours for the Certified Systemic Supervisor (CSS) credential. These seven workshops on Thursday are all eligible for use in pursuing the academic requirements of the CSS certification.

Pre-Registration is required to attend these sessions.

All sessions will take place in the Exposiciones room.

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|-------------|---|
| 08:30-09:15 | Learning from the best or the worst? Rethinking systemic training
William Northey |
| 09:30-10:30 | Virtual Reflecting Teams in Bilingual Therapy and Supervision with Latino/a Families
Carlos Ramos & Julian Crespo |
| 10:45-11:30 | Men and women supervising in the intersectional world *
Mark Rivett & Hannah Shebersky |
| 11:45-12:30 | Systemic Supervision for Professionals Working With Chronic and Demanding Life Situations
Sari Lindeman & Lennart Lorås |
| 12:45-13:30 | What would you do? A roundable discussion on supervision of two cases
Senem Zeytinoğlu-Saydam |
| 14:15-15:00 | Systemic Supervision in Context
William Northey & Mark Rivett |
| 15:15-16:00 | Systemic Supervision Contextualized
Moderated by William Northey & Mark Rivett |

* This presentation does not qualify for CEUs

Structural Family Therapy with ASD Children and Families

Anthony Pennant-USA

Short Description: This presentation will highlight interpretations of a pilot clinical trial that utilized structural family therapy with families who have children with autism. Initial findings show that family-based treatment for families who have a child with ASD respond positively to interventions providing new options of treatment for families.

Abstract: This presentation will highlight interpretations of a pilot clinical trial that utilized structural family therapy with families who have children with autism. This study utilized a single case experiment design which emphasize how effective interventions are. Initial findings show that family-based treatment for families who have a child with ASD respond positively to interventions providing new options of treatment for families. The FACES-IV and ASC-ASD (Anxiety Scale for Children with ASD) were the assessment tools for this trial. Families who have children with ASD experience heightened anxiety, depression, disorganization, and other issues that impact family functioning. The use of structural family therapy created a reorganization of family structures which allowed for a change of family dynamics. These changes created decreases in rigidity, chaos, and disengagement while also increasing flexibility, family satisfaction and family cohesion. Families provided feedback on their experience of receiving family-based treatment which largely were positive and insightful detailing that the ability to address mental health issues that are connected directly to having ASD or caring for a person with ASD within family therapy.

Should I Stay or Go? Discernment Counseling for Couples on the Brink

Linda Hershman-USA

Short Description: Traditional marriage counseling lacks effective ways of working with couples in which one partner desires to preserve the marriage while the other is unsure whether they have the interest for couple's therapy. Discernment Counseling quickly helps couples reach a decision about whether to try to save the relationship.

Abstract: When one partner is unsure whether they are interested in saving the relationship, there is little motivation for change. The couple quickly starts to feel demoralized because "the therapy is not working," while the therapist becomes frustrated when their best efforts to engage the couple fail. Traditional marriage counseling does not offer effective ways of working with mixed agenda couples, in which one partner is leaning in and desires to preserve the marriage while the other partner is leaning out and is not sure whether they are interested in saving the relationship. Couples like this don't do well in traditional marriage counseling that aims to solve marital problems. They need a different approach. The focus of DC is not on solving marital problems, but to see if they potentially can be solved. Developed by Dr. William Doherty for these mixed-agenda couples, this introduction to Discernment Counseling (DC) provides a protocol for helping couples reach a decision with clarity and confidence about whether to try to save the relationship, generally within 1-5 sessions.

Inclusive Practices with Parents of LGBTQ Youth

Kristen Benson-USA Christi McGeorge-USA

Short Description: Children who come out as LGBTQ+ experience a reduction in comparative risk factors when their parents are less rejecting, and positive outcomes when they are accepting to some degree. This session will explore family struggles and address clinical strategies to assist parents in providing greater support to their LGBTQ+ children.

Abstract: Children who come out as Lesbian, gay, bisexual, transgender, queer (LGBTQ+) experience a reduction in risk factors when their parents are less rejecting, and positive outcomes when they are accepting to some extent (Ryan, 2009, Ryan et al., 2010). LGBTQ+ young people who are accepted by their parents report closer relationships with their families, greater life satisfaction, and a belief that they can lead happy lives as adults (Ryan, 2009). For example, when parents use their transgender child's chosen name, youth experienced a significant decrease in depressive symptoms, suicidal ideation, and suicidal behavior (Russell, Pollitt, Li, & Grossman, 2018). Conversely, LGBTQ youth who were rejected by their families were more likely to report having attempted suicide, more likely to report high levels of depression, and more likely to use alcohol and drugs as compared to their cisgender and heterosexual counterparts (Ryan, 2009). Though many clinical resources address a child coming out as a crisis in the family, recent studies have shown affirmative family experiences. More specifically, parents who support their LGBT children report positive outcomes which include personal growth, unconditional love, social connection, and closer family relationships (Gonzalez, Rostosky, Odom, & Riggle, 2013). This session will explore best practices and clinical strategies to assist parents in supporting their LGBTQ+ children. Presenters will address common parental struggles, which include challenges to heteronormative expectations, religious beliefs and concerns within religious communities, self-blame, secondary stigma, and shame. Presenters will address how these concerns impact the entire family as well as how larger social and relational systems influence the family. Systems trained therapists are uniquely positioned to help families through this transitional experience. Therapeutic strategies for working with supportive parents include validating parents' feelings and concerns, helping parents develop scripts for negative familial and community responses, and teaching parents how to advocate for their child. Therapeutic strategies for working with parents struggling to accept their child include reframing their fears and worries as an expression of love for their child, teaching parents about the effects of family rejection, and encouraging parents to continue to communicate love and affection for their child.

South Asian men in therapy: An intersectional framework for what we know, do, and need

Mudita Rastogi-USA Neil Venketramen-USA

Short Description: Systemic family therapy with men of South Asian origin must necessarily include culturally sensitive considerations. These clients' experience in therapy, and their needs are not well-documented in the literature. This presentation will highlight key client concerns, effective conceptual and clinical interventions, as well as gaps in the literature.

Abstract: The South Asian community in the US represents about 1 percent of the overall population. People of South Asian origin are also distributed across the diaspora, having lived for generations in various countries in Asia, Europe, Africa, and North America. While this group is highly diverse, some common threads connect their experiences in the area of mental health. They are a highly underserved community due to cultural beliefs that privilege family honor, and strong boundaries between family and other, leading to the protection of privacy at the cost of forgoing treatment. The stigma of mental illness and a lack of knowledge leads to the denial and minimization of psychological and relational challenges among South Asians. Historically, families have tended to reflect strong patriarchal values, although there is some variability by region, SES, and religion. Thus, certain patterns of avoiding therapy are even more pronounced among men of South Asian origin due to notions of masculinity and male privilege that also act as a deterrent in help-seeking behaviors. At the same time, the literature on clinical practice with South Asian men is sparse. Anecdotal evidence from clinicians working with South Asian clients support the notion that male clients experience specific difficulties in considering therapy as an option, engaging vulnerably, and reflecting on privilege and power within relationships. Gender differences in power within the South Asian family manifests in ways that can hinder or negatively impact the course of therapy. The male head of the household may refuse to participate at all, or, in some cases, forbid other members from seeking mental health intervention. Systemic family therapy with men of South Asian origin must necessarily include culturally sensitive, gender, SES, and other intersectional considerations. These clients' experience in therapy, and their needs, are sparsely documented in the literature. Utilizing a comprehensive literature search, this presentation will highlight key client concerns, conceptual frameworks that integrate larger systems, effective clinical interventions, as well as gaps in the literature related to men of South Asian origin.

Family Systems Therapy with Youth and Families Experiencing Homelessness: Successes and Failures

Natasha Slesnick-USA Alexis Pizzulo-USA Caleb Cuthbertson-USA

Short Description: Family systems therapy (FST) will be reviewed for three subpopulations experiencing homelessness: runaway youth residing in temporary shelters, substance using mothers and their children, and youth disconnected from services but living on the streets. Each group will be described, and the successes and failures of FST will be discussed.

Abstract: We will review the successes and failures of 25-years of family systems research with the following three subpopulations of those experiencing homelessness: Runaway Youth: Adolescents who run away from home often report running from high levels of family conflict, chaos, parental substance misuse, and childhood abuse. Given the role of the family in precipitating and resolving a runaway crisis we tested FST compared to individual therapies. We found that FST resulted in longer lasting positive changes in substance use and other behavioral problems. Family conflict and cohesion, as well as parental depression, improved more for families receiving FST. Increases in family cohesion and decreased substance use led to fewer future runaway and homeless episodes – more so than decreased family conflict, depressive symptoms, school problems and delinquency, underscoring the importance of targeting family cohesion, specifically, when preventing future runaway episodes. Unstably Housed Families: Substance-using mothers with children 8-16 years old were randomly assigned to receive FST or an individual therapy control. Findings showed that women with children receiving FST reported a faster decline of alcohol, marijuana and cocaine use. In regard to opioid use, data revealed some evidence that not including children in their mothers in treatment can harm substance use outcomes. That is, as mother's communication with her child improved with therapy, higher opioid use occurred, but only for those in the non-family therapy condition. Also, family therapy resulted in decreased mother-child discrepancies, and a synchronous improvement in both mother's and child's family interaction behaviors. Additional analysis of data showed that family therapy offers preventive benefits to the children, in particular, reduced and delayed alcohol and drug use. Data underscore a unique relationship between substance use and parenting for women and their children receiving FST. Street-living Youth: Unaccompanied youth living on the streets are most often disconnected from family and unwilling and/or unable to engage with their family of origin. This complicates efforts to use a family of origin systems approach. We will review our strategies of applying family systems theoretical concepts to our intervention work with these youth.

Transitional Family Sculpting: Resolve Cross-Cultural Conflict with Creativity and Action Part II

Judith Landau-USA

Short Description: Transitional Family Sculpting incorporates here-and-now, larger environment/ecosystem and intergenerational influences. This experiential method provides families with a springboard from their intergenerational survival strengths to both present and future. They can move forward with vigor, understanding and resolution with the capacity to select their strengths rather than vulnerabilities.

Abstract: During COVID-19 people found themselves returning to simpler times and primary values, recognizing the importance of connection to family and friends—the core underpinning of resilience. Additional global stressors have increased behavioral, mental health, and substance use issues and dormant relational and cultural differences have escalated, driving a higher need for couples and family services. Clients and families need to gain a sense of control of their lives and environment through models that offer action and creativity rather than talk therapy. This experiential workshop offers an innovative technique, Transitional Family Sculpting, incorporating here-and-now, larger environment/ecosystem, and intergenerational influences. This method provides families with a springboard from their intergenerational survival strengths to apply to both present and future. They can move forward with vigor, understanding and resolution with the capacity to select their strengths rather than their vulnerabilities. Transitional Family Sculpting grew from Virginia Satir's original method of sculpting which she described as "a tool for making an external picture or sculpt of an internal process such as a feeling, experience, or perception (Satir, 1964)." Transitional Family Sculpting also builds on Moreno's Psychodrama, turning family sculpting into an action-based method for clients and families to understand their relational challenges in the here-and-now and across time. It provides an opportunity for them to identify the potential strengths of their current relationships as well as a guide towards the resolution of past conflicts and trauma. Strength-based, it provides a clearer pathway for future growth and healing of clients and their families. It is particularly appropriate for families where there may be a challenge of language and emotional expression. This non-verbal process encourages enactment of feelings that are difficult to express. The technique can be used with couples, nuclear and extended families (blood or choice) and their major support systems. It illustrates periods of successful and challenging transitions with lessons that can be learned allowing for resolution of couples and family conflict. Role plays will help attendees practice the technique and come away from the workshop with a new skill.

A Multicultural Approach for Clinical Supervision

Aida Jimenez-Puerto Rico

Short Description: This workshop presentation is a theoretical-experiential one oriented to increasing multicultural knowledge and skills when working with diverse populations. In this workshop, we will be presenting the Multidimensional Ecological Model (MECA) that promotes multiple identities in different ecosystems between supervisor/therapist and clients.

Abstract: This workshop presentation is a theoretical-experiential one oriented to increasing multicultural knowledge and skills when working with diverse populations. It focuses on promoting cultural humility and the therapist's self-awareness in the supervisor/therapist and client relationship triad. This workshop will present the Multidimensional Ecological Model (MECA) that promotes multiple identities between supervisors/therapists and clients in different ecosystems. In addition, this workshop aims to encourage self-reflection on their diversity to promote and foster social justice in the therapeutic process. It is expected that at the end of this workshop, the participants will be able to identify the four generic exosystemic domains of the MECA approach, create their ecological map, identify patterns of discrimination, and identify ethical dilemmas when working with diverse populations. Vignettes and movie clips will be used to accomplish these goals.

Training MFT Students in Culturally Attuned Use of PCOMS with Couples

Jennifer Cates-USA

Short Description: Findings of a pilot study using Partners for Change Outcome Management System (PCOMS) with marriage and family therapy students working with couples during practicum will be presented. Successes and challenges in training students to implement PCOMS with couples will be discussed, including intentional broaching of cultural context with PCOMS use.

Abstract: When clients don't improve within the first three to six therapy sessions, the likelihood that they will drop out of therapy increases (Callahan et al., 2014), and premature termination is especially true for clients of color and marginalized populations (Arnou et al., 2007). One predictor of successful therapy is the client's subjective experience of change early in the process (Duncan, 2015). There is a growing body of therapy research which suggests that giving therapists real-time feedback from clients can improve client outcomes. Partners for Change Outcome Management System (PCOMS) is a system of both therapist feedback and therapy outcome data. In one study, when PCOMS was used with couples, the client system endorsed treatment gains more than double of those in a control group condition (Duncan, 2012). The focus of this presentation is to discuss a pilot study using PCOMS with marriage and family therapy students who are working with couple clients during practicum and implications for training. This study used empirically validated measures of client feedback with MFT-trainees, who provided couple therapy, in two university family therapy centers that serve high need communities. Couple clients completed standardized feedback forms both before and after therapy sessions. MFT students received training on how to solicit feedback, discuss it with clients, and use it to modify their interventions. We used a control group, in order to compare the outcomes of couple clients who participated in giving and discussing feedback with their therapists in training and those who did not. This presentation will summarize preliminary client outcome data findings and emphasize the successes and challenges encountered in training MFT students to implement PCOMS with couples during practicum. The presenter will provide an overview of the PCOMS training and specific tips that were given to students for using PCOMS with couples and engaging the client system in a discussion about the feedback. The presenter will describe best practices for PCOMS use and how to intentionally integrate consideration of cultural context. One specific success will be highlighted, a trainee broaching cultural context in a discussion of client feedback while using PCOMS.

When Love is NOT Blind: Interracial Couples Therapy

Racine Henry-USA

Short Description: Guidelines for socially just couples therapy with interracial couples

Abstract: This workshop will explore the social-cultural factors relevant to treating interracial relationships in the U.S. Effective therapeutic strategies for addressing the unique needs of clients in interracial marriages and couple relationships will be provided.

Using PAIRS tools to Enhance Differentiation of Self

Zeev Appel-Israel

Short Description: The present paper describes using PAIRS tools to enhance differentiation of self. Bowen's concept of "differentiation of self" is an important aspect in family therapy. The findings indicate improved differentiation of self.

Abstract: The purpose of the present paper is to describe using the PAIRS program to enhance differentiation of self. One of the predominant programs in the field and the study of marital relationship is the PAIRS) Practical Application of Intimate Relationship Skills) program. To move the couple toward a higher level of differentiation, the therapist helps the couple by using one visual tool of the PAIRS program: Learning to Level-the "dialogue guide". Bowen's (1976) concept of "differentiation of self" is an important aspect in family therapy. The objective for treatment in marital therapy includes increasing the differentiation of the marital dyads. According to Bowen, there is a natural desire for togetherness, as well as the need for differentiation. Differentiation is achieved when a person can maintain selfhood and yet remain part of the family unit. The findings indicate improved differentiation of self. Moreover, there is a positive outcome for married couples undergoing the PAIRS program.

The Lived Experiences of Recently Graduated Marriage and Family Therapists Working with Refugees and Immigrants

Christina Plaza Ruiz-USA

Short Description: This study underscores the idea that for MFTs work with immigrants and refugees, they must be trained in settings that foster difficult conversations about culture and inequalities by a family systems lens, as well as a posture of flexibility, curiosity, self-awareness, humility, and adaptability.

Abstract: The purpose of this phenomenological study was to explore the experiences of recently graduated mental health professionals from Marriage and Family Therapy (MFT) programs in the United States who work with immigrant and refugee populations. The study intended to examine the experience of Marriage and Family Therapists (MFTs) working with immigrants and refugees to gain a deeper understanding of the therapists' experience of working with these clients and their perceptions of their training. The body of literature on diversity training for mental health providers reveals a gap in the peer-reviewed literature regarding the understanding of how MFTs perceive their graduate school education prepared them to effectively work with immigrant and refugee populations (Adams, 2010; Shannon, Vinson, Cook, & Lennon, 2016; Villalba, 2009), and to improve cultural awareness in mental health professionals (American Psychological Association, 2008; Dadras & Danesphour, 2018; DuPree, Bhakta, Patel, & DuPree, 2013; Nixon et al., 2010; Seponski, Bermudez, & Lewis, 2013). The results of this study demonstrated that a need remains to reexamine current practices in the field of MFT to train future MFTs to work with diverse populations. This study underscores the idea that to work across cultures, and with immigrants and refugees, MFTs must be trained in settings that foster deep, difficult conversations about culture and inequalities in therapy with well-trained professors. This study highlights serving the mental health needs of refugees and immigrants is best supported by a family systems lens, and requires specific training, as well as a posture of flexibility, curiosity, self-awareness, humility, and adaptability to work with a population that is not a monolithic group but a vibrant, diverse, and complex group with needs and strengths that go beyond immigration trauma. Key terms: Marriage and family therapists, training, immigrants, refugees, phenomenology

How the Hippocampus affects Relationships

Johannes Kelder-Australia

Short Description: Neuroception which is developed in the hippocampus of the brain creates the default “Here we go again” annoyed response or frustrated reaction. The realisation of the this negative default trigger and the ability to respond in a more measured and controlled manner from the frontal lobe greatly assists couple communication

Abstract: All couples understand triggers. The "Here we go again" followed by a depleted feeling or fight reaction from the amygdala. An intervention that greatly assists couples who can relate to these feelings is a clear, easy explanation in illustration form of this process in the brain. Neuroception which is developed in the hippocampus of the brain creates the default annoyed response or frustrated reactions. The realisation of this default trigger assists them to understand that they need to respond in a calmer more measured way by making full use of the frontal cortex. In this presentation I shall explain how this intervention tool can be used to clarify to clients how these non-effective default responses function, creating disconnect and how they can cognitively choose a more effective response leading to connection. The default neuroception emotional triggers affect the same autonomic process in the body as a physical threat ie. seeing a snake In long term relationships well established memory creates the neuroception which registers an instant emotional threat hence triggering the amygdala into the "Here we go again" and then either a fight, flight or freeze response or reaction. The aim of this intervention to assist couples to work towards creating an emotional safe place for each other.

Getting Published in Family Therapy Journals: Pitfalls and Possibilities

Todd Edwards-USA

Short Description: Do you have innovative ideas that you want to share with the family therapy community? Does the world of academic journals seem mysterious? Join the Editor of the International Journal of Systemic Therapy to learn about ways to navigate the publication process and translate your work into a published article.

Abstract: Do you have innovative ideas that you want to share with the family therapy community? Does the world of academic journals seem mysterious? Join the Editor of the International Journal of Systemic Therapy to learn about ways to navigate the publication process and translate your clinical work and research into a published article.

Assessing for Family Violence in the Room

Margaret Hodge-Australia

Short Description: Assessing for Family Violence/Domestic Violence in the room with couples/families. In Australia family counselling and family counsellors (therapists) under the Family Law act defines responsibilities that are more specific than those of a relationship counsellor. We will discuss how to assess in the room of F/V exist.

Expectations of Couples Presenting for Therapy

Abraham Greeff-South Africa

Short Description: A qualitative approach was chosen regarding the expectations of 10 couples visiting a family therapy centre in South Africa. It was found that couples expected therapy to be helpful, to be active participants in therapy, and therapist to create a supportive environment that focused on the couple's needs.

Abstract: A qualitative approach was chosen to answer the research question regarding what couples expect when presenting for therapy. The research participants were asked to respond to seven open-ended questions in a semi-structured interview. Ten couples from a family therapy centre in the Western Cape province, South Africa shared their expectations of couple therapy. Data from the interviews were analysed using ATLAS.ti.80 (2017), and the noticing, collecting, and thinking (NCT) approach to data analysis (Friese, 2014) was implemented to analyse the data. It was found that couples expected therapy to be helpful, they expected to be active participants in therapy, and they expected the couple therapists to create a supportive environment and to be focused on the couple's needs. Although the couples expected clarity, they did not expect to resolve all of their concerns in therapy, but rather expected an environment that would facilitate communication and learning. In contrast to previous research findings was an emphasis on personal responsibility, honesty and safety. An unexpected outcome of this study was an apparent mobilisation of hope during the interview process for some of the couples. The findings suggest that a therapist should support couples in achieving the desired positive relational outcomes of therapy.

Risk for Intimate Partner Violence and Homicide: A Research Informed Review

Chelsea Spencer-USA Sandra Stith-USA

Short Description: Based on several meta-analytic reviews on factors associated with intimate partner violence (IPV) and intimate partner homicide (IPH), this presentation will review top factors to consider when assessing for potential IPV and IPH when working with clients. Assessment and safety will be highlighted.

Abstract: This information in this presentation is based on meta-analytic studies (Spencer & Stith, 2020; Spencer et al., 2022) examining risk factors for intimate partner homicide (IPH) and factors associated with intimate partner violence (IPV). The presentation will highlight the strongest factors associated with IPH and IPV, as well as important points for assessment when working with individuals or couples who have experienced violence in their intimate relationships. For IPH, the strongest risk factors include the perpetrator's direct access to a gun, threatening the victim with a weapon, and non-fatal strangulation. Other significant risk factors include other forms of escalating violence, controlling behaviors, and separation. Assessment and safety planning considerations will be highlighted related to gun access, strangulation, and leaving an abusive relationship. For IPV, the top factors associated with IPV perpetration were other forms of IPV perpetration and victimization (e.g., emotional IPV, sexual IPV, stalking), and mental health symptoms (e.g., borderline personality disorder, anger). For both men and women, relationship satisfaction, communication skills, coping skills, and conflict resolution skills were all significant protective markers against IPV perpetration. This highlights potential areas to target for the prevention and reduction of IPV. Assessment and safety planning for IPV and IPH will be discussed related to the findings from the meta-analysis.

MINDFUL FAMILY SCULPTING WORKSHOP PART I

Linda Bell-USA

Short Description: This workshop starts with a mindfulness exercise, an overview of mindful therapy practices, and the impacts of mindfulness on the therapist. Instruction in mindful family sculpting follows. A 10-step process is presented, demonstrated, and practiced. A discussion of how to use sculpting with student and clients follows.

Abstract: This workshop starts with a mindfulness exercise that can be used with clients (Three Minute Breathing Space), an overview of mindful therapy practices, and the impacts of mindfulness practice on the therapist (handouts included). Instruction in mindful family sculpting follows. A 10-step process is presented and demonstrated (handout included). The process includes preparing clients for sculpting, how to set up a sculpture, “freezing” or holding the sculpture, and then processing the experiences of family members when the sculpture was frozen. Participants then practice mindful family sculpting in groups of three – taking turns being the facilitator, the person whose relationship is being sculpted, and the participating partner. This is followed by the sharing of sculptures and experiences. Then a discussion of how to use sculpting with student and clients. Questions and discussion conclude the workshop. There are three goals for the workshop. The first is to highlight the benefits to therapy when the therapist practices meditation. Another is to teach a particular approach to family sculpting which can be used with students or clients and to demonstrate how mindfulness is integrated within the sculpting process.

MINDFUL FAMILY SCULPTING WORKSHOP PART II

Linda Bell-USA

Short Description: Continue the exercise of mindful family sculpting in groups of three. Sharing of this exercise. Discussion of using family sculpting with students as well as clients. And a focus on how to present this workshop. Demonstrations, questions, and discussion conclude the workshop.

Abstract: Participants continue to practice mindful family sculpting in groups of three – taking turns being the facilitator, the person whose relationship is being sculpted, and the participating partner. This is followed by the sharing of sculptures and experiences. Next is a discussion of using family sculpting with students and clients. Then a focus on how to present a workshop on sculpting. Questions and discussion conclude the workshop. There are four goals for the workshop. The first is to highlight the benefits to therapy when the therapist practices mindfulness meditation. The second is to demonstrate how mindfulness is integrated within the sculpting process. Another is to teach approaches to family sculpting which can be used with students or clients. And lastly, to prepare participants to be able to present the workshop themselves.

Working Safely With Couples Experiencing Intimate Partner Violence

Chelsea Spencer-USA Sandra Stith-USA

Short Description: This presentation addresses strategies for safely treating couples who have experienced Intimate Partner Violence (IPV). The presentation is based on clinical and research experiences of both presenters and the 2007 book co-authored by the first author on finding safe solutions in treating couples together after they have experienced IPV.

Abstract: Clinicians face difficult decisions about treatment when couples report Intimate Partner Violence (IPV). This presentation will identify best practices regarding treatment of couples who have experienced IPV. The presentation is based on the book by the presenter, “Couples Therapy for Domestic Violence: Finding Safe Solutions” published by the American Psychological Association in 2011. The presentation addresses important questions about conjoint therapy and IPV and is an essential presentation for those providing IPV treatment services. The treatment program described in this presentation is based on Solution Focused Therapy developed in the 1980’s by Steve DeShazer and Insoo Kim Bird. This presentation focuses on several strategies which have been successful in working with couples, who have been carefully screened, after experiencing IPV. Throughout the presentation quotes from clients who have participated in this treatment are included. First, the presentation emphasizes the importance of individual pre- and post-meetings with each partner. Clients meet separately with a therapist before and after each session. They are encouraged to discuss what is going well in their relationship and what is not going well yet. Therapists continue to assess for safety and document progress. Next, the training will discuss the importance of working individually with each partner to develop a safety plan to increase safety if things escalate and to reduce the likelihood that they will use violence. Next, the training will describe the process of the “negotiated time-out”. In this process, clients work together as a couple to develop a signal when they begin to sense that arousal is beginning or that either they or their partner is beginning to get angry. They work together to develop a process for what happens when the negotiated time-out begins and how it ends or gets extended. Finally, the training will discuss the overall process and offer quotations from clients who have successfully completed the program. Participants are encouraged to ask questions or to send emails to the presenters after the presentation to ask additional question

Culture shifts in CFT training: Person of the Therapist

Margaret MacLeod-USA Anthony Pennant-USA

Zain Shamoon-USA Cayla Minaiy-USA

Short Description: Learn of contemporaneous implementation of Person of the Therapist training at Antioch University Seattle's COAMFTE accredited Couples and Family Therapy Program. The presentation will describe the shifts occurring in training relational therapists, including the need to center culturally diverse voices in various contexts in the classroom.

Abstract: This presentation will be facilitated by Antioch University Seattle's COAMFTE accredited Couples and Family Therapy Program POTT-trained "legacy" professors. Presenters will open with a brief description of the tenets of the model of Person of the Therapist, including Signature Theme, and Knowledge, Access, and Utilization of Self. Next, the panel will explore the training and development process of becoming a therapist and how Antioch University in Seattle, WA, in the Western United States, has adapted this model's constructs to its anti-racist missioned CFT program. Finally, the panel will conclude with concrete examples of therapist-trainee success in the implementation of Aponte et al.'s (2009) Person of the Therapist model to the graduate student experience.

Small Program to Grow Up to activate self skills beyond hard & soft skills

Monica Castañeda-Peru

Short Description: It is an innovative program because it adds value to integral education. Is a powerful program because it balances the attitude, competition and cooperation of the child and the parents. Our main objective is to awaken the creativity and enthusiasm towards the well-being and integral growth of the family.

Abstract: Program based on the series "Small tales to grow up" that consists of 6 books on self-knowledge and emotional world. Its purpose is to activate the Self Skills, inherent capacities of the human being beyond hard and soft skills, strengthening the communication of each member of the family. These stories are support tools so that parents feel more confident in being able to activate their children's enthusiasm, potential and learning capacity, thus promoting the importance of self-knowledge, not with the aim of knowing only their personality but, their true identity and not as one more subject to take but, as a commitment to themselves, something that the same parents achieve with themselves. The purpose program is the well-being and comprehensive growth of the entire family, which will allow them to positively influence their environment and thus contribute to a society of harmony and equity. The program offers to obtain the objectives in 3 steps: 1. Creating consistency with parents. 2. Showing consistency in front of the children. 3. Demanding consistency from the children. These three steps are obtained through the following phases e.g.: • PHASE 1: Purpose - what is forgiveness and types of forgiveness. • PHASE 2: Direction - how to forgive in a practical and experiential way to have relaxed families. • PHASE 3: Decision - application of what has been learned and ways of sharing it with the others members of the family. • PHASE 4: Experiential practice - embodiment of what has been learned until it becomes a habit. • CLOSURE: Testimonials and sharing of experiences. The methodology is based on felt understanding, not focused on a cognitive level but on the level of the experience through readings, a didactic theoretical framework, with different crafts appropriate to each book that allows "feeling" what is understood. The concrete benefits are an accompaniment not only emotional but also spiritual, which will allow them understanding, liberation, acceptance and gratitude in their own experience. In conclusion, you will discover that forgiveness is like perfume, that we think it is something that we give to another but in reality, it always stays with us.

Supporting Clients with Fertility Challenges: A Reproductive Justice Lens

Jennifer Sampson-USA

Short Description: This session will provide an introduction to mental health concerns related to client fertility and reproductive challenges. The presenter will introduce a foundation to fertility treatments through a reproductive justice lens as they are related to assessment and treatment of individuals, couples, and families looking to explore reproductive options.

Abstract: Couple and family therapists experience significant challenges when supporting clients who are engaged in the reproductive medical system. Whether through pregnancy prevention, trying to conceive, fertility treatments, surrogate parenting, pregnancy termination and loss, or even decisions about whether or not to have children at all, the reproductive journey is a common experience faced by many of our clients, and the training required to practice in this area does not readily carry over from other mental health care areas. Treatment interventions that take into account medically- and research-informed psychological aspects of fertility treatments must be adapted specifically for fertility patients. The presenter will introduce a foundation to fertility treatments through a reproductive justice lens as they are related to assessment and treatment of individuals, couples, and families looking to explore reproductive options. Methods and terminology related to Assisted Reproductive Therapies (ARTs), such as In Vitro Fertilization (IVF) and Intrauterine Insemination (IUI) and Third Party Reproduction approaches, such as egg and sperm donation, surrogacy, and gestational carriers, will be defined for clinicians to assist them in the assessment and treatment process. This session will discuss mental health concerns related to client fertility and reproductive challenge, including stress management, depression and anxiety, unique relationship issues, sexual concerns, and pregnancy loss and grief. Evidenced based-treatments for individuals and relationships will be summarized, and treatment goals will be outlined. The presenter will also discuss the unique challenges that People of Color, Queer and Trans folx face when it comes to conceiving a baby, introducing strategies for providing knowledgeable and gender-affirming support for all clients through their reproductive journeys, including working through reproductive loss and traumas and discrimination from legal or medical systems.

Implications of the Pandemic on the Sustainability of Therapists in the Field of MFT.

Denise Williams-USA Joslyn Armstrong-USA

Short Description: The pandemic has placed unique challenges for MFT therapists; we are experiencing higher rates of compassion fatigue, vicarious trauma and burnout. And for therapists of color, these concerns might be further exacerbated. Thus, it is vital we create a framework of sustainability for therapists in the field.

Abstract: The last two years as a nation, we have fought through, economic instability, food scarcity, social injustice and overall sense of emotional instability (Xiong et. al, 2020). Researchers suggest that there has been an increase in mental health issues in the general population, those with pre-existing mental disorders, and healthcare workers (Hao et al., 2020; Tan et al., 2020; Wang et al., 2020b). Additionally, as a society we have reached an emotional toll dealing with fear, anxiety anger, vulnerability and overall exhaustion. Therapists are also seeing an increase in trauma related cases like child abuse and intimate partner violence within families due to the pandemic (Forbes, 2020). Therapists like never before are faced with mounting stressors in the field and having to navigate through their own experiences of vicarious trauma, compassion fatigue and possible burnout. Further compounded by the stressors of our profession, therapists of color might be more at-risk for the side-effects of the profession because they are underrepresented in the counseling field but also due to them experiencing similar oppressions as their clients (Stallings, 2020). For therapists of color there are additional layers of exhaustion that they do not have a choice to navigate such as “racism, oppression, and interlocking forms of dehumanization” (DeAngelis, 2022). There is no doubt that COVID 19 has had lingering implications but more notably the affects to on our counseling profession. One of the tasks of a clinician is to remain separated yet connected to the emotional experiences of our client, but what happens when the therapist and client are having to navigate life with similar systemic struggles (Aponte & Kissil, 2014)? The current presentation endeavors to ask the questions of: How do we combat increasing caseloads, the rise in trauma related issues, and mounting feelings of exhaustion and burnout? How do we care for ourselves” while holding pace for our clients when we are mentally or emotionally exhausted? So, we ask how do we recharge ourselves to stay on the frontline as long as needed?

Transitional Family Sculpting: Resolve Cross-Cultural Conflict with Creativity and Action Part I

Judith Landau-USA

Short Description: Transitional Family Sculpting incorporates here-and-now, larger environment/ecosystem and intergenerational influences. This experiential method provides families with a springboard from their intergenerational survival strengths to both present and future. They can move forward with vigor, understanding and resolution with the capacity to select their strengths rather than vulnerabilities.

Abstract: During COVID-19 people found themselves returning to simpler times and primary values, recognizing the importance of connection to family and friends—the core underpinning of resilience. Additional global stressors have increased behavioral, mental health, and substance use issues and dormant relational and cultural differences have escalated, driving a higher need for couples and family services. Clients and families need to gain a sense of control of their lives and environment through models that offer action and creativity rather than talk therapy. This experiential workshop offers an innovative technique, Transitional Family Sculpting, incorporating here-and-now, larger environment/ecosystem, and intergenerational influences. This method provides families with a springboard from their intergenerational survival strengths to apply to both present and future. They can move forward with vigor, understanding and resolution with the capacity to select their strengths rather than their vulnerabilities. Transitional Family Sculpting grew from Virginia Satir's original method of sculpting which she described as “a tool for making an external picture or sculpt of an internal process such as a feeling, experience, or perception (Satir, 1964).” Transitional Family Sculpting also builds on Moreno's Psychodrama, turning family sculpting into an action-based method for clients and families to understand their relational challenges in the here-and-now and across time. It provides an opportunity for them to identify the potential strengths of their current relationships as well as a guide towards the resolution of past conflicts and trauma. Strength-based, it provides a clearer pathway for future growth and healing of clients and their families. It is particularly appropriate for families where there may be a challenge of language and emotional expression. This non-verbal process encourages enactment of feelings that are difficult to express. The technique can be used with couples, nuclear and extended families (blood or choice) and their major support systems. It illustrates periods of successful and challenging transitions with lessons that can be learned allowing for resolution of couples and family conflict. Role plays will help attendees practice the technique and come away from the workshop with a new skill.

Creative Post-trauma Family Interventions

Chaya Possick-Israel

Short Description: Family trauma therapy interventions will be presented along with theoretical foundation, evidence base, and clinical illustrations. Participants will participate in a creative art experience for constructing a coherent family trauma narrative and in the “tower of hands” intervention, an innovative EMDR technique based on a collective mind-body experience.

Abstract: Many traumatic events such as war, terrorism, car accidents, intra-familial sexual abuse, intimate partner violence, serious illness or death are experienced by more than one family member and often by the entire family. Despite this, trauma treatment often focuses on individual therapy for an individual’s symptoms. I have worked as a family therapist in a number of different kinds of trauma treatment centers. My focus is on learning, developing, and implementing effective family trauma therapy and training individual therapists in implementing family trauma interventions as part of their treatment protocols. I draw on interventions developed from different schools of therapy—narrative therapy, NLP, EMDR, crisis intervention, experiential therapy and medical family therapy. A number of these interventions will be presented in the workshop along with their theoretical foundation, evidence base, and clinical illustrations. Participants in the workshop will have the opportunity to actively participate in two exercises: 1. a creative art experience designed to help families construct a coherent family trauma narrative that incorporates both the pre and post trauma periods, and 2. the “tower of hands” an innovative EMDR group technique adapted for families based on a collective mind-body experience. Throughout the workshop, participants will be encouraged to share their own clinical experience in family trauma treatment as well as reflect on the material presented and the interactive exercises.

Delphi Review for EFT with LGBTQ+ Relationships

Robert Allan-USA Andrea Wittenborn-USA Caitlin Edwards-USA

Short Description: This presentation reports on the expertise gathered from 51 therapists who regularly use EFT with LGBTQ+ relationships. Using a Delphi method, we surveyed therapists about what changes, additions, or adaptations they make in their EFT work with L or G or B or Q or + relationships. The presentation will focus on a detailed review of therapists should consider at each step and stage of EFT with LGBTQ+ relationships.

Abstract: Same sex/same gender relationships are often ignored in couple/relationship outcome research (Spengler, DeVore, Spengler, & Lee, 2019). Despite the importance of having trusted others to rely on in the face of minority stress (Meyer & Frost, 2013), LGBTQ+ persons are rarely considered in the development or application of a therapeutic approach including with Emotionally Focused Therapy (EFT). EFT is an attachment-based therapy that engages underlying emotional and systemic processes which contribute to relationship distress (Johnson, 2019). The process of the relationship's journey through therapy is clearly outlined in three stages and nine steps, and a repeated intervention sequence—the EFT Tango—is relevant throughout all stages and steps. Systematic reviews and meta-analyses show EFT as effective in both facilitating change during treatment and maintaining improvements following treatment (Rathgeber et al., 2019; Wiebe & Johnson, 2016). This presentation reports on the expertise gathered from 51 therapists who regularly use EFT with LGBTQ+ relationships. Using a Delphi method, we surveyed therapists about what changes, additions, or adaptations they make in their EFT work with L or G or B or Q or + relationships. The presentation will focus on a detailed review of therapists should consider at each step and stage of EFT with LGBTQ+ relationships.

Consent-based training for Relational Therapists

Fiona O'Farrell-USA

Short Description: Global access to the internet is changing the ethical considerations of therapists and evolving how power and influence is managed in the therapeutic relationship. This presentation will present an integrated approach to training clinicians in their ethical development informed by consent-based practices from Betty Martin's Wheel of Consent.

Abstract: Global access to the internet and the use of social media is rapidly increasing, as a result, the ethical considerations of therapists need to adapt, particularly regarding safeguards against role confusion between clinicians and their clients, and evolving how relational therapists manage power and influence in the therapeutic relationship. Although ethical boards and organizations are beginning to adjust their ethical guidelines to encompass considerations around self-disclosure and dual relationships in the age of the internet, we are a long way from a well-developed framework for embracing this evolution. Other healing professionals who engage in more intimate relationships with their clients (massage therapists, somatic practitioners and other body workers) have had to develop clear limitations to their work. This presentation will present an integrated approach to training clinicians in their ethical development informed by consent-based practices from Betty Martin's Wheel of Consent and the field of somatics. Further discussion will focus on adapting this framework to various relationships including supervision or training programs.

Innovations in Systemic Clinical Training: Theory and Application

Elaine Willerton-USA

Short Description: The diverse experiences and educational needs of family therapy trainees necessitates innovative approaches to meet those needs. Utilizing the Universal Design for Learning provides supervisors a lens to create engaging and accessible learning environments, which will be explored in this interactive workshop designed for clinical training and supervision.

Abstract: Supervisors and clinical faculty may face challenges while trying to respond to increasingly diverse needs of clinical trainees and supervisees. Universal Design for Learning (UDL) is a framework for teaching and learning that considers the needs of all people based on scientific insights about how humans learn. UDL recognizes variability in engagement (interest, effort and persistence, and self-regulation), representation (perception, language and symbols and comprehension) and action and expression (physical action, expression and communication and executive function). Rather than making accommodations for the needs of a particular learner, the UDL framework enables you to plan coursework or training suitable for all learners. In fact, the same cognitive neuroscience that guides many of the therapeutic interventions that have guided our work with individuals, couples and families for decades, is used in UDL guidelines to help us recognize variability in learning. Technological advances and regulatory updates have created expanded opportunities for online supervision. Fortunately, UDL principles transfer easily into any learning environment. In this workshop participants will learn specific techniques and strategies that will allow current and future supervisors to provide more meaningful experiences based on the individual needs of their supervisees. We will share information and resources on the UDL framework but spend the majority of our time exploring its potential in an exemplar Family Therapy Clinical Supervision course which could be delivered in a traditional or online setting. The audience will be encouraged to participate and contribute ideas during collaborative discussions and exercises.

Virtual Reflecting Teams in Bilingual Therapy and Supervision with Latino/a Families

Carlos Ramos-USA Julian Crespo-USA

Short Description: As bilingual therapists and supervisors, we facilitate systemic conversations with our Latino and Spanish-speaking clients at Our Lady of the Lake University's training clinic. This presentation focuses on the use of virtual reflecting teams to facilitate shifts in conversations with Latino/a clients.

Abstract: As bilingual therapists and supervisors, we facilitate systemic conversations with our Latino and Spanish-speaking clients at the Community Counseling Service (CCS), Our Lady of the Lake University's training clinic. We co-cogitate (polanco, 2021) in Spanish-English/English-Spanish with our Latino clients who have a wide range of bilingual fluency. This fluid approach allows us to exist in “two worlds of thought simultaneously” (p. 61). In keeping with the digital age, we have transitioned a significant portion of our dialogical practices to a teletherapy format. Our digital transition both excited and challenged us to refigure the familiar while exploring novel ways of engaging clients and supervisees in systemic therapy. Although we have utilized a variety of digital and media resources in our bilingual teletherapy practice, this chapter will focus on the use of virtual reflecting teams to facilitate shifts in conversations with Latino/a clients, whether it be in English, Spanish, or Spanglish.

Integrating Technology to Advance Family Therapy Training and Implementation

Daniel Santisteban-USA David Santisteban-USA

Short Description: We present research and advances on Culturally Informed and Flexible Family Based Treatment for Adolescents (CIFFTA). Advances include: 1) an adaptive family therapy that is replicable, 2) the integration of technology into service delivery, and 3) the use of technology and simulation to address barriers to training, coaching, and implementation.

Abstract: Family based interventions are efficacious for treating behavioral, substance use, and mental health problems in adolescents and in strengthening family relationships. For diverse clients whose cultural backgrounds emphasize a strong family orientation, these interventions are particularly attractive and ecologically valid. Evidence-based and manualized family treatments can be particularly helpful for public health therapists with limited family training and mentoring. Yet there are recalcitrant barriers to services within the public health networks that touch so many underserved and diverse families. We need innovations in service delivery, dissemination, and implementation to better train our workforce and facilitate an expansion and sustainment of effective family interventions. One such advance is the use of a manualized family therapy that builds in flexibility and culture-related content in a replicable framework. This work addresses concerns regarding manual rigidity, their failure to incorporate cultural content relevant to diverse populations, and their ability to be replicated. A second advance is the use of hybrid interventions that include technology to reduce face to face visits and promote therapeutic behaviors between in-person sessions. Finally, a third innovation is designed to address the difficulties in training and coaching for family therapists in public health systems where frequent staff turnover makes it difficult to sustain evidence-based family therapy. We present an adaptive online learning platform using a reverse classroom strategy to teach family therapy competencies with simulation and animated families that allow practice with interventions and expert feedback. Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA) is a multi-component adaptive family treatment focused on culturally relevant themes (e.g., addressing discrimination and acculturation stressors), core family processes (e.g., parenting and family relationships), and adolescent behavior problems (i.e., internalizing and externalizing). With National Institute of Health funding, CIFFTA was developed from the ground up, with basic research conducted to understand what is needed by Latino families (Santisteban et al, 2009; 2011, 2013). Now we are engaged in developing an evidence-based training and implementation approach to match the evidence-based treatment and meet the varied challenges that emerge when serving marginalized populations.

'Looking for cheapest toilet paper': Sociocultural trauma of poverty in couples' dynamics

Ileana Ungureanu-USA

Short Description: The trauma of poverty is woven into the daily functioning of couples. Therapists should be prepared to assess for the impact of poverty and specifically address this topic. They should also be aware and address their own self-of-the-therapist issues related to socio-economic status.

Abstract: This presentation focuses its rich content on several cases in which the trauma of poverty was evident in the work with couples. Research and anecdotal evidence is beginning to show that poverty is a type of trauma that can have an indelible negative impact on couples' functioning. Oftentimes, couples are coming to counseling to discuss communication problems and differences of opinions. However, they were unaware that poverty plays an inextricable role in their couple's relationship challenges. Indeed, through therapy, they discover that the experience of poverty by one or both partners and/or trauma transgenerationally transmitted impacted their ability to function well as a couple. The trauma of poverty is woven into the daily functioning of couples, from simple aspects as buying toilet paper to deeper discussions about planning for a future together. Therapists should be prepared to assess for the impact of poverty and specifically address this topic. They should also be aware and address their own self-of-the-therapist issues related to socio-economic status.

Double minority: Understanding the complexities of Refugee Minority Stress

Zamzam Dini-USA

Short Description: While it's commonly known the struggle and difficulty refugees face, their experience is far more complex than just resettlement. Refugees face acculturative stress, as well as minority stress due to racialization, all while trying to cope with their traumatic experiences. To complicate things, these phenomena impact families differently generationally.

Abstract: Refugee families are complex and ever-changing, far beyond the assumption of homogeneity that we ascribed to them. There are several factors that impact a refugee family's experience, and all are important to understand, consider, and be aware of when working with these families. The first factor, and the most known, is the pre-migration trauma and post-migration stress that refugee families experience. Trauma is an underlying current that remains constant in a refugee family's life, even before making the decision to escape for their lives. The second phenomenon is acculturative stress. This experience is not unique to refugees alone, as all immigrants experience some type of acculturative stress, however depending on the host country's welcoming attitude, the adjustment can become particularly difficult to navigate. The last two factors that play a role in the lives of refugee families are ethnic minority stress and intergenerational differences. These two components are not addressed in the research and are completely unknown to refugee families. Refugee families that resettle in the U.S. go through a racialization process that is not present in their home country. As the families begin the process of resettlement in the U.S., these families are then categorized by race, depending on their country of origin, now moving through a new culture as a racialized body. A concept that is foreign due to their countries of origin having homogenous populations. The last important factor that impacts these families is the intergenerational component. Refugee families can be separated by generations and their experiences are unique to each one respectively. We often focus our attention on the 1st generation who are the adults that engaged in the act of migration. However, there are also 1.5 generation refugees, adolescents who also participate in the act of migration. Next are the generations that are born in the host country, 2nd and beyond, these individuals hold hyphenated identities (Vietnamese-American, etc.) and live their lives accordingly. All the aforementioned phenomena co-occur and impact families intergenerationally within each individual system. This is the complexity of refugee minority stress.

Using Cultural Broaching Skills to Improve Clinical Rapport and Family Understanding

Scott Schaeffle-USA

Short Description: Broaching is a set of therapist behaviors and attitudes for addressing racial and cultural differences. Specific broaching behaviors can be used to build rapport between the therapist and clients. Broaching with families is also a tool for helping family members increase their understanding of each other and their relationships.

Abstract: Broaching is a construct originally proposed by Day Vines, et al. (2007) as a set of therapist behaviors and attitudes for addressing racial, ethnic and cultural differences between the therapist and clients. Broaching has been recognized for its utility in work with families and couples. Broaching serves as both a way to increase therapeutic rapport with the clinician and as a tool for helping members of the family increase their understanding of each other and their relationship. For example, Crook and Cobia (2009) highlight how broaching can be used to talk about sex with African American couples. Broaching can be used to help understand culturally prescribed social norms for emotional expression and display (Hutchison, A., & Gerstein, L. (2017). Broaching can be used to recognize and discuss social and political factors affecting gay male couples (Allan & Johnson, 2017). Additionally, broaching can serve as a tool for discussing how both the therapists' and clients' multidimensional identities intersect when working with queer couples (Addison 2017, Addison & Coolhart, 2015). Parker's (1997) feminist approach highlights the importance of broaching the gendered nature of power issues within a couple's relationship. Therapists can learn phrases to initiate broaching conversations about cultural factors. The behaviors and attitudes identified by Day Vines and Colleagues (2007, 2017, 2018) promote therapeutic growth within a couple or family. Family members who have cultural differences among members can learn to better understand the cultural influences on each other's attitudes and behaviors and how to manage conflicts that may result from these differences. Families can also gain insight about ways in which social and cultural factors have influenced relational and emotional expectations and behaviors.

Vicarious Post-traumatic Stress in the Spouses of First Responders with PTSD

Robert Gillespie-USA

Short Description: Our understanding of Post-traumatic Stress continually evolves. DSM-5 introduced the idea of PTSD being triggered by a close family member experiencing trauma; however, vicarious traumatic effects on spouses of first responders with PTSD has been little explored. This presentation explores these effects through a case history approach.

Abstract: The understanding of the diagnostic concept of Post-traumatic Stress Disorders (PTSD) has constantly evolved since its initial introduction into our diagnostic manuals in the 1980's. While the effects of trauma have been described for centuries and has been discussed in American clinical literature, under various diagnostic labels, since the late 1860's during the post Civil War era, it was not until the publication of the American Psychiatric Association (APA) Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) in 1980 that the diagnosis of Post-traumatic Stress Disorder was first introduced. In the DSM-III, it was in the section on anxiety disorders, and the diagnostic criteria for an event that could trigger PTSD was quite narrow: "The person has experienced an event that is outside the range of usual human experience..." In the most recent edition of the manual, DSM-V, the disorder was more appropriately grouped with other stress disorders (eg., Acute Stress Disorder and Adjustment Disorder) and the diagnostic criteria were expanded to include the idea that: "Learning that the traumatic event(s) occurred to a close family member or close friend..." could be a triggering event. This expanded diagnostic criteria introduced the idea of "vicarious" post-traumatic stress in someone not directly experiencing the traumatic event. However, little has been written in the clinical literature about these types of vicarious traumatic effects, especially in the spouses of those diagnosed with PTSD. In treating first responders (Police and Firefighters) diagnosed with post-traumatic stress disorders from direct experience of life threatening trauma, I have often had to treat their spouses who were experiencing vicarious post-traumatic stress due to the impact on them and their family system of their mates PTSD symptoms. Utilizing a case history approach, this brief presentation will explore the etiology of these vicarious post-traumatic stress symptoms in the spouses of first responders diagnosed with PTSD and their treatment which often involves a combination of medication, individual and couple's psychotherapy.

Addressing Ambiguous Loss in the Foster/Adoption Triad: A Collective Case Study

Meghan Roetto-USA

Short Description: Ambiguous loss for those impacted by adoption/foster care is a traumatic relational loss with long-term effects. This study explores the symptoms of ambiguous loss in children who have been adopted or in foster care. Key findings, interventions, and a newly developed ambiguous loss assessment tool will be shared.

Abstract: The effects of ambiguous loss on the adoptive and foster care population is a relatively unstudied phenomenon. Whether clinically or educationally, when working with families, at some point, you will interact with individuals or families who are affected by ambiguous loss. This presentation is based on recent study on the effects of ambiguous loss of those separated from their birth family through adoption, foster care, institutional placement, or kinship placement. This traumatic relational loss affects not only the one suffering from the loss, but also the whole family system. Results from this collective case study highlighted themes in diagnosis, symptoms, and attachment common for children impacted by foster care and adoption. In this presentation these themes will be explored, along with creative and playful therapeutic interventions to use with children. An ambiguous loss assessment will be shared that was created from this research.

Embracing Change: Supporting Clinician Adjustment to Telehealth

Maxine Notice-USA Sofia Georgiadou-USA

Short Description: The recent global pandemic has fundamentally shifted how MFTs practice clinically with the emergence of telehealth-based services. Presenters will discuss the challenges, adjustments and self-care necessary in digital applications of MFT. This workshop aims to equip clinicians with tools to optimally adjust to and effectively provide teletherapy.

Abstract: Marriage and family therapists are skilled in the matter of understanding the implications of systems theory in the life of their clients. The worldwide implementation of telehealth in response to COVID-19 has effectively changed the understanding and practice of systemic therapy. With the introduction of this momentous change, it is imperative for clinicians to explore the facilitators and barriers to effectively embracing this technologically advanced age of therapy (Gajarawala & Pelkowski, 2021). With a limited number of systemic-oriented frameworks for telehealth competence and responsiveness, systemic therapists continue to face challenges related to session management and adjustments to the digital therapeutic environment. To aid systemic therapists in their work towards higher standards of engagement with telehealth services, it is imperative to cultivate spaces where practitioners can process their experiences surrounding teletherapy. This workshop will provide a safe space for participants to explore barriers to effective relational therapy via telehealth, along with ways to increase professional awareness regarding a variety of possible telehealth applications for the delivery of systemic therapy. Interactive learning will include a large group activity and small group discussions to give an opportunity for participants to share their diverse experiences of transitioning to systemic teletherapy provision. Participants will review clinical scenarios that depict the challenges and practical adjustments within telehealth practices. Through discussion prompts, participants will explore factors affecting clinician discomfort and ways to enhance their confidence while providing telehealth services. The presenters will introduce a decision-making tree activity, through which participants will explore ways to adapt and enhance their effectiveness while providing systemic teletherapy. Conclusively, participants will have the opportunity to engage in reflexivity and community-building as they explore ways to constructively adjust to telehealth by centering the experiences of systemic therapists.

Treating Severe Trauma with Internal Family Systems Therapy

Larry Chamow-USA

Short Description: Internal Family Systems Therapy developed by Richard Schwartz was initially designed to work with clients who had experienced trauma. This workshop will use a case presentation with some participant involvement to demonstrate how IFS can be used to treat severe trauma. Some familiarity with IFS concepts would be useful.

Abstract: Treating Severe Trauma with Internal Family Systems Therapy This workshop will demonstrate how to use the Internal Family Systems framework and treatment techniques in treating severe trauma. It will utilize the theory developed by Richard Schwartz (Guilford, 1995) using his three group system which works with the client's parts to help them heal from the trauma. The workshop will be most useful for practicing clinicians who have some familiarity with the IFS concepts. Internal Family Systems is a model which makes some fundamental assumptions: a) It is the nature of the mind to be subdivided into sub-personalities or parts b) All of the parts want something positive c) Everyone has a Self and the Self should lead the individual's internal system d) By separating the parts you can access the Self which is unblemished and untainted. When trauma occurs the Self becomes unable to effectively lead and different parts emerge and become activated. Schwartz has identified a three group system which includes managers, exiles and firefighters. These parts operate in response to the trauma. The goal of the therapy is to help re-gain trust in the Self to effectively lead the other parts. This is a process of unburdening the client and healing from the trauma. The workshop will use a case presentation to demonstrate the IFS treatment model. It will explore the client's parts and their journey through the therapeutic process. It will use audience participation to demonstrate how the treatment model works and how IFS can be used to treat severe trauma. Examined will also be the importance of pacing in this type of therapy and the role of the therapist. Learning Objectives: 1. Participants will become familiar with the IFS treatment model and its value in treating severe trauma 2. Participants will learn how to integrate IFS theory with practice in therapy 3. Participants will have the opportunity to participate in a demonstration which will illustrate how the model works

A Transtheoretical Integrative Approach for Couple Therapy

Adam Fisher-USA

Short Description: Integrative systemic therapy (IST) is a comprehensive perspective for the practice of psychotherapy. IST is committed to a transtheoretical integration of evidence-based practices. This presentation will introduce IST and provide ways participants can apply it in working with couples, regardless of theoretical orientation.

Abstract: Integrative systemic therapy (IST) is a comprehensive perspective for the practice of individual, couple and family therapy that is grounded in systemic thought and committed to the transtheoretical integration of the various concepts, therapy models, and empirically supported treatments available to mental health professionals. This presentation will introduce participants to IST, describe specific applications to relationship therapy, and offer insights on supervising and training in IST. A diagram clarifying the general tasks in IST will be presented and the concept of interactional sequences will be emphasized as a practical means to understand the systems-informed therapy process and initiate change. Video recorded examples will also be shown.

Stigma, Family Relationships, and Medication for Opioid Use Disorder among Women

Jessica Chou-USA

Short Description: This presentation will present original mixed-methods research examining the role of stigma and family functioning among women using MOUD, and identified family members. The relationships between stigma, family functioning, and MOUD treatment will be discussed. Clinical considerations will be provided for therapists working with families impacted by opioid use.

Abstract: In 2020 in the United States over 19,000 women fatally overdosed on opioids (KFF.org). As the opioid epidemic continues, it is vital to understand practices that support recovery. Medication for opioid use disorder (MOUD) is an FDA approved, effective treatment that facilitates withdrawal management and promotes recovery of opioid use disorder (OUD) (SAMHSA, 2020). However, the initiation and ongoing use of MOUD can be challenging as a result of stigma. Women in particular, may be at risk for experiencing stigma related to the use of MOUD (Chou, et al., 2022; Goodyear et al., 2018). While there is previous research examining the impact of stigma on substance use treatment and OUD, (Bozinoff et al., 2018; Madden et al., 2021); there remains a gap examining the relationships between stigma and family functioning on attitudes toward MOUD treatment engagement, among women. There is even less research that includes family members' perspectives on the use of MOUD among women with OUD. This presentation will present original mixed-methods research examining the role of stigma and family functioning among women using MOUD, and identified family members. Participants (N = 24) completed online survey assessments and focus groups for women using MOUD or interviews for family members. The relationships between stigma, family functioning, and MOUD treatment will be discussed. Clinical considerations will be provided for therapists working with families impacted by opioid use

The Modern American Family

Rebecca Lucero Jones-USA Jaida Pryor-USA Nausheen Qureshi-USA

Short Description: The modern family faces unique challenges as family members encounter different racial lived experiences against the backdrop of America's complicated history with racism and prejudice. Our presentation will review literature on multiracial families from 31 prominent MFT and Family Studies journals spanning 20 years, from 2000 to 2020.

Abstract: Multiracial Americans are a growing demographic with a population that is increasing at 3 times the rate of the general population (PEW, 2015). As the U.S. Census altered their questions in 2020, respondents revealed that the multiracial population had grown to 33.8 million from 9 million people in 2010 (Jones et al., 2021). This 276% increase represents how the American family is becoming more ethnically diverse. Understanding the state of the literature on multiracial families is an essential starting place as the field of MFT seeks to provide culturally competent care to the modern American family. This presentation will review literature from 31 prominent MFT and Family Studies journals spanning 20 years, from 2000 to 2020. We will present the results of a content analysis that revealed several prominent themes in the literature on multiracial couples and families: adoption, individual identity development, parenting, immigration, risk factors, couple relationships, and social context. We will also discuss the research methodologies, sample diversity, and needs for future research. Lastly, we will present research-based strategies for improving cultural competence to improve care for multiracial families.

Evolving Technology in Clinical Training

Christopher Habben-USA Sarah Lyon-USA

Short Description: For many years, family therapy educators have relied on various practices to simulate clinical experiences for both student learning and skill assessment. New technologies afford educators the opportunity to introduce mixed-reality clinical simulation into the classroom learning environment and into the program assessment of student skill.

Abstract: Learning in family therapy programs far exceeds a simple acquisition of facts and knowledge but includes the development of student abilities to artfully and meaningfully apply theoretical constructs within legal, ethical, and professional standards. Efforts to prepare students for the multiplicity of clinical experiences have often included various methods to simulate a variety of clinical environments, contexts, and presenting issues. The rapid advancement of digital technology now offers family therapy training programs a unique opportunity for students to participate in a mixed-reality simulation engaging digital characters on a computer screen animated by a live facilitator. Such experiences are not unlike pilots training for various flight realities and challenges in a computer-simulated environment. This workshop presenters will introduce the evolutionary efforts made by their program to simulate clinical experience leading to the current mixed-reality simulation opportunities. The workshop will address the real and potential applications beyond student learning such as assessment of clinical learning for accreditation objectives, development of a student portfolio of clinical efforts, use of training for skill remediation, program research and even the readiness of potential students for entry into a training program.

Coming In and Coming Out Stories of International LGBTQ Students in the United States

Jennifer Lambert-Shute-USA

Short Description: Using narrative inquiry, we present the coming in and coming out stories of lesbian, gay, bisexual, and/or queer international students in the United States. We discuss how aesthetic depictions can construct a fuller understanding of clients' lived experiences, especially for those whose stories do not fit the dominant narrative.

Abstract: The purpose of this poster is to present how artistic forms of data can be used to capture the clients' lived experiences. Using narrative inquiry, we present the coming in and coming out stories of lesbian, gay, bisexual, and/or queer international students in the United States. This study serves as an example for incorporating multiple forms of artistic data, including participant-generated pictures that depict their coming in, coming out process. Twelve LGBTQ international students shared their stories. Out of those twelve, eight students migrated from Asia, three from Europe, and one from South America. Four of the students identified as female and eight identified male. Of the group, eight students identified as gay, two as bisexual, one as pansexual, and one as unsure. The majority of students migrated to the west coast of the U.S., while three to the Northeast and one to the Southwest. Participants were asked to take a moment and draw their process of navigating sexual identity as an international student. They were instructed to be as open with their picture as possible, whether choosing to create a more literal or abstract image to describe their experiences. We will illustrate how these stories assisted participants in reflecting on tensions and areas of ambiguities in the space between cultural and sexual identity, while also highlighting moments of resistance. Aesthetic depictions can construct a fuller understanding of clients' lived experiences, especially for those whose stories do not fit the dominant narrative.

What About the Perpetual Affair?: Literature and Case Analysis

Elisabeth Bennet-USA Adam Fisher-USA

Short Description: Extramarital affairs are often not short-lived--some lasting decades. This presentation reviews available research and walks attendees through case-studies examining unique needs of couples facing perpetual affairs including creative techniques and resolutions developed by therapists and clients perceived as beneficial according to couples seeking to stay married.

Abstract: While the literature concerning extramarital affairs dates back many decades (Peluso, 2017), little has been published regarding prolonged or perpetual affairs and even less concerning helpful treatment strategies for the couple who choose to stay together while a partner participates in said affair. This presentation presents an examination of the literature, informed treatment strategies, and case-studies through which the clients and therapists have developed creative approaches to enhancing the marital relationship even in the face of the perpetual extramarital affair. Researched approaches such as the Gottman "Attend, Attune, and Attach" model (Gottman & Gottman, 2017), Emotion-Focused Therapy (Johnson, 2005), and Discernment Counseling for Mixed-Agenda Couples (Doherty, 2017) were presented in an integrated format This allows the clinician to follow a road map for work with couples struggling to sustain a satisfying marriage in the face of an ongoing affair. Because there is little current literature regarding couples enduring a perpetual affair, the presenters have been attending to the creative techniques developed by both therapist and clients that clients have deemed useful. These creative techniques will provide additional assistance or inspiration for couples and therapists seeking to retain and strengthen the marriage even with the perpetual affair. Finally, this presentation will propose potential avenues for much needed future research. It is the goal of the presentation to acknowledge the paucity of the available literature, to provide a road map as a basic tool for working with couples where one is involved in a perpetual affair, and to encourage grounded creativity and future research in order to help therapists better approach this common struggle when working with couples.

The Wisdom of the Body: Somatic Approaches to Couple and Family Therapy

Jake Johnson-USA

Short Description: In this workshop, extant body-based approaches to family therapy will be reviewed, literature on somatic experiencing from other mental health disciplines will be highlighted, and examples of how to integrate body-based interventions with family systems will be offered. "Body-of-the-therapist" considerations will also be addressed.

Abstract: Our bodies have much to say to us about our experiences of relational pain and suffering, as well as our possibilities for relational healing, if we are willing to listen to them. Unfortunately, many clinicians in the field of family therapy have never been taught to explore how our bodies impact and are impacted by our most important relationships. Instead family therapists have been trained to focus on clients' affective states and cognitions to the exclusion of their bodies. As such, in this workshop [1] the extant literature regarding body-based approaches to family therapy will be reviewed, [2] the wealth of literature on somatic experiencing in therapy from other mental health disciplines will be highlighted, and [3] hands-on examples of how to integrate body-based interventions with couples and family systems (with an emphasis on treating clients who have experienced trauma) will be provided. Throughout the workshop, "body-of-the-therapist" considerations for applying somatic approaches to couple and family therapy will also be addressed.

Bridging the Ivory Tower to Community Engagement & Collaboration

Shruti Poulsen-USA Rajeshwari Natrajan-Tyagi-USA

Short Description: In this presentation, we will present our ongoing research and mentoring collaboration with the Southern California South Asian organization, Saahas for Cause. This collaboration with a community agency, takes research, mentoring, and engagement beyond the “ivory tower” of academia and into the communities that serve diverse, BIPOC populations.

Abstract: In the first part of the workshop, the presenters will describe their work over the past two years engaging and collaborating with Saahas for Cause, a South Asian community agency dedicated to serving the mental health and social justice needs of the Asian community in southern California. The collaborations began with engaging in translational research, ongoing workshops and presentations, curriculum development, and support groups during the height of the COVID pandemic – these collaborations focused on and continue to focus on issues such as immigration, grief and loss, the impact of the pandemic, the experiences of aging in the South Asian community, the experience of discrimination and bias events in the lives of South Asians, etc. Currently, we are engaged in several projects with Saahas involving mentoring high school and college age youths in research, developing mental health focused community programming and resources, and conducting research on topics relevant to the South Asian community. Saahas provides a range of mental health services and advocacy services that encompass the wide diversity of South Asian groups, across the life span developmental stages, across religious diversity, and diversity in SES. Our work with Saahas provides us as academics opportunities to bridge the gap between academia and the larger community. This work allows us to engage with the latter by utilizing our scholarly research knowledge and expertise to support the hands-on community-based efforts of organization that benefit the lived experiences of individuals and families in these communities. In the second part of the workshop, the presenters will present a list of various strategies to engage with communities and facilitate small group discussions on how participants can expand on these ideas and personalize it to their cultural and community contexts. The presenters will also encourage participants to share the work in which they have already been engaged in their own communities.

The Lived Experience of MFTs Working with Incarcerated Youth: A Phenomenological Approach

Jaida Pryor-USA Rebecca Lucero Jones-USA

Short Description: Existing literature shows the efficacy of family therapy for incarcerated youth, but there is limited literature regarding the experiences of MFTs who provide care in this setting. This study uncovers the experiences of MFTs and provides a clearer picture of the present state of family therapy in juvenile justice settings.

Abstract: The United States incarcerates the highest proportion of adolescents in the world (Barnert et al., 2016). Within the population of adolescents who are incarcerated, there is an overrepresentation of youth with diagnosable mental illnesses as compared to the general population of American youth (Underwood & Washington, 2016). Though youth arrest rates have declined greatly since the turn of the 21st century, youth recidivism rates have been consistent for the past 40 years (Porter et al., 2016). Existing literature suggests that family therapy for youth has positive impacts on recidivism rates as well as reintegration back into their communities after being released (Tadros, 2021). Marriage and family therapists (MFTs) are uniquely trained to deliver therapeutic services which include entire family systems and can support adolescents and their families in reaping the benefits of family therapy in prison settings. Recognizing the perspectives and experiences of clinicians is a crucial aspect of understanding the experiences of a family who has an incarcerated member, especially a child, as MFTs often have firsthand experiences and conversations with incarcerated youth and their families. Therefore, the purpose of this study is to uncover the lived experience of MFTs as a means of ascertaining a clearer picture of the present state of family therapy being delivered to incarcerated youth by MFTs. The findings of this study may have implications for future research, policy, and practice.

Superwomen: The Work-Family-Balance of Egyptian Career Mothers in Cairo

Jaime Mendoza-Cayman Islands

Short Description: The presentation focuses on understanding the intersubjective experience of Egyptian career mothers' work-family-balance (WFB) in Cairo, Egypt. Utilizing cognitive dissonance theory, we conceptualize a phenomenological understanding of their sense of purpose, identity, WFB, marital satisfaction, role strain, incongruences they experience, and the choices they make to become Superwomen.

Abstract: Festinger (1962) proposed that an individual experiencing a state of cognitive dissonance (CD) strives to reach for congruency to alleviate the psychological stress caused by ambivalence. Generally, career mothers may experience a state of CD due to opposing beliefs, values, and behaviors as they choose to have a career; meanwhile having domestic obligations such as childrearing, housework, and attending to spousal needs. This may be especially challenging for Egyptian career mothers because they live in a patriarchal society that values traditional gender roles (Henry, 2011; Okasha et al., 2012) and procreation (Fakhr El-Islam, 2008). This study provides academic scholars with a cultural perspective on work-family-balance (WFB), as well as clinicians with major themes of the intersubjective experiences of Egyptian career mothers. The results will improve their assessment and ability to psychologically support this population. Further, career-driven Egyptian women have been underrepresented. Thus, the study begins to narrow the two gaps in literature which are assessing the WFB of Egyptian career mothers as an entity and representing a newer population of Egyptian women in academic literature. The study uses a mixed-methods approach, to capture the rich narrations of 11 women that glean into the cultural nuances that affect the female perspective of WFB and support it quantitatively. Specifically the major themes (i.e. cultural stigma, personal self-care, financial impact, family upbringing, world view, and impact of spousal and extended family support and involvement). We also assessed the impact of the COVID-19 pandemic on these women and their respective families. OBJECTIVES (33/350 words)

Stories of Covid-19: A year in an hour (a retrospective and introspective black box theatre presentation/experience)

Charmaine Borda-USA Raquel Campbell-USA

Short Description: In 2020, our world changed, people pivoted. We experienced a Pandemic as a result of Covid-19. One million deaths were reported in the United States. First Responders served tirelessly. Under mandated lockdowns, and people starving for community, we saw it fit to highlight four unspoken stories from the rubble

Abstract: In 2020, our world as we knew it changed, people pivoted. We experienced a Global Pandemic as a result of the Covid-19 virus. Over 1 million deaths were reported in the United States alone. Front line workers and First Responders (including therapists and counselors) presented in full-force to serve. They were also among the impacted. Under mandated lockdowns, sheltering in place orders, and a people starving for community, we saw it fit to highlight four unspoken stories from the rubble. A family, a therapist, a high school student, and a surviving artist, presented their untold stories of solitude and desperation from the stage of a black box theatre.

The Transition to Teletherapy: Experiences of Emotionally Focused Therapists

Francesca Pratt-USA Caitlin Edwards-USA Andrea Wittenborn-USA

Short Description: This qualitative study assessed the experience of EFT therapists providing telehealth during the COVID-19 pandemic. Therapists described the increased challenge of providing therapy online and adapting in the following ways: intentional session preparation, increased risk assessment, making emotions more explicit, slowing down the therapy process, and providing psychoeducation.

Abstract: Emotionally Focused Therapy (EFT) is an evidence-based practice for couples that has primarily been studied in a face-to-face format. The COVID-19 pandemic required many therapists to abruptly move their practice online. Given the limited literature on the delivery of EFT via teletherapy, it is important to learn how EFT therapists use EFT in a teletherapy setting. This research study sought to answer the question: how did EFT therapists experience delivering EFT through teletherapy during the worldwide COVID-19 pandemic? Criterion sampling was used to identify and recruit therapists who were certified in EFT. Sixty-nine participants completed an open-ended qualitative survey about their use of EFT via teletherapy. Reflexive thematic analysis (Braun & Clarke, 2006; 2021) was used to analyze the data. We used an inductive coding approach to develop themes based on participants' responses, and a combination of latent and semantic approaches to understand the surface and underlying meanings of the participants' responses. Results revealed that using specific steps of EFT (e.g., developing an alliance, de-escalating the interactional cycle) and using EFT with specific clients (e.g., highly escalated couples, people with trauma histories) was more difficult through teletherapy. Therapists also reported their own enjoyment of their work decreased when using teletherapy, as being online was more exhausting than working in person. Although EFT therapists reported working online as more challenging than conducting in person sessions, they provided key strategies that are useful for EFT therapists who plan to continue using telehealth, including more intentional session preparation, increased risk assessment, the implementation of new safety protocols, modifying EFT by making emotions more explicit, slowing down the therapy process, and providing psychoeducation. While EFT therapists and clients benefit from the use of teletherapy, future research is needed to continue to explore potential modifications needed for the delivery of EFT through teletherapy.

State of the art in the use of media in family therapy

Meillerais Sandle-Belgium Olivier Sorel-Belgium

Short Description: The use of media in family therapy need for an inventory of research. The presentation consists of a review of the results of a three-part study: network analysis, semantic analysis and scoping review. The authors doing so will help in laying the groundwork for the evaluation of these techniques.

Abstract: In the field of mental health, speech is not the only tool used by therapists. Indeed, care professionals can use mediation objects to work with families, couples, groups or individuals. After an initial review of the theoretical and scientific literature, we note that this concept and its contours remain poorly defined. In other words, there is a semantic and conceptual vagueness around the notion of "floating object". The set of conceptual appropriations often varies according to the theoretical currents of the authors but also of linguistics. This is why we decided to work toward clarifying the terminology, using three successive quantitative and qualitative methods. 1- A network analysis to model the Anglophone and Francophone publications that make up our scientific landscape using the VOSviewer software. For this purpose, a data collection from 4 databases (Cairn, Proquest, Scopus and ScienceDirect) was carried out according to predefined lists of keywords, then adapted and repeated, using successively different harvesting techniques: snowball, bottom up, top down until reaching a saturation of data collection. Then, the 1512 data, once prepared and smoothed, were used to carry out a cartographic modeling thanks to the VOSviewer software. These data were intercoded according to 5 colors depending on their obedience. 2 - A semantic analysis in order to determine the existence of a certain term with regard to the epistemological affiliation of the authors thanks to the Tropes software. The textual data (title and abstract) were analyzed with the Tropes software in order to understand the vocabulary used in each of the therapeutic orientation groups. For this purpose, two dictionaries were created (one French and one English), in order to search for the occurrences, present in each of the 10 groups. Then, a statistical analysis (Chi-square and Fisher) of these data was performed to determine the significance or not of the differences in lexical frequencies observed between the groups. 3- A scoping review to present a synthetic overview using the methodology of Braun and Clarke (2006). All these results will open up new avenues and perspectives, both clinical and research, concerning these promising techniques and their studies.

"The Law of the Jungle" Reinterpreted: Empirical Evidence for Contextual Therapy Tenets

Tatiana Glebova-USA

Short Description: This presentation will provide a summary of current evidence from developmental and social psychology, sociology, neuroscience and evolutionary biology that supports a notion of critical importance of relational fairness, trust, and trustworthiness for individual and relational well-being that was highlighted early on in Ivan Boszormenyi-Nagy's model.

Abstract: The colloquial meaning of "the law of the jungle" alludes to the principles of extreme individualism and cutthroat competition for one's success in life. While radical expressions of that stance mostly faded, it is not rare to observe explicit and implicit manifestations of this intensely self-centered worldview in life and in clinical practice. But what are the actual laws of "wildlife", at least among social animals? Kipling's original phrase has been misused because in fact he coined it to describe the basics of social cooperation. Recent studies in the evolutionary biology field demonstrate that many non-human social animals show various negative responses to unfair treatment among group members, and the more cooperative species are more sensitive to inequitable outcomes (Bronson, 2020). Young children's behaviors also suggest some biological foundation of sense of fairness. Current discourse in social psychology indicates a shift towards "a "fundamental-justice" paradigm, with fairness-related processes seen as a basic aspect of being a social animal" (Lind, 2020). In the family therapy field one model put relational fairness as a foundation of viable relationships more than half a century ago. Ivan Boszormenyi-Nagy was one of the founders of family therapy theory and practice. His contextual theory with its emphasis on relational ethics has a unique place among the family therapy principal models. While it has been historically somewhat underutilized in the USA, its relational justice-focused approach has been widely endorsed by clinicians around the world and recently drawing more professional attention across the USA. Though empirical evidence of contextual therapy theory per se and its clinical effectiveness in the family therapy field is still limited, new developments and findings from other disciplines such as developmental and social psychology, neuroscience and even evolutionary biology offer support for the contextual model. This presentation will provide a brief summary of current evidence of the critical importance of relational fairness, trust, and trustworthiness for individual and relational well-being that was highlighted early on in Ivan Boszormenyi-Nagy's approach. Applications for family therapy practice will be discussed.

A Delicate Balance: A Medically Integrated Systemic Care with Families Experiencing Hypoparathyroidism and Other Rare Chronic Endocrine Disorders

R. Blaine Everson-USA

Short Description: This presentation highlights the utilization of a medically integrated systemic approach with patients and family members experiencing chronic illness due to hypoparathyroidism, recovery from cancers of the thyroid, or similar endocrine disorders and offers new directions in clinical approaches to these issues in the clinician's practice with these families.

Abstract: Hypoparathyroidism is a rare endocrine disorder caused by the underproduction of parathyroid hormone or the removal of parathyroid glands due to cancer of the thyroid. It is characterized by symptoms of fatigue, headaches, depression, chronic pain, insomnia, brain fog, and in some cases, muscle tetany. It is managed through medication administration and the use of supplements. This chronic condition can be quite traumatic for family members. Managing hypoparathyroidism requires close cooperation between the patient, their physician, family members, and other care providers. Referrals from physicians are common to enhance coping skills and support for the patient's loved ones. Using the ABC-X model from the family stress and resiliency theory, helping families experiencing hypoparathyroidism is two-fold: working with the ill family member and supporting the family caregiver(s) of the patient. Care providers often engage in integrative care with other providers. The entire family dynamic has become structured around the management of the patient's illness and incapacitation. A thorough understanding of the family structure and functioning is important. This approach involves reorganizing relationships to diminish the impact of the illness, resolving impasses and cut-offs that may be present, disentangling enmeshments supporting the illness related to family dysfunction, enhancing the family's understanding of the emotional processes leading to maladaptive behaviors, and strengthening cooperation between family members. The employment of strategic interventions is often helpful for family members to move away from their entrenched ideas and beliefs related to the helplessness and hopelessness of their current situation, but these are always designed to blend smoothly within structural constructs in this approach. Ideally, this approach should improve family functioning dramatically within a short time. The presenter will offer an overview of the systemic process based on in-depth interviews with couples experiencing rare and chronic endocrine conditions, discuss the research and theory related to systemic treatment of such conditions, and provide further suggestions for working with patients and family members experiencing hypoparathyroidism. This presentation will provide the participants with information related to the assessment, treatment, maintenance, and follow-up with clients and their families.

Parental alienation experiences of noncustodial fathers: A phenomenological study

Sezercan Uçar-Turkey M. Selenga Gürmen-Turkey

Short Description: The current study explores the experiences of noncustodial divorced fathers in the context of parental alienation after the divorce and custody processes. Semi-structured interviews were held with seven divorced fathers. By using interpretative phenomenological analysis, six group experiential themes and a total of 24 subthemes were found and discussed.

Abstract: Parental alienation is one of the outcomes that divorced families may experience during and after the divorce process. In parental alienation, the child is consciously alienated from the targeted parent by the targeting one by using different strategies and manipulations. By taking family systems theory as the theoretical framework, the current study explored the experiences of noncustodial fathers in the context of parental alienation after the divorce and custody processes with a multidisciplinary lens. Divorced fathers who completed an online survey were considered as the sampling pool. The ones who scored higher on the Rowland Parental Alienation Scale (Rowlands, 2018) than the average score of the sampling pool were purposefully selected for semi-structured interviews. The parental alienation experiences of seven interviewees were clustered by using interpretative phenomenological analysis (i.e., IPA). The analysis yielded six group experiential themes: “Ways of parental alienation”, “Fathers’ psychological outcomes”, “Father-child relationship outcomes”, “Experiences with professional services”, “Gender-based inequality”, and “Ways to light up darkness”, and a total 24 subthemes. Current study findings were discussed in the context of the family systems theory, existing literature around divorce and parental alienation, strengths, limitations, future research directions, and clinical and legal implications.

From Content to Process: Developing Systemic Practice Through Interdisciplinary Supervision

Jennifer Gonyea-USA

Short Description: We present preliminary findings from doctoral-level systemic supervisors-in-training who provided supervision to masters-level social work students enrolled in an interdisciplinary MFT certificate program. Family Therapy Skills Checklist self-report and self-observations findings indicate that trainees developed a systemic understanding. Strategies for interdisciplinary supervision are discussed.

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. Despite this, clinical training has remained highly discipline-specific with minimal regard to evolving clinical contexts. Students often pursue interdisciplinary external, post-graduate experiences to prepare them for practice in an increasingly global context. A pilot program at a Southern university in the US was initiated to address such concerns. This program offered masters of social work students (MSW) enrolled in a couple and family certificate program the experience to receive systemic supervision and training from PhD students enrolled in a COAMFTE accredited CFT program. The PhD supervisors-in-training (SITs) assessed integration of systemic language and relational case conceptualization throughout two 10-month interdisciplinary internship periods. Across the two years, 12 second-year MSW students participated in the pilot program; 11 identified as women and one identified as a man; two students were international; three were non-traditional students. The MSW students completed self-assessments using the Family Therapy Skills Checklist (FTSC; Briggs et al., 1999) monthly, observation reports on peers' practice, and end of internship self-reflections. We conducted a paired-samples t-tests to assess mean score differences on the FTSC at the beginning and end of the internship. Initial findings indicate that trainees self-assessment of their conceptual and behavioral skills as well as their use of supervision increased throughout their internship experience. As would be expected, preliminary thematic analyses of trainees' end-of-experience self-reflections on their growth and in skills/role suggest trainees gained confidence. However systemic themes such as the importance of authenticity, group processing of cases, and self-of-therapist were also identified. Specific to growth in systemic thinking, trainees identified inclusion of positionality and bidirectionality of change between micro and macro systems in therapy. These findings will be used to discuss lessons learned and future strategies for interdisciplinary supervision from a systemic perspective.

Perspectives on emotion: integrating evolutionary psychology to clinical practice

Eunice Malavé de Leon-USA Richard Camino-USA

Short Description: This presentation provides an evolutionary approach to how emotions, cognitions, and behaviors contribute to human endeavor and psychopathology. In line with Bronfenbrenner's ecological and biopsychosocial models, we offer a psychiatrist's and social worker's perspective on how social, psychological, and somatic interventions may be integrated to improve outcomes.

Abstract: The theory of evolution has provided psychology and psychiatry with significant contributions to understanding the human mind. For example, evolutionary theory has been foundational in the development of John Bowlby's attachment theory, providing an explanatory model of relationships from the cradle to the grave, Joseph LeDoux's work on fear, and Eric Kandel's on our understanding of memory formation. Research on how emotions play a vital role in the survival and thriving of other species provides fertile ground for a better understanding of their function and relevance to humans in daily life. This approach provides learners with a practical and valuable approach to grasping emotions and behaviors from an evolutionary context. This approach is also consistent with the substantial contributions the study of animal behavior research has generated in areas like addiction research, depression and anxiety models, and psychopharmacology, to name a few. This presentation provides a plausible explanatory model and context for how emotions, cognitions, and behaviors contribute to human endeavor. By addressing questions like, what evolutionary value or advantage do emotions like sadness, anger, fear, or feelings of disgust provide, learners will better contextually understand psychopathology. Family therapy training programs appropriately focus on individuals, couples, and families' psychosocial context and relational aspects, but at times, at the expense of not grasping the evolutionary and biological underpinnings hidden beneath the surface. Therapists, indistinctly of their theoretical approach, can benefit from and use this knowledge to enrich their therapeutic work with clients.

The Impacts of Family Experience on Transition-age Youths with Autism Spectrum Disorder in Hong Kong- A Qualitative Study

Tim Wong-China, SAR

Short Description: This study sought to explore the experience of Youths with High-Functioning ASD(HFASD) in Hong Kong who are in their transition stage, identifying the transition challenges that they have faced, and how their parents influence their coping with these transition challenges.

Abstract: Researches from the United Kingdom, the United States and Australia show that HFASD youths experience various transitional challenges when they are entering college/University (From secondary school to college) or getting their first job after graduating from school (From school to workplace). It is also well-evidenced that family plays a crucial role in supporting HFA youths to face a new environment and challenges, affecting how their identities are shaped and the outcome of transition. Nevertheless, the subjective experience of HFA youths in transition is usually overlooked in the field of research, and there is lacking research exploring how family experience influences HFA youths to cope with the transitional challenges in Hong Kong. This study adopted a qualitative research method, to conduct semi-structured in-depth interviews with 5 youths with HFASD in Hong Kong who are 16 -25 years old and in their transition stage. In the study, the challenges they have faced, and the impacts of parenting and family experience on their coping with these transition challenges were explored. Investigator discovered that the youths with high-functioning ASD in Hong Kong were dealing with a series of challenges, including social communication, time management, emotion and stress, personal development, adapting to University/college life, and difficulties in their academic studies. Meanwhile, the youths with high-functioning ASD shared their family experience, which was categorized into three categories, including the assistance and support provided by family, the family's understanding of their circumstances, and family relationships. From the sharing and subjective experience of the youths with HFASD, it is highlighted that the youths hold certain expectations towards their parents, and see parents as important figures in assisting them to navigate the transition stage. On the other hand, depending on the level of felt understanding from parents and the parent-child relationship, the parents play a different level of active role in assisting their children to face the transition challenges.

Transgender and Gender-Expansive Clients and Their Loved Ones: An Ambiguous Loss and Family Stress Approach

Leslie Guditis-USA

Short Description: Discussion: Challenges transgender/gender expansive individuals and loved ones face, along with positive changes toward inclusion. Dynamic topic in society and in mental health services. Theoretical framework: Family Stress/Ambiguous Loss. May be foundational theories applied in any clinical discipline where transgender/gender expansive individuals and loved ones present.

Abstract: To deliver education and support for transgender and gender expansive individuals and their families, partners and loved ones, it is important for mental health practitioners to be educated on the topic and to stay up to date with current trends and changes in this dynamic area of practice. Client empowerment is at the heart of the therapist-as-advocate role, particularly when working with marginalized populations that face significant societal barriers and risks. It is important to be aware of some of the challenges that gender expansive clients and their loved ones face, so that practitioners can be advocates for clients. Exploration of the feelings, potential fears, concerns, sadness, and yes, even joy, can be vital to the therapeutic process. Supporting the transgender/gender expansive clients and their families in learning how to communicate their experiences with each other in a responsible and compassionate way may help bring positive results in the therapeutic process. In this workshop, some of the challenges many transgender and gender expansive individuals and their loved ones face will be viewed through the lens of the Family Stress and Ambiguous Loss theories. Dr. Pauline Boss has written and taught extensively on these theories, and they may be foundational theories for the practical application in marriage and family therapy and in other clinical disciplines. Objectives: - To gain a better understanding of current trends and changes in the dynamic area of the exploration of gender expression - To explore ways our society has leaned into and turned away from the experiences and the needs of transgender and gender expansive individuals - To gain a better understanding of the most current mental health needs transgender and gender-expansive individuals and their loved ones - To develop a list of therapeutic tools and resources to help support and empower loved ones of transgender and gender-expansive individuals, including approaches through the lens of Boss's work with ambiguous loss and family stress management

Newlyweds' Parental Acceptance, Satisfaction & Rejection Sensitivity: Dyadic Mediation

Derin Eralp-Cyprus M. Selenga Gürmen-Turkey

Short Description: Turkish newlyweds' remembered parental acceptance-rejection and marital satisfaction was examined with rejection sensitivity as mediator using Actor-Partner Interdependence Mediation Model. The results indicated that for both wives and husbands, their maternal and paternal acceptance had positive indirect effects on their own marital satisfaction through their own rejection sensitivity.

Abstract: This research examined the dyadic relationships between remembered parental acceptance- rejection and marital satisfaction of Turkish and Turkish Cypriot newlyweds with the mediating mechanism of rejection sensitivity. The study's sample consisted of 111 heterosexual spouses (111 wives and 111 husbands; age range from 21 to 53 years) who have been married for at most 5 years. Both wives and husbands completed all questionnaires: Adult Parental Acceptance-Rejection Questionnaire Short Form (both the mother and the father form; Rohner, 2005), Adult Rejection Sensitivity Questionnaire (Berenson et al., 2009) Satisfaction Level Sub-scale of Investment Model Scale (Rusbult et al., 1998) and demographic information form. The Actor-Partner Interdependence Model (APIM) and APIM Mediation Model (APIMeM) analyses were conducted. Results indicated statistically significant relationship between husbands' maternal acceptance and their own marital satisfaction (direct actor effect, husbands) and between husbands' maternal acceptance and their wives' marital satisfaction (direct partner effect, husbands to wives). Wives' maternal acceptance as well as paternal acceptance had positive indirect effects on wives' marital satisfaction through wives' rejection sensitivity (indirect actor effects, wives). Similarly, husbands' maternal and paternal acceptance had positive indirect effects on husbands' marital satisfaction through husbands' rejection sensitivity (indirect actor effects, husbands). The implications of these findings are discussed in relation to previous literature and Parental Acceptance-Rejection Theory (Rohner, 1986), Family System Theory (Bowen, 1978) and Rejection Sensitivity Model (Downey & Feldman, 1996). Clinical implications of these dyadic findings are discussed.

Parenting practices to support caregivers and reduce coercive processes in families

Kendal Holtrop-USA

Short Description: Family therapists can help improve parent-child relationships by empowering caregivers to enhance their parenting practices. I will review coercion theory and highlight four positive parenting practices empirically linked to trajectories of change in coercive parenting: emotion regulation, effective communication, problem solving, and monitoring. Implications for practice will be discussed.

Abstract: Introduction: Parents are their children's most important teachers. By empowering caregivers to enhance their interactions with their children, couple and family therapists can play an important role in reducing child problem behaviors and improving family relationships. The goal of this workshop is to suggest research-based strategies that family therapists can use to inform their clinical work with caregivers. Background: Coercion theory is a useful lens for helping to understand how problematic interactions take hold in families and set children on negative long-term trajectories (Patterson, 1982). Coercion is defined as the process of using an aversive behavior to control the actions of another person. Through repeated interactions, children learn that escalating an aversive behavior is a means for achieving a desired result. The quintessential example is the child who throws a tantrum in the checkout line at the supermarket because he wants a candy bar. When his caregiver gives in and buys the candy bar to quiet the child, the coercive cycle plays out through the process of negative reinforcement. Clinical Application: Fortunately, research demonstrates that negative behavioral trajectories can be interrupted by supporting parents to reduce coercive practices and increase their use of positive parenting strategies (Forgatch & Patterson, 2010). Evidence-based parenting interventions, such as GenerationPMTO (Forgatch & Gewirtz, 2017) offer parents a number of positive parenting tools that can be used to support effective parenting. This clinical presentation will draw on research (Holtrop et al., 2021) highlighting four active ingredients of the GenerationPMTO intervention shown to be linked to trajectories of change in coercive parenting outcomes over time. Specifically, this workshop will discuss (a) emotion regulation, (b) effective communication, (c) problem solving, and (d) monitoring. Each of these parenting practices will be briefly discussed in the context of the study. Examples of ways in which clinicians may integrate these parenting practices into family therapy work will also be provided, with the goal of reducing coercion and supporting positive parent-child interactions.

The Effect of Emotional Support on the Mental Health of Immigrant Parents Children with Autism Spectrum Disorder

Soyoul Song-USA

Short Description: Challenges faced by immigrant parents entering a new society with their children with ASD are complex. These new challenges include renegotiating gender roles, acculturative stress, and mental illness. The evidence suggests that stress is higher among immigrant parents also shows that those stresses can be mitigated through emotional support.

Abstract: Early childhood can be a particularly stressful period for parents/caregivers of children with an autism spectrum disorder (ASD). Experts attribute elevated stress experienced by parents/caregivers due to the initial reaction caused by a diagnosis can be exacerbated by numerous demands of the adaptation process (Millau, Rivard & Mello, 2019; Roth et al., 2016). Indeed, parents/caregivers are expected to navigate numerous service providers to support their child's development and well-being (Alsharaydeh et al., 2019; Millau et al., 2019). Frequently, this process is hindered by a range of obstacles caused by parents' or caregivers' socio-economic or cultural status. For example, evidence suggests that immigrant parents/caregivers of children with ASD are at a higher risk of stress compared to non-immigrant parents/caregivers (Gao, Zhao & Yang, 2022; Khanlou et al., 2017; Shorey et al., 2020). The different levels of stress can be attributed to the fact that in addition to such universal issues as divorce, unemployment, or mental health issues, immigrant parents/caregivers of children with ASD are also at a disproportionate risk of language difficulties, cultural maladaptation, and lack of access to professional support (Kim, Wang & Betz, 2020; Millau et al., 2019; Shorey et al., 2019). The issues facing immigrant parents/caregivers of children with ASD require special attention because there is a confirmed relationship between parenting stress and children's psychological well-being (Jiang et al., 2022; Spinelli et al., 2020). Children's behavioral and emotional response to a potentially stressful situation can be mediated by parents'/caregivers' response to that situation (Jiang et al., 2022; Spinelli et al., 2020). Hence, it can be assumed that immigrant parents'/caregivers' emotional well-being could influence positive behavioral and emotional responses of children with ASD.

The Great Disconnect: Education, Research and Practice

Aníbal Torres Bernal-USA

Short Description: This presentation will discuss how education, practice and research are disconnected from one another, and whether this gap can be bridged. The presenter will discuss both clinical and administrative case examples.

Abstract: The presenter will discuss with the audience how education, practice and research are disconnected from one another, and whether this gap can be bridged. The presenter will utilize both clinical and administrative case examples to illustrate the disconnect and discuss possible ways in which individuals and systems can bridge the gap. Finally, the presenter will discuss how minority clinicians and administrators are particularly skilled to bridge the gap between these important domains.

YUPPY COACHING FOR CONSCIOUS FAMILY THERAPISTS

Master of self-knowledge

Monica Castañeda-Peru

Short Description: Self-awareness, basis of comprehensive education, allows us to be aware of our potential towards an integrated family life. Mastery is achieved when we are aware that on a physical level we are emotional beings and on a non-physical level we are free beings choosing experiences, taking feelings responsibly.

Abstract: Self-knowledge is not a tool, it's a commitment to oneself. Knowing who you are is a human right, not yet recognized as such, which aims to help you pay attention to your free will, to choose the type of thought you want to hold in your mind and therefore feel the experience on a physical level. YUPPY COACHING FOR CONSCIOUS FAMILY THERAPISTS helps to recover the awareness of their inherent capacities (Self Skills) to all members of the family as a complement for their development as evolved beings. This knowledge of themselves will allow them to see beyond their personality, accepting natural attributes that we all possess and that are the basis of success towards an effective interrelation in the family. GOALS FOR PARENTS A program that offers parents spaces to observe how they interpret their current family challenges and decide to make changes from a permanent attitude of wanting to evolve in consciousness, freedom and order, beyond transhumanism for their own benefit and that of their family. OBJECTIVES FOR FAMILY THERAPISTS Support the comprehensive training of therapists, verifying, first of all, that we are unlimited beings with limiting ideas. This training is focused on the development of the vision of the potential of Being in combination with the Human as an indivisible unit that faces the fear of not being and becomes aware of Being, being free to choose the human experience that it wishes to experience. The objective of supporting parents to be more effective in today's world, considering that awareness and education make a difference. QUESTIONS ANSWERED BY YUPPY COACHING FOR PARENTS AND FAMILY THERAPISTS: • What kind of observer am I usually and how can I become a conscious participant? • What are my barriers to learning and the evolution of my consciousness? • How to question my beliefs to know whether or not they need to be changed? • Where do I and my family operate from? • How can I change about my emotions to know how to manage them more effectively? • What conversational skills do I need to learn to improve my family communication?

Process and Outcome of CFT in Turkey: An Application of Practice Research Network

Yudum Soylemez-Turkey

Short Description: This study aimed to investigate the effectiveness of couple and family therapy on individual and relational problems and understand the factors that play a role in client change. Client data was collected in two different training clinics in Turkey via an online system called Practice Research Network

Abstract: This study aimed to investigate the effectiveness of couple and family therapy in two university training clinics in Turkey. The main focus was on understanding the factors that play a role in client change such as demographic factors, therapeutic alliance, length and modality of therapy. Client data was collected via an online system called Practice Research Network that was founded in Brigham Young University, Utah. Individual, couple and family clients who were seen by CFT interns filled out surveys (individual symptoms, relational wellbeing, and therapeutic alliance) before every session, every 4th and 16th session. Preliminary evidence revealed that clients in systemic therapy improved over time in individual symptoms and relationship satisfaction, and therapeutic alliance has a positive impact on this improvement. This study is a first step in exploring process and outcome of systemic therapy in Turkey and we conclude by providing recommendations for future research in this area. Moreover, the results will have significant contributions for the practice and training in CFT in Turkey as well as other countries that are in the formation stages of the profession.

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What every therapist should know about psychopharmacology.

Dave Robinson-USA Emilee Delbridge-USA

Douglas McPhee-USA Adam Jones-USA

Short Description: Approximately 91% of U.S.-based marriage and family therapists treat clients who take psychotropic medication(s). Roughly 80% of MFTs report receiving inadequate psychopharmacological training. In this presentation, we overview psychopharmacological concepts for MFTs. Attendees will be better prepared to address psychopharmacological matters with clients and medical providers.

Abstract: Though the founding leaders of MFT developed a systemic framework for understanding interpersonal functioning that was in opposition to the narrow medical model at that time, current accredited AAMFT training programs require that students have knowledge of psychotropic medications. There is a complex, and often oppositional, history of the attitudes of MFTs toward psychotropic medications. 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 medication (PM) training in their graduate programs. Despite the fact that PM training has been a required curricular domain for MFT programs since 2001, MFTs are unprepared to address PM s concerns with their clients. As collaborative healthcare grows, it is vital that MFTs develop a PM 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 PM their clients are prescribed. These issues are further complicated due to the shortage of psychiatrists and other trained prescribers. This shortage has led to many primary care providers operating as the only PM treatment option for many people. Partnerships between MFTs and primary care providers can bridge this gap, but MFTs need evidence-based PM knowledge. In this presentation, we will provide attendees with a PM overview designed for MFTs. The extent to which attendees incorporate PM concerns in their clinical practice will be assessed and discussed. Recommendations grounded in established treatment standards regarding PM incorporation will be provided. Practices to aid effective collaboration with medical providers on behalf of clients will be discussed. We will then review the PMs that are used most frequently in the U.S. to treat common presenting mental health conditions seen by practicing MFTs. 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.

Co-occurring individual depressive symptoms and relational distress. Where to focus?

Terje Tilden-Norway

Short Description: Couples in therapy often present a co-occurrence of individual symptoms and relational distress. Thus, the clinician's challenge is where to focus. In this study, such co-occurrence has been addressed, finding that change in relational functioning predicted change in individual symptoms. Clinical and empirical implications will be discussed.

Abstract: In couple therapy clients often suffer from a blend of individual psychiatric symptoms as well as severe relational distress. Such co-existence can be understood in several ways, for instance symptoms preceding relational problems, relational problems preceding individual symptoms, other confounding variables impacting both, or a complex mutually influencing interaction impacting them to appear simultaneously. Clinically it is thus challenging whether to focus on the symptoms, the relation, or both. As research is inconclusive on whether relational change predicts symptom change or vice versa, research findings yield limited guidelines on how to understand this co-occurrence and accordingly where to focus clinically. In this study that will be presented, data collected before every therapy session were used to test whether changes in relational functioning predicted individual symptom distress or vice versa. The study used a multilevel modeling approach, and the variables of interest were disaggregated into within- and between-person effects. The results indicated that if an individual improved more than expected on relational functioning, this predicted more improvement than expected on his or her individual symptoms. No significant reciprocal relationship was found between the variables. These findings suggest that relational improvement should be monitored during therapy, as such change seem to facilitate individual symptoms improvement in the long run. Still, this study is only one among several, showing inconsistent results. It will therefore be discussed what kind of research is needed ahead in order to establish more detailed findings, for instance related to a grouping of participants according to what type of co-occurrence is represented. Further, limitations in the applied statistical analyses will be discussed, in particular the need to make use of dyadic data analyses when we address phenomena involving more than the individual as the unit of analysis.

Affect regulation in therapy - research of the therapeutic process with the TAR coding system

Saša Poljak Lukek-Slovenia Barbara Simonic-Slovenia

Tanja Valenta-Slovenia

Short Description: At the workshop, we will present the TAR coding system. The coding system enables the identification of therapeutic interventions in family therapy. Through experiential learning, workshop participants will have the opportunity to test the usability of the coding system in a concrete case of family therapy (a case of addiction).

Abstract: A key mechanism of emotion regulation is the translation of bodily responses into emotional, behavioural and cognitive responses. The fundamental mechanisms of affect regulation are formed in significant early and intimate relationships and can be transformed in other adult relationships - even in a client-therapist relationship. The other person (the therapist) plays an important role in emotional regulation as an external support system that helps regulate new emotional states. When the affective state is not calmed, we speak of dysregulated affect, which means that the physical state remains unsettled and unaddressed. In Relational Family Therapy, the client-therapist relationship enables the naming and evaluation of these dysregulated parts of the client's experience. Therapeutic interventions are thus aimed at the integration of early memories and the corrected experiencing a specific affect while following changes in implicit relational perception. Research on the process of change in Relational Family Therapy led to the development of the TAR (In-Therapy Affect Regulation) coding system, a tool for identifying key therapeutic interventions in the affect regulation process. The coding system is designed according to previous research aimed at exploring the therapeutic process and checking the validity of the coding system. A coding system was created that identifies interventions based on three first-order codes: 1. identification, 2. affective awareness or selection, and 3. implementation. First-order codes are further divided into second- and third-order codes. The coding system enables the identification of therapeutic interventions in family therapy. It enables the labelling of therapeutic interventions that identify dysregulated affective responses, promote affective awareness and enable the implementation of new ways of experiencing. At the workshop, we will present the TAR coding system. Through experiential learning, workshop participants will have the opportunity to test the usability of the coding system in a concrete case of family therapy (a case of addiction). We will enable the reflection and evaluation of the work with the TAR coding system. The author acknowledge partial financial support from the Slovenian Research Agency (project No. J5-2570).

Relational Family Therapy approach to addiction in the family system

Barbara Simonic-Slovenia

Short Description: The Relational Family Therapy paradigm looks at addiction and its dynamics in relation to dysfunctional affect regulation. The paper presents approach of Relational Family Therapy in working with an alcohol addicted client and his family (case study), with an emphasis on the aspects of affect regulation.

Abstract: The Relational Family Therapy paradigm looks at addiction (like alcoholism and other substance abuse) and its dynamics in relation to dysfunctional affect regulation. Dysfunctional affect regulation and the general inability to manage emotions are often mentioned in relation to the development and maintenance of addiction. The mechanism of affect regulation generally refers to internal processes that allow an individual to maintain their emotions to a degree that feels still bearable for them. According to these assumptions, addicts use addictive behavior to cope with difficult emotions, either because they have more negative emotional states than others do, or because they lack the internal resources to cope with these negative emotions. For them, consuming substances is a series of repeated attempts to regulate heavy emotions, which often stem from painful past experiences. The process of Relational Family Therapy, therefore, as treatment of addiction, focuses on identifying and transforming the dysfunctional regulation of affect, which is behind addictive behavior. The paper presents approach of Relational Family Therapy in working with an alcohol addicted client and his family (case study), with an emphasis on the aspects of affect regulation. In the process of Relational Family Therapy, a more functional regulation of the core affect was established, thereby reducing symptomatic behavior (alcoholism) in the client and his family system. (The results were partly obtained within the project No. J5-2570, financed by the Public Agency for Research of the Republic of Slovenia from the state budget.)

Accessibility & Equity in CFT Education & Training during the Global Pandemic

Shruti Poulsen-USA Rajeshwari Natrajan-Tyagi-USA

Short Description: We will describe our academic experiences during the global pandemic, shifting CFT education and training programs from on-ground to the virtual platform, and on the isomorphic implications on students, faculty, clients and training programs. We will provide opportunities for participants to discuss their experiences in the CFT training environment.

Abstract: In the first part of the workshop, the presenters will describe and present on their experiences in their CFT programs, the isomorphic impact of the global pandemic on students, faculty/supervisors, clients and the program. The global pandemic and subsequent lockdowns and social distancing requirements had a major impact on CFT programs across the US. In particular, training programs, rapidly had to convert from fully on-ground training programs to the virtual platform in order to ensure continuity in CFT education and training. While many students, faculty, and administrators responded with great flexibility and creativity, social justice and inequity issues were sharply brought to light due to the shift that had to take place. These social justice and equity issues also emerged during a historical time period of social and political upheaval and social injustices across the globe. Many of these social justice issues were related to accessibility and inequity issues that impacted students to a great degree, which were isomorphic and reflected in the clinical work and the client populations with whom they worked. While the shift to the virtual platform provided many enhancements in accessibility to training and education, it also highlighted the challenges our field has in truly supporting our students' training and education experiences so that they are equitable and socially just. The presenters will speak to their experiences of mentoring and helping students manage their anxieties, make meaning of the pandemic, racial and political unrest and the ongoing impact of the climate change. The presenters will speak to how their own experiences paralleled how the students experienced their clients' and their own lives. They will also reflect on how they adapted to these shifts and the diverse needs of students by making changes to the curriculum and pedagogical methods of teaching and supervision. In the second part of the workshop, the presenters will open up the discussion with participants and engage in dialogue about participants' experiences as CFT educators and students.

Incorporating Mindfulness Practices into a Marriage and Family Therapy Clinical Training Program

Carrie Hanson-Bradley-USA

Short Description: A marriage and family therapy clinical training program piloted implementing mindfulness practices into clinical courses, to determine whether using mindfulness and reflective practice as a pedagogical tool changes students' knowledge, attitudes, skills related to mindfulness, stress reduction, and feeling more emotionally regulated and efficacious as a family therapy student.

Abstract: There is growing interest in the use of reflective practices and mindfulness in higher education, in part due to recognizing the importance of focusing on the whole student (Barbezat & Bush, 2014, p. 23), including their social-emotional development (Roeser & Peck, 2009; Schonert-Reichl & Roeser, 2016). Intentional use of reflective practices, often called contemplative education (Mind and Life Education Research Network (MLERN), 2012; Weare, 2019), supports the development of therapists skills to be more present and regulated with their clients. Mindfulness is commonly defined as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994; p. 4). Mindfulness involves dimensions of openness, acceptance, curiosity, intentionality, and non-evaluative approaches to the present moment (Bishop et al., 2004). The emphasis of mindfulness on non-evaluative recognition of experiences, common humanity, and awareness of the emotional responses of self and others also means that it is inherently supportive of inclusive, anti-biased practices. Such practices can also increase awareness of attending to one's well-being needs; for example, noticing when someone is overwhelmed and stressed and then taking effective and healthy actions to address the stressors that are in their control. There is also growing concern about the mental health of college students (Oswalt et al., 2018), and reflective practices that promote self-reflection and mindfulness (e.g., via journaling, small group oral reflections) are considered optimal pedagogy to promote college students' sense of belonging, engagement, and learning (Bush, 2014; Loughran, 2002; Masika & Jones, 2016). The purpose of this project was to examine the effectiveness of implementing mindfulness and reflective practices into marriage and family therapy courses, and determine whether using mindfulness and reflective practice as a pedagogical tool positively changes students' knowledge, attitudes, and skills related to mindfulness, stress reduction, and feeling more emotionally regulated and efficacious marriage and family therapy students. This session will present ways to integrate mindfulness into a marriage and family clinical training program with 13 first- and second-year students. Findings from the pilot using pre and post-surveys will also be presented along with lessons learned.

Encountering Difference: From Othering to Compassionate Curiosity

Jennifer Lambert-Shute-USA

Short Description: The goal of this presentation is to demonstrate how an experiential activity, the Encountering Difference Project, can provide opportunities for students to practice moving from a place of otherness to compassionate curiosity. The presenters will discuss students' experiences and how they shifted their perception of the identified other.

Abstract: The goal of this presentation is to invite conversation about how to encourage master's-level trainees to engage in the lived experience of the other. The other is someone we consider not us, not right, not true, not good and we place them in a category of "them" (Gergen et al., 2001). The relationship becomes one of "I/we are right, you/they are wrong, and if anything is to change, you/they must change" (Hardy, 2009, Connecting with "the Other" section, para. 2). To facilitate conversations with others, students are assigned the Encountering Difference Project as part of the Family Development course in the Marriage and Family Therapy master's program. The first part of the assignment entails students discovering their other, understanding what it means to other, and how being in an othering relationship mutually shapes perceptions, beliefs, and behaviors. The second part of the project involves having students create an experiential activity which allows them to practice engaging in a conversation which shifts the relationship from othering to connection. Over the years, the presenters have recognized that the project alone is not sufficient to shift the othering process. Rather the project should be embedded within larger classroom conversations, individual meetings with the professor, readings, and time for personal reflection. As a result of this experiential activity, students have noticed that: they have more commonalities than differences with their other, their other is human and they can learn from him or her, they can influence relationships by changing how they behave or respond, and that ultimately knowing the other's story makes the difference between one's judgment or compassion. Lastly, prior project examples will be presented to the audience to assist in understanding this experiential activity.

Wear Your Heart on Your Sleeve: How Style Therapy Allows One to Self Express and Heal Through What They Wear.

Melanie Hussain-USA

Short Description: Clothing has a way to help us heal, one's personal style is a direct representation to how they feel. Self expression is not only through our words, but also through what we wear. This presentation will highlight the impact Style Therapy has on one's personal growth.

Abstract: It's okay to wear your heart on your sleeve, metaphorically and physically speaking. Being vulnerable and transparent is no easy task. Sometimes we may not have the words to self express how we feel, but our clothing speaks for itself. Each day when we get dressed, we get to tell the world a little about ourselves just by what we wear. Our clothing protects us not just from a physical standpoint, but also an emotional one. No matter what one may be experiencing, our clothing communicates our mood and emotions. Especially when it comes to self reflection, how one wants to present themselves, and it also has the power to transform one's look. Style Therapy is a creative and artistic approach, created by the presenter, which uses clothing and one's personal style to help better understand themselves and shapes the way they see themselves. Clothing can help us hide behind our feelings while also letting us showcase how we feel. This presentation will take the audience through an understanding of style and fashion and how it is used in a therapeutic setting to help client's heal and systemically connect with themselves on an intimate level. The presenter will discuss the impact fabric and texture has on one's mood, the psychology of color, emotional memories associated with clothing, and how this mode of therapy can be used to help client's cope and feel empowered in themselves. Personal wellness and style are two concepts that go hand in hand. The clothing we wear has the capabilities to personally transform our mood and help us feel safe and comfortable in our skin. During this interactive presentation, research will be presented on the impact mood has on appearance and style tips will also be showcased for clinicians to be mindful about in their personal practice.

Relational Family Therapy – process of affect regulation in the treatment of alcohol addiction

Saša Poljak Lukek-Slovenia

Short Description: Affect regulation in a therapeutic relationship leads to change in implicit relational perception, which can be defined as a key objective of RFT. The process of change in the treatment of alcohol addiction will be presented through the map of a participant's process and the sequences of therapeutic intervention.

Abstract: Relational Family Therapy (RFT) is an integrative approach in psychotherapy, combining three basic relational theories: interpersonal analysis, object relations theory and self-psychology, the relationship being their fundamental concept. From the perspective of the RTF model, the client-therapist relationship can most deeply replicate the experience of the detached, denied, and hidden parts of the client's psychological experience. In working with addiction, it focuses on studying the mechanism of compulsive repetition of satisfying unrealized relational needs and on specific affect regulation. Affect regulation in a therapeutic relationship leads to change in implicit relational perception, which can be defined as a key objective of RFT. The process of change in the treatment of alcohol addiction will be presented through the map of a participant's process in therapy and the sequences of therapeutic intervention. The map was designed in recent research with the methodology of task analysis. The map of therapist's interventions consists of the following steps: (1) addressing the affective atmosphere, (2) strengthening the affective atmosphere, (3) linking the affective atmosphere to the intrapsychic experience, and (4) compassion. The participant's process, on the other hand, comprises the following steps: (1) defense, (2) addressing the affect, (3) addressing the repetition of the affect, (3) addressing the intrapsychic experience, and (4) dual awareness. Research has defined steps in affect regulation in therapy that led to change in implicit relational perception. With presented interventions, the addicted client is able to change the perception of oneself and thus one's own emotions, understanding and behavior. Addressing intrapsychic experience allows client to understanding current bodily responses through dual awareness that places the source of the affect in the past. Compassion in the therapy comes from the client-therapist relationship that offers a different relationship experience, so the client can create a new way of implicit relational awareness. Excerpts from therapeutic sessions will be presented together with the limitation of presented research and guidelines for research on this topic. The author acknowledges partial financial support from the Slovenian Research Agency (project No. J5-2570).

Online Couple Therapy During Covid-19: An HSCED Application

Selenga Gürmen-Turkey Yudum Söylemez-Turkey

Short Description: The current study applies the Hermeneutic Single Case Efficacy Design (HSCED) to examine the effectiveness of a common factors approach to couples therapy across 24 weeks of treatment with a young couple who had to stay apart during the pandemic.

Abstract: Covid-19 related challenges such as financial stress and health concerns have led to individual symptoms such as anxiety and/or depression (Bao et al., 2020) as well as relational problems such as conflict, decreased support, and relationship satisfaction (Pietromonaco & Overall, 2020). Despite the growing need and interest in online couples therapy during the pandemic, there is a dearth of outcome and/or process research. The Hermeneutic Single Case Efficacy Design (HSCED) was applied in order to examine the effectiveness of a common factors approach to couples therapy across 24 weeks of treatment with a young couple who had to stay apart during the pandemic. A rich case record consisting of quantitative measures, change interviews and a case file was gathered. Based on the information, the authors developed opposing (affirmative and sceptic) arguments as well as their rebuttals regarding whether the client changed over therapy and whether therapy was responsible for these changes. The results showed some improvement in the couple's relationship attributes, attachment behaviors as well as presenting problems. The couple attributed the majority of the change to the therapy process and the relationship that they have with their therapist. It appeared that the change took place over the first 16 sessions, and together with extra-therapeutic factors, online couples therapy appeared to contribute to this change. The complex, nonlinear, and multi-layered nature of change in couples therapy was discussed in terms of clinical implications.

Coming Out: Considering Everyone's Needs

Jalya-Rae Toorenburgh-Canada Naazim Kotadia-Canada

Short Description: This presentation outlines the available literature on the processes, procedures, bumps, and supports to be considered by the therapist when assisting in the coming out process. This includes the typical focus on the person coming out as well as the needs of family and other support persons in that process.

Abstract: This poster presentation is designed to provide the learner with an overview of the global professional literature of the last three decades regarding the process of "coming out" to one's family and friends. The poster will address what we have learned about the needs of the person coming out, including typical bumps in the road of that process and how a therapist can assist in navigating those bumps to increase the likelihood of a successful process within the person's community. The poster will also explain and synthesize what is known to date about the needs and bumps for the family, including parents and siblings, as well as other relevant community members, and with consideration for varied points of diversity (age, ethnicity, culture, world position, religion, etc.) Given that so little is available in the professional literature regarding the needs and bumps for family and friends, this presentation will address additional known concerns and make recommendations for topics to be explored in future research. A list of resources including a reference list of articles, websites providing guidance and materials will be provided to the learner.

What will happen if you allow your clients to show up forever?

Reinhold Schäfer-Denmark Benjamin Steffen-Nielsen-Denmark

Jonathan Josva Schou-Denmark

Short Description: What is enough social work in a world of disconnected echo chambers during times of change? Beyond individual-focused therapeutics Stepped care and communities of care are elements, supplements or alternatives for systemic collaborative therapy and social work. Workshop on conceptual thoughts & research results on efficiency of Stepped care services.

Abstract: In the municipality of Ringsted in Denmark, we are working towards new models for organizing and practicing mental health work. In the ongoing development of our framework, Open Path Method (OPM), we strive to integrate insights from both the systemic theory and the peer-to-peer-movements in building communities of care. Our method breaks partially away from more individual-focused models of disease/care and refocuses on the community as a space and medium for collaboration on creating long-lasting change - a difference that makes a difference. We are looking towards models where the challenges of our clients aren't exclusively conceptualized as issues within the individual to be treated, but rather as results of collective and societal sufferings, where the antidote also lies in the collective which isn't defined solely by a time-limited treatment, but in longer lasting participation in a community. While focus on individual treatment might be part of the equation, we argue for a return to a community focus and much closer examination of everyday life. For professionals, this means embracing complexity and moving between different modes/kinds of social work (stratification model) and stepping into different roles, e.g. performing as social worker, case manager and role model – and maybe the most important one being a facilitator of peer-driven communities of care where the client is always welcome. This workshop presents the conceptual thoughts on OPM. The methodology of OPM is presented in the workshop “Working with feelings of being lost and disconnected in youth“

Working with feelings of being lost and disconnected in youth

Reinhold Schäfer-Denmark Anja Resen-Denmark

Jytte Gandløse-Denmark Karen Hare Sørensen-Denmark

Staffan Røijen-Denmark Signe Nielson-Denmark

Short Description: In “Ungeliv” (“Youthlife”) we have experience with creating spaces of growth for young people and their networks through group therapy. Through our self-developed method OPM - Open Path Method – we seek to help people explore, understand; find new opportunities and courage to create a difference in their lives.

Abstract: “They listen and I don't get drowned out, and if I get stuck, they give me space and have patience. I take the feedback home with me after the group, because I can often use the others’ thoughts to reflect about whether I can do things in a different way” This quote is from one of the young people who is participating in our group therapy in Ungeliv. Ungeliv is a social-psychiatric service for young people in the Danish municipal Ringsted working with group therapy in the context of collaborative of systemic thinking and therapy. The workshop will describe our setup of group therapy for young people at the age of 12 to 25, their parents or their network. We will unfold the therapeutic work and the methods that we use. We will present a small sound bite from a young woman who tells her story and reflects on how being part of Ungeliv helped her in life. For young people who feel lost and disconnected, group therapy and being a part of a community, proves a meaningful and very effective way, of working towards recovery. We experience working with group therapy as life changing for young people who struggling with vulnerability. We see young people and parents leave our services with new courage and new strategies for their decision-making regarding life choices, greater self-insight, joy and a renewed curiosity of life and strengthened social relations. We have developed the method OPM, which builds on systemic collaborative therapy (Anderson; Goolishian) and works with different setups of reflection loops and in-session supervision. At the workshop, we will introduce our method OPM and its use for both youngsters and their network. We will show how we use loops in which both the young people, the therapists and the external supervisors participate, and talk about the benefits both from the perspective of the youngsters, the parents, the therapists and management. This workshop presents the methodology of OPM. The conceptual foundation of OPM is presented in workshop “What will happen if you allow your clients to show up forever?”

Community engaged research: Working together to enhance diversity, equity, and inclusion

Caitlin Edwards-USA Francesca Pratt-USA Kendal Holtrop-USA

Short Description: Community engaged research provides a bridge between family therapy scholars and the communities we serve, allowing for the enhancement of evidence-based practice. This poster highlights elements of community-engaged research and illustrates these principles by describing a collaborative project to enhance diversity, equity, and inclusion in a parenting program.

Abstract: For family therapist scholars, community engaged research provides a bridge between scientist practitioners and the communities we serve, allowing for the dissemination and enhancement of evidence-based practice. Community engaged scholarship has been described as “research that is conducted with and for, not on, members of a community...[it] is collaborative and change oriented and finds its research questions in the needs of communities, which often require information that they have neither the time nor the resources to obtain” (Dragne, 2007, p. 16).” The goal of this poster is to highlight the key elements involved in community-engaged research and to illustrate these using a real-life case illustration of a project assessing the need for and current practice of Diversity, Equity, and Inclusion (DEI) within the Parent Management Training-Oregon (PMTO; Forgatch & Patterson, 2010) intervention in Michigan. Community engaged research is characterized as a collaborative process that prioritizes the needs and perspectives of community members. It has been utilized as an effective and empowering approach in locations around the globe (e.g., Grinker et al., 2012; Lachman et al., 2016). Key principles of this approach include, for example, building on community strengths, facilitating collaborative partnership across different phases of research, integrating knowledge and application that benefits all collaborators, and proceeding in a manner that allows for co-learning between partners and constitutes an empowering process (Israel et al., 1998). The research team will visually present information as to how we were guided by the tenets of community engaged research as we worked on a collaborative project to enhance DEI practices within an evidence-based parenting intervention. Specifically, representatives from the Michigan implementation of PMTO reached out to the research team with a request to support their DEI enhancement efforts. In this poster, we will present key elements of DEI as well as our efforts to conduct a needs assessment by collecting quantitative and qualitative data from various stakeholders. We will also describe how principles of community engaged research guided our efforts – e.g., establishing the partnership, collaborative planning, problem solving, and future planning.

The importance of relationships in therapy: How to facilitate change in systems

Kristoffer Whittaker-Norway

Short Description: In this lecture findings concerning the association between trauma, therapeutic relationships and outcome in couple therapy will be presented. As well as being clinically relevant, suggestions will be given on how research may be conducted in a clinical context to better understand complex phenomena in couple and family therapy.

Abstract: In this lecture research conducted at the Family Unit at Modum Bad during the past several years will be presented. The target of our studies was initially on how childhood trauma impacted adult relational functioning and the outcome of couple therapy. As our research project continued to develop greater attention was given to the exploration of how relationships in therapy both have the potential to facilitate or restrain change. Throughout the study both quantitative and qualitative research methods have been applied to deepen our understanding of complex relational processes. Our main findings thus far are that couples who have a history of trauma benefitted greatly from couple therapy in the reduction of mental distress. Subsequently, couples with a history of childhood abuse also benefitted on various relational outcomes, but they benefitted less than couples without such adverse experiences. Dyadic analysis was also applied on longitudinal data to further our understanding of how couples change across time. The results of this analysis showed how it was the partners alliance with the therapist in couple therapy that had the greatest influence on their spouse's relationship satisfaction. Although the presentation will focus on the clinical implication of these findings, suggestions will also be given on how research may be conducted in a clinical context to expand our knowledge about change processes in couple and family therapy.

How We Research What We Practice, part I: Evidence based practice as a useful paradigm

Lennart Lorås-Norway Terje Tilden-Norway

Abstract: The systemic field has a proud history of representing an antithesis to the medical model. This was undoubtedly necessary at the time. However, it seems like many systemic therapists have been stuck in the position as opponents. We will argue that the expressed skepticism towards nomothetic knowledge from especially social constructionist and collaborative dialogical practice is problematic. A narrow and purist understanding of what types of knowledge are regarded as valid has led to an assumed fear of research with the results that systemic therapists are not been taken seriously from influential context such as mental health and psychiatry. Further, this contributes to the maintenance of the counterproductive scientist – practitioner gap. One possible constraint and reason to end up in this unfortunate position is from our view that parts of the systemic field value other basic assumptions underlying theory, practice and research than what is commonly applied within psychotherapy in general. For instance, it is our impression that the concept of Evidence Based Practice (EBP) is not very known and acknowledged within the systemic field. Thus, we will in this workshop present EBP and its relevance for systemic research. In particular, we will explore to what degree the expressed resistance towards EBP is justified, whether this may be reasoned by misunderstandings, or whether there exist fundamental differences in theory and philosophy of science that need to be addressed. We consider the EBP resistance as unproductive for our field as it increases the gap between clinicians and practitioners. Rather, embracing EBT has the potential to bridging this gap, facilitating greater exchange and collaboration between clinicians and researchers. For instance, EBT advocates a broad view that all types of research designs are valid and welcomed depending on which is the best suited to answer the research questions. After our presentation, we will invite for a discussion addressing whether implementing the EBP paradigm will make a difference for systemic practitioners and researchers.

How We Research What We Practice, part II: Systemic family research

Jan Stokkebekk-Norway Kristoffer J. Whittaker-Norway

Short Description: We will present why we believe that a program of systemic family research is necessary. Our proposition forwards the need to apply mixed methods and advanced statistics to better our understanding of complex relational processes and associated outcomes. Also, the necessity for reflexivity is evident in multidimensional systemic research

Abstract: In this workshop we want to present the reasons why we mean it is timely to propose what we have called a program of systemic family research. The field of family therapy and family science is a multidisciplinary field, that emerged from the richness of a myriads ideas that were inspired from cybernetics, physics, theater, film and literature (Lebow, 2017). In addition to social workers, psychologists and psychiatrists, inputs have come from sociologists, anthropologists, engineers, biologists, and communication scientists. Also, in comparison to mono-disciplinary academic fields such as psychology, medicine (psychiatry) and sociology we argue that family therapy or family science is not considered an academic discipline in its own right. Thus, the field of family therapy is without a traditional “academic home” and without a comprehensive program of research with systemic or relation-focused underpinnings. Although systemic research programs such as the The Scientific Paradigm of Family Psychology (Lebow & Pinsof, 2005) has been suggested previously it is our conviction that these suggestions are only heeded by a few. Based on advancements made within research methods the past couple of decades addressing a wide range of qualitative and quantitative research methods, as well as within mixed methods approaches; we argue that examination of complex relational processes has become more attainable than ever before. Given these advancements we have concluded that an updated version of The Scientific Paradigm of Family Psychology has become essential. The application of relevant systemic research methodologies would coincide with the goal of the European Family Therapy Association (EFTA), which is "to achieve recognition for family and systemic therapy as a distinct, scientifically-based form of psychotherapy practice and to ensure rigorous standards of training and professional practice throughout Europe" (EFTA training standards, Section 2.1). Our proposition enables the application of a mixed methods, the use advanced statistics, and multiple theoretical frameworks to improve our understand of complex relational processes. Also, multi-dimensional systemic research involves a need for reflexivity and an awareness of self-positioning by the researcher in relation to the phenomenon being studied (Davies, 1990; Stokkebekk, 2022).

We became parents: What are the challenges for our couple?
Analysis of relational processes during the transition to
parenthood.

Thérèse Scali-Belgium Maria Elena Brianda-Belgium

Short Description: This presentation focusses on the factors that moderate marital satisfaction during the period of transition to parenthood. We will present the results from two studies: a large quantitative study (N = 534) and a study using a mixed methodology (interviews and questionnaires) with five couples. Therapeutic interventions will be discussed.

Abstract: The arrival of a child is often a difficult period for the couple, and marks a temporary drop in the level of marital and sexual satisfaction. It is indeed a period of transition which requires profound readjustments. The objective of this presentation is to highlight the different factors (individual, interpersonal and contextual) that moderate marital satisfaction during the period of transition to parenthood. We will present the results from two studies: a large quantitative study (N = 534) and a study using a mixed methodology (interviews and questionnaires) with five couples. We will present the experience of several couples, their levels of conjugal and sexual satisfaction and their relational dynamics. Three key moments in the process will be analysed: pregnancy, childbirth and the first months of the baby's arrival. The results highlight the link between high levels of marital satisfaction and positive relational dynamics within the couple, good conflict management, listening to and satisfaction of personal and marital needs, reliance on external resources, etc. We will discuss therapeutic interventions aimed at supporting couples during that particular moment of family creation.

THE IMPACT OF GENDER ROLE EXPECTATIONS ON SOUTH ASIAN AMERICAN WOMEN: A QUANTITATIVE STUDY

Zahra Somani-USA Adam Jones-USA

Short Description: South Asian culture, which is largely collectivist and community-focused prioritizes certain values differently than the West. These value differences and gender-based roles can cause tension within families. The present study examines how the choices women make about their lives impact their well-being and romantic relationships.

Abstract: The South Asian presence in the U.S. is steadily growing, yet little has been done to research the impact of conflicting cultural values among this population. South Asian women are seen as the carriers of culture and tradition and as such are raised with gendered expectations that reflect this responsibility. These expectations also reflect the collectivist and community-focused values common among Eastern, Latin, and African cultures. First- and second-generation immigrant women raised in this environment face conflicting messages outside of the home where they are educated within and socialized to the individualist value system of the West. Previous research has shown that this cultural conflict often culminates in the practice of dating and marriage, which can cause significant internal and intergenerational stress for both parents and their children. The present study examines how the choices women make about their lives impact their well-being and romantic relationships. Additionally, we explore the relationship between gender role adherence and attitudes and behaviors around sex. This study uses a battery of reliable and valid measures to assess for gender role and cultural conflict, acculturation, well-being, relationship satisfaction, and attitudes and behaviors about sex.

The Role of Medical Family Therapists in Reproductive Healthcare Settings Serving Gender Diverse Patients: a Reproductive Justice Approach

Gabrielle Gebel-USA

Short Description: Throughout this presentation, a reproductive justice framework will be utilized while discussing the discrimination that transgender patients experience while accessing reproductive healthcare. This presentation will conclude with specific recommendations for how medical family therapists can improve healthcare for trans and gender-nonconforming people.

Abstract: Transgender and gender non-conforming individuals have historically experienced discrimination in accessing reproductive rights. This transcends into the ways in which the current systems of healthcare are structured to continue perpetuating the marginalization of this population of gender-diverse persons, specifically as it relates to reproductive care. Throughout this presentation, a reproductive justice framework will be utilized to explore ways in which transgender patients experience discrimination in unique ways through micro- and macroaggressions within the healthcare system based on the intersection of the reproductive healthcare services in which they are seeking, paying special attention to pregnancy and postpartum care, and their unique social identity. This presentation will conclude with specific recommendations for how medical family therapists can impact healthcare systems by integrating trauma-informed care aligned with a reproductive justice framework.
Keywords: medical family therapy; transgender; gender diverse; reproductive healthcare; medical family therapists

Engaging in Restorative Practices: Black Women Health & Healing

Cadmona Hall-USA

Short Description: How do you begin to heal hundreds of years of socio-cultural/transgenerational trauma within a world of contemporary problems? Developing healthy practices for self-care are especially critical for Black women who are impacted by intersectional experiences of white supremacy and patriarchy in and out of the therapy room. This self of the therapist focused presentation will discuss the vulnerabilities and triumphs experienced by two Black therapists as they negotiated self-care through running and yoga.

Abstract: How do you begin to heal hundreds of years of socio-cultural/transgenerational trauma within a world of contemporary problems? How can we live free in our Black bodies? Taking up space, living full and free- even under threat. This presentation will explore some of the ways we chose to process and heal. This self of the therapist focused presentation will discuss the vulnerabilities and triumphs experienced by two Black therapists as they negotiated self-care through running and yoga. Self-care is an expectation for family therapists, yet most therapists would say they struggle to engage in consistent practice. Developing healthy techniques for self-care is especially critical for Black women impacted by intersectional experiences of white supremacy and patriarchy in and out of the therapy room. According to Audre Lorde “caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.” This presentation will also discuss new conversations between two Black therapists who have over a decade of friendship yet through this process found new dialogues, meaning-making, deepening, and enriching connections related to health, wellbeing, and healing.

Research and Clinical Uses of The Facilitative Systemic Interpersonal Skills Measure

Adam Jones-USA

Abstract: The psychotherapy field has been shifting its strategy for improving client outcomes by focusing on the providers of psychotherapy treatments, rather than the treatments themselves. Researchers have come to find that the provider of the treatment has a larger effect on client outcomes than the treatment (or approach) itself (Imel et al., 2015). For instance, Okiishi et al. (2003) found that clients of the most effective therapists were ten times more likely to improve, and did so at a rate 86% faster than clients of average therapists. Highly effective therapists are also better at treating clients of varying races, ethnicities, and sexual identities (Hayes et al., 2016). These therapists also have better therapeutic alliances and are better able to treat highly distressed, low-functioning clients (Saxon & Barkham, 2012; Saxon et al., 2017). These findings have turned researchers' attention toward the characteristics of highly effective therapists. By better understanding the practices, skills, and behaviors of highly effective therapists, researchers have begun to provide critical insights into what factors separate effective and ineffective clinicians (Miller et al., 2020). In an effort to research therapist skills that are predictive of improved client outcomes, one landmark study rated therapists on several facilitative interpersonal skills (FIS) and found that these skills were directly related to client outcomes (Anderson et al., 2009, 2016). Despite its important contribution to the study of therapist effectiveness, the FIS rating measure cannot adequately capture, and is not designed to capture, the added complexity that arises when working with multiple people simultaneously. This presentation presents a new tool for evaluating facilitative systemic intervention skills (FSIS) of relational therapists. Systemic therapists can be evaluated as they respond to simulated vignettes of difficult therapy scenarios. By employing a systemic conceptualization, the measure rates the effectiveness of therapists on various skills, including (but not limited to): focusing on family strengths, communicating relational empathy, navigating disparate motivations/goals, and framing client problems in relational terms. This measure has practical uses for clinical work, research, and training/supervision. This assessment measure provides new directions in advancing efforts to develop therapist training systems with empirical support.

As the Bird Leaves the Nest: Fathers' Role in Adjustment to University

Özge Alkanat-Turkey

Abstract: Transition to university includes differentiating from the family and taking a step towards individuation. Arnett (2004) has described this specific life stage as a phase between adolescence and adulthood and defined it as emerging adulthood. Adapting to university and entering adulthood involves layers of transformations which require the individual to activate various life skills acquired earlier in life in the family setting. Studies on family factors effecting university adjustment point out that differentiation from the family and gaining autonomy predicts high levels of university adjustment (Beyers ve Gossens, 2003). The current research focuses on the role of fathers during the phase of university adjustment and entering adulthood. Study sample consists of 1048 students at Ege University. Data was collected by Demographic Information Form, University Life Adjustment Scale, Parental Perceptions Scale and System Questionnaire. Results of the research indicate that fathers' involvement in parenting and autonomy support predict university adjustment. Detailed results of the research findings and suggestions on improving functional family interactions will be shared during the presentation. Arnett, J. J. (2004). Emerging adulthood: the winding road from the late teens through the twenties. Oxford University Press. Beyers, W., ve Gossens, L. (2003). Psychological separation and adjustment to university. *Journal of Adolescent Research*, 18(4), 363–382.

Multidirected partiality: An untapped resource to move us toward more just systemic therapy education

Ashley Hicks-USA

Short Description: This presentation discusses multidirected partiality, a key concept from contextual therapy theory, and its use as a method to engage in socially just clinical education. Examples of how one might use multidirected partiality in their role as systemic therapy students, supervisors, educators, and/or administrators will be provided.

Abstract: Educators in the field of systemic therapy are tasked with providing trainees the care and consideration needed to become competent and ethical clinicians. In this role, we bear the responsibility to not be neutral. Neutrality is the direct opposite of advocacy and therefore the direct opposite of socially just teaching. Multidirected partiality occurs when the therapist considers ALL people that their interventions may affect and gives favor and empathy to each person present and absent to demonstrate consideration of "the other". Multidirected partiality emerged from contextual therapy theory and teaches us how to advocate on behalf of the most vulnerable in a given context. Multidirected partiality is not a dismissal of the experiences of others; rather, it validates the experiences of those in need and holds space to validate the experiences of all involved. This action promotes the goal of fostering increased emotional intelligence, relational connection, and communication with a shared goal of moving toward preferred change. In systemic therapy education, our shared goal is to produce systemic family therapists committed to professional and ethical excellence. This presentation presents multidirected partiality as a core strategy that can be used in courses, supervision, and interaction with students, colleagues, and administrators to engage in socially just education. Multidirected partiality offers us an attitude and method to engage in just teaching and learning and provides an opportunity for us to see each person we encounter as fully human. Justice is a vital component of human relationships and therefore must be a vital component of our work in systemic therapy practice and education. First, I will provide a clear definition of multidirected partiality and discuss its significance to contextual therapy theory. Second, I will highlight three unique challenges to socially just education in our current cultural context that can be effectively addressed using multidirected partiality. Third, I will share experiences of using multidirected partiality in my work with students, colleagues, and larger institutions and provide suggestions for how others might use multidirected partiality in their role as systemic therapy students, supervisors, educators, and/or administrators.

Now She's Mad: Restoring Our Relationship with Mother Nature after Natural Disasters

Brendan Yukins-USA Marsha Vaughn-USA

Short Description: The increasing number of natural disasters prompts more clients, particularly adolescents and young adults, to experience climate-related grief and anxiety. Therapists may reframe Nature as a family member, with the accompanying relational dynamics. Interventions addressing uncertainty and powerlessness may be used to actively restore clients' connection with their environment.

Abstract: A survey of 10,000 young people in 10 countries revealed 84% of respondents were at least moderately worried about climate change (Hickman et al., 2021). Researchers have made overt connections between one's environment and mental health. Adverse Childhood Experiences science has broadened beyond "household" experiences (abuse, parental divorce, etc.), including community and environmental factors. While environmental factors include obvious events (I.e., wildfires, droughts, hurricanes), community factors also relate to one's natural environment (poor water/air quality). With increased attention to the impact of the natural environment on humanity's well-being, and the impact of human activity on climate change, the relationship between humans and nature is easily reconceptualized from one defined by hierarchy to defined by mutuality (Plesa, 2019). This interdependence opens the door to integrating family therapy with ecopsychology to address climate anxiety. Family therapy envisions many ways for reunification after a relational rupture between family members. Bowen's Systems Theory conceptualized family dysfunction as the binding of anxiety onto a third party, a process called "triangulation" (Kerr & Bowen, 1988). For survivors of a natural disaster, how is their climate anxiety triangulated? Intergenerational conflict regarding older generations' disregard for eco-sustainability indicates an opportunity for climate anxiety to be addressed relationally, as a "triangle" between two generations and the ecosystem. Contextual family therapy may also mitigate climate anxiety in younger generations. Fairness and reciprocity, which seek to form a sense of justice within families, are central tenets (Boszormenyi-Nagy & Krasner, 1986). In times of ecological destruction, how can we seek a sense of justice between ourselves and our mother ecosystem? Contextual and Bowenian theories lend themselves naturally to questions of climate anxiety. Current horticultural therapy scholarship focuses on concepts of Biophilia and Hortophilia, which are the natural tendency all humans have to be close or in connection with nature (Wilson, 1984). However, these more passive forms of appreciation do not adequately address the urgency of climate anxiety symptoms. In this workshop, participants will learn to practice family therapy techniques that directly address Mother Nature as she is: another family member in the therapy room.

The Therapeutic Alliance in Couple Therapy: Patterns by Treatment and Sex in a Randomized Controlled Trial of Emotionally Focused Therapy and Treatment as Usual

Meng Fang-USA

Short Description: This study identified a curvilinear growth pattern and alliance development differences for both partners and two treatment conditions. Our findings showed a stronger initial alliance for female partners than male partners and a higher alliance for female partners receiving EFT after the first session than female partners receiving TAU.

Abstract: The therapeutic alliance is a crucial component in couple and family therapy (Friedlander et al., 2018). Establishing therapeutic alliance in couple therapy is a complex process for it involves multiple clients (Bartle-Haring et al., 2012). Previous research on therapeutic alliance in couple therapy has found sex differences in alliance development during the early stage of treatment (Knobloch-Fedders et al., 2004). However, whether these differences persist throughout the active treatment phase is still uncertain. Moreover, no study has yet investigated how various treatment conditions in couple therapy affect the therapeutic alliance of both partners during the active treatment phase. Therefore, it remains unclear whether certain couple therapy treatments are more effective in fostering therapeutic alliance than others. The research gap drove this study to examine the pattern of alliance in the active couple therapy phase as well as sex and treatment differences in alliance patterns. We used a multilevel growth modeling approach to analyze the alliance data of 24 couples receiving Emotionally Focused Therapy (EFT) and Treatment as Usual (TAU) in a randomized controlled trial (See Wittenborn et al., 2019). First, we identified a curvilinear growth pattern for couples across treatment. A curvilinear alliance growth pattern indicates that the therapeutic alliance formed quickly during the first several sessions but then decreased to a degree. Previous research found that establishing a strong alliance during the first few sessions was connected to more therapeutic outcomes (Glebova et al., 2011). Female partners showed higher initial alliance than male partners across treatment conditions. Third, female partners in the EFT group reported higher initial alliance than those in the TAU group. I will discuss the findings and relevant clinical implications. This presentation is based on the research conducted by Dr. Meng Fang, Dr. Morgan Preston, Dr. Melissa M. Yzaguirre, Dr. Chi-Fang Tseng, and Dr. Andrea K. Wittenborn.

Does parenting practices matter to peer victimization and internalizing problems among children and adolescents?: A meta-analysis study

Sorita Ann-USA

Short Description: The study examine the relationship between peer victimization, parenting and internalizing problems among children and adolescents.

Abstract: The aim of this meta-analytic study is to examine the effect sizes of the relationships between peer victimization, parenting practices, and internalizing problems among children and adolescents. The study also aims to explore the protective role of supportive parenting on the influence of peer victimization and internalizing problems. There were 985 articles from three academic databases such as PsycInfo, Eric, and ProQuest Dissertation and Thesis Global subject to screening for the study. At the final stage of the articles selection, a total of 15 articles from 6 different countries with accumulative 22125 sample size were included in the study. The results show the moderate effect size of .48 on correlation between peer victimization and internalizing problems. Positive parenting associates with decreasing both internalizing problems and peer victimization. Age does not have significant association with peer victimization, parenting practices and internalizing problems. Overt victimization associates with increasing internalizing problems compare to general and cyber victimizations. There was no significant different found in the interaction value effect size of supportive parenting and peer victimization on internalizing problems. The findings are discussed based on the literature on peer victimization, parenting, and internalizing problems among children and adolescents.

Navigating Conversations around Sex, Gender, and Cultural Sensitives with Muslim Clients

Zahra Somani-USA Nausheen Qureshi-USA Adam Jones-USA

Short Description: Being a culturally-competent practitioner is necessary skill in today's global environment. This presentation engages clinicians to better serve clients who identify as Muslim. In this didactic and experiential presentation, we provide frameworks, theological principles, and nuances present in the Muslim world to prepare clinicians for more meaningful engagement.

Abstract: Navigating therapeutic conversations about sex, gender, and cultural values with Muslim populations can present unique challenges. Cultural practices surrounding sex and gender vary across Muslim communities, however some distinct, common values provide some crucial commonalities of which culturally sensitive therapists should be aware. Without cultural competence and humility, clinicians risk inadvertently communicating microaggressions, perpetuating stereotypes, or appearing culturally insensitive despite good intentions to create a safe and beneficial environment. Additionally, efforts in the field of MFT to integrate competency and sensitivity in our training may fall short without thoughtful ways to include connections with diverse clients that incorporate their worldview and context. This presentation will provide insights into core beliefs and values in Islam, theological understandings about gender, sexuality, cultural diversity in the Muslim world, and unique aspects of family and community dynamics. Using both experiential exercises and group discussions, clinicians will explore ways to approach conversations, air out misconceptions, and apply the knowledge they've gained. Ultimately, these insights can be used as guidelines for integrating conversations around gender and sexuality with Muslim clients. By the end of the session, clinicians will have a new set of tools to help them avoid common therapy pitfalls.

Systemic Relational Psychotherapy Training: New Practices

Simona Vatteroni-Italy

Short Description: This work describe an experience outside the training room. The lesson was divided into 3 parts and investigate bond that makes us feel like prisoners. The first part included a guided tour of a prisons, second part a group experience, and the lesson ends with a physical experience in couples.

Abstract: Upon returning from the isolation caused by Covid-19, the trainer proposed an experience outside the training room. The lesson was divided into 3 parts, linked together by a common thread: the emotional bond that makes us feel like prisoners. The first part of the lesson included a guided tour of the historic prisons of Vicopisano, a small medieval village close to Pisa (Tuscany-Italy); the class then gathered in a park to have a group experience, following the instructions of the trainer "Think about a relationship which you felt in prison in. Which moment of the life cycle does it refer to? Who is the other? What have you done to free yourself? Which are your responsibilities? What was / was it useful for? How much do you still fell a prisoner today? " The lesson ends with a physical experience in couples: experiencing the feeling of freeing themselves from their imprisonment. The couple stands up: one with her/his back to the other. The member of the couple who is behind try to physically restrain the other (in front of her/his back) by holding her/his hands, while the other try to break free herself/himself. From a complexity perspective, this training experience worked on multiple levels intertwined simultaneously and with each other: individually, in pairs and in plenary, on the emotional, relational, trigenerational aspects within an ecosystemic framework. The work also aims to propose a reflection on the future of training in psychotherapy starting from the need to relate the systemic -relational model and the macrosystem, the setting and the surrounding world

Hungarian, European & US education and training guidelines for routes to licensure as MFT

Szabolcs Török- Hungary David VanDyke-USA

Kinga Dupont-Hungary Zsuzsanna Papp-Hungary

Short Description: The aim of this presentation is to compare the training models and typical training routes leading to licensure in family therapy in the United States and in Hungary. The presentation also discusses the recommendations and requirements of the relevant European, American, and international training guidelines and regulations.

Abstract: Europe is a complex continent with different traditions and training routes in family therapy and systemic practice. As pointed out in a recent review article by some leading European experts, most European countries place family therapy training at the postgraduate level. On the contrary, graduate-level MFT master's programs are very popular in the USA. In April 2022, there were 96 MA COAMFTE accredited MFT graduate programs in the U.S. leading to licensure. The conference presentation will give an overview and comparison of the requirements of the following guidelines accessible in the field of the education of systemic or family therapists: 1. Training standards of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) which has been legally designated by the Council for Higher Education Accreditation (CHEA). 2. Standards of the International Accreditation Commission for Systemic Therapy Education (IACSTE), which works under the auspices of the International Family Therapy Association (IFTA). 3. European Family Therapy Association's (EFTA) training guidelines entitled "EFTA Minimum Training Standards". 4. European Certificate of Psychotherapy's (ECP) minimum training standards, issued by the European Association for Psychotherapy (EAP). 5. Training requirements of the training program of the Hungarian Family Therapy Association (HFTA) and of the Hungarian Higher Education system for family therapy professionals. The presentation will compare the requirements of the guidelines mentioned above regarding the following areas: Education (coursework, credits, classroom hours, foundational curriculum areas, core competencies), Clinical Experience (client contact hours, including conjoint/relational therapy hours), Supervision (total number of hours, and proportion of the relational/systemic supervision hours), Professional Experience (working hours related to the practice of the profession, duration), and Personal Psychotherapeutic Experience - where applicable (personal experience in a therapy/self-reflection process). The majority of the systemic training in Europe is executed by training institutes. In most European countries, there is a need for models which integrate university-affiliated professional teams and university infrastructure into the training process of family therapy professionals. The presentation will discuss possibilities regarding future developments in the Hungarian training system, which can be thought-provoking for other countries as well.

Exploring the use of Socioculturally Attuned Narrative Therapy (SANT) with the Asian-Indian (AI) Community

Amandeep Singh-USA

Short Description: This presentation will explore the use of SANT - with AI individuals and families. Case vignette will illustrate the application of SANT in practice with the AI community. There will be considerations for including education about the use of this model in used as a training guide for culturally-affirmed clinicians.

Abstract: AI are considered one of the most rapid growing minority groups in the USA. Currently there are over 3 million AI in the USA with many Asian immigrants settling in California which include Punjabis, Gujaratis, Bengalis, and Tamils (Roberts, Mann, S. K., & Montgomery, S. B., 2016). Despite this well documented growth, literature is lacking on AI mental health needs and preferences related to the availability of appropriate mental health services. Research identifies the mental health need of ethnically diverse immigrants as a growing concern. Furthermore, research identifies immigrants and refugees come from diverse religious and cultural backgrounds and have complex mental health-related concerns that are not currently being appropriately addressed by existing healthcare services. (Thomson, Chaze, F., George, U., & Guruge, S., 2015). Immigration itself is troubled with the challenging acts of staying true to one's own culture while successfully assimilating into a new culture. It is difficult to make sense of one's experience when there is no language; no discourse through which it can be described. Not only are experiences outside of dominant cultural discourses marginalized by others, they are often marginalized within us- kept secret and foreign to who we think we should be (McDowell, T., Knudson-Martin, C., & , J. M., 2017). Challenges continue for AI immigrants with the expectations to live up to the model minority myth, putting AI at risk for mental health consequences. Numerous studies report that mental health services are underutilized in immigrants compared to other citizens. Along with underutilized services, immigrants and ethnic minorities are unrepresented in the mental health system. These challenges to access appropriate mental health services put racialized immigrants, facing numerous disadvantages in society, at a further disadvantage regarding their health. This systemic disadvantage can be addressed through the work of third-order-change in SANT as it bridges the gap between critical theories and postmodernism. It involves individuals and families understanding how societal forces serve to create and support narratives, impact intimate relationships, and affect material realities. SANT further includes exploring the relationship between dominant discourses, marginalization, oppression, and privilege (McDowell, T., Knudson-Martin, C., & ., 2017).

Hope when everything feels hopeless

Lennart Lorås-Norway Sari Lindeman-Norway

Short Description: The topic of this presentation is the supervising professionals working with life situations where it is difficult to maintain hope or create change. It is the work context for many professionals in health and social services and family therapy.

Abstract: The topic of this presentation is the supervising professionals working with life situations where it is difficult to maintain hope or create change. It is the work context for many professionals in health and social services and family therapy. They work with families who experience persistent, chronic challenges that often cannot be changed. They also work with people who live challenging, potentially risky lives, such as lives dominated by violence and problematic substance use. In addition, professionals meet individuals and families who are unable or unwilling to make the expected changes concerning, for example, parenting. All these and many other similar professional and therapeutic processes are often topics in supervision because they are perceived as demanding for the professional. In this talk, we share our experiences with supervising therapists in such processes and the theory and research supporting this work. We discuss how therapists can face these life situations, maintain therapeutic and professional perspectives, and take care of themselves as a professional in these processes.

“Looking at the future”: evolution and transformation of systemic-relational training paths and contexts in the digital age.

Ilaria Genovesi-Italy Ilaria Di Vecchio-Italy

Short Description: Training in Psychotherapy has changed over the years. With the pandemic, many schools found themselves forced to offer online lessons to their students, to give continuity to their courses. This contribution derives from a reflection on the isomorphism between training and therapy.

Abstract: “Looking at the future”: evolution and transformation of systemic-relational training paths and contexts in the digital age. Authors: Ilaria Di Vecchio, Ilaria Genovesi, Francesco Tramonti, Franco Della Maggiora, Dario Capone Istituto di Psicoterapia Relazionale IPR, Pisa, Italy. Training in Relational Systemic Psychotherapy has changed a lot over the last decades. With the pandemic, many postgraduate schools found themselves forced to offer online lessons to their students, to give continuity to the training course. The long-lasting attention to aspects concerning the person of the student, his/her family history, his/her background, and his/her resonances, has allowed to experience, during the lockdown, a "new" toolbox for future therapists, consisting of both techniques and the ability to be themselves an instrument of change. This contribution derives not only from a moment of emergency, but also from a reflection on the isomorphism between training and therapy, and aims at developing an online training method that takes into account the principles of Corrado Bogliolo’s “Consenzienza” model.

Triggers of transgenerational traumas in response to the current crisis in Russia

Tatiana Glebova-USA

Short Description: This presentation will provide a summary of qualitative studies (Miskova, 2022) that explored transgenerational consequences of previous social traumas as well as current reactions to the war and crisis in Russia. We will discuss factors, identified in those studies, that increase resilience and decrease destructive re-traumatization for future generations.

Abstract: The immediate and apparent impacts of sociocultural trauma on relationships can be clearly seen in time of the Russian war in Ukraine. Families in Ukraine experience the hardest direct effects in numerous ways by far - death or injuries of loved ones, family separation due to women and children leaving the country and many men serving in the army, destructions of homes and material resources, to name a few. The impacts, though in varying forms, are not limited to Ukraine. Many people around the world have been affected to some extent. In Russia family, and even broader - human, connections became one of “war casualties.” The current events trigger relics of previous sociocultural collective traumas. At the social level there is a growth of nationalism, tribalism and “we/us vs. them/others” discourse. The tendency of polarization and disconnection is manifested at the familial level as well. There is an increase of different degrees of alienation, from profound disagreements to complete cut-off, among family members who hold opposite positions - against and in support of the war. This split along the political lines among family members and friends is not unique to Russia. Family therapists in many countries can face this type of family disconnections, though nuances are uniquely shaped by the multiple sociocultural forces at many systemic levels such as local, national, or international ones. This presentation will focus on the broad question “What can we, as family therapists, do in our professional practice to resist these disintegrating and destructive tendencies in the society?” as applied to specific cultural and societal context in Russia. We will summarize results of several qualitative studies (Miskova, 2022) that explored transgenerational consequences of previous historical traumas such as the political repressions in the Soviet Union as well as current reactions to the war and crisis during the “shock” period. We will discuss factors, identified in those studies, that increase resilience and decrease destructive re-traumatization for future generations.

Using Art and “Wounded Healer” Narratives to Enhance Students’ Compassion and Attunement

Kelly Shearer-USA

Short Description: Understanding ourselves as “wounded healers” promotes spiritually inclusive work, empathic attunement, and compassion. This interactive presentation introduces a teaching innovation that integrates the Person of the Therapist Training model, spiritual narratives of suffering, and art to deepen student therapists’ compassion for self and others.

Abstract: “Wounded healers” embrace their vulnerability and suffering as a path toward greater connection to themselves and fellow sufferers, making the experience multi-systemic, including our spiritual and interpersonal selves. Welcoming therapists’ and clients’ multifaceted experiences into treatment spaces creates opportunities for enhanced connection within the therapeutic relationship, a common factor contributing to successful treatment. The self of the therapist (i.e., the entirety of the therapist’s lived experience) is a means toward deepening our empathic attunement to clients that should be utilized intentionally. This requires moving beyond caution about the “lenses” we use to understand clients. As we interact with the community of fellow sufferers, awareness of and engagement with our personal suffering narratives promotes therapeutic care that is inclusive of many spiritual traditions and improves clinical work. Aponte’s Person of the Therapist Training (POTT) model builds upon the notion of the wounded healer to offer a training model in which students intentionally embrace their emotional vulnerabilities as a tool for developing empathy and clinical judgment. This interactive presentation provides an overview of the POTT model philosophy and a detailed explanation of a teaching innovation that integrates the POTT model, diverse spiritual narratives about suffering, and expressive art. This training tool can be used to deepen student therapists’ awareness of their own identity as wounded healers thus enhancing compassion toward and the therapeutic relationship. Reflective writing exercises and viewing samples of students’ art will highlight how this innovation enhances empathic attunement for emerging family therapists. Suggestions for application to various training environments will be generated and discussed among participants.

Does play need a shared verbal language?

Wendy Cortes-USA

Short Description: How trauma informed, play-based interventions can be delivered without shared verbal language will be explored in this session. Participants will witness how interventions were delivered by graduate students to migrants in a recent study abroad class. Lessons learned from the trip will be shared through photos and narratives.

Abstract: In the summer of 2022, Adler University partnered with La Paz y Esperanza in Lima, Peru for a unique study abroad experience. Graduate students engaged with Venezuelan migrants living in shelters and conducted a family retreat. Despite not having a shared verbal language, participants were engaged, and brief, trauma informed, play-based interventions were effectively delivered. The effectiveness of the interventions will be shown through pictures and participant narratives. This session will explore how brief, trauma informed, art-, music-, movement-, and play-based interventions engaged children and adults alike when no common verbal language is shared. Universal concepts of engagement in trauma informed, play-based interventions will be reviewed. Lessons learned from the experience will be shared including the social justice implications of the use of play as a shared language. Participants will hear a summary report of the provided interventions and responses. Participants in the session will consider how to best interpret the participant responses in term of social justice factors. Participants will then consider the strengths and weaknesses of delivering these types of interventions, delivered in this way. Participants will be challenged to consider how to use play-based interventions for social justice change.

Therapeutic conversations & trauma informed systemic practice: Acknowledging meaning making, inducing calmness and fostering hope in the backdrop of relentless fear and unpredictability

Deisy Amorin-Woods-Australia

Short Description: The presentation relates to my experience of working systemically with individuals and families from CaLD backgrounds with trauma histories including refugees and asylum seekers on detention. It will acknowledge people's narratives while exploring relevant culturally sensitive approaches that aim at building a therapeutic relationship that promotes safety trust & hope.

Abstract: Trauma is described as “the ultimate challenge of meaning making” (Brown, 2009). Whether as a single incident or as an ongoing multiple set of events, trauma ranges from subtle, to insidious, to utterly destructive. The way a person is affected is dependent on factors such as the type of event and length of exposure; their developmental stage; the social and cultural factors and ecological system; and the meaning given to the experience. People from culturally minority groups, particularly refugees and asylum seekers, are one of the groups hardest hit by trauma. The presentation relates to my experience of working systemically with traumatised individuals and families from CaLD backgrounds, focusing primarily on refugees and asylum seekers. There is a pressing need for therapists to be culturally open, culturally aware and culturally sensitive of the needs of this vulnerable population. By being cognisant of our own biases, our tendency to look at our client issues through our own cultural lens, we will prevent applying inappropriate ethnocentric approaches. While it is important to address the trauma itself with trauma informed approaches, it is equally important to address it in manner which is culturally sensitive. The presentation will delve into trauma as it applies to refugees and asylum seekers, while exploring relevant culturally acknowledging and sensitive treatment approaches that aims at building a therapeutic relationship that promotes safety and trust. The goal of the session is to be as interactive as possible, with the inclusion of a case study; and a video about the experiences of young refugees followed by a discussion among participants.

Mental or physical illness in families – the research networks CHIMPS-NET and CARE-FAM-NET

Theresa Paumen-Germany Nele Reinsberg-Germany

Silke Wiegand-Grefe-German

Short Description: An individual's illness affects their entire family, and individual-centered care is often insufficient. The German research networks CHIMPS-NET and CARE-FAM-NET aim to improve the situation of affected families via implementing and evaluating new family-based interventions to transfer them into routine care.

Abstract: An individual's illness affects their entire family. Nonetheless, families often hesitate to seek conventional psychosocial care, as services are high-threshold, while individual-centered care is often insufficient. Two German research networks aim to improve the situation of affected families via new family-based interventions. Young people who grow up in families with a mentally ill parent have an increased risk of developing a mental illness themselves. However, not all affected families need the same form of care. The "Children of mentally ill parents-network" (CHIMPS-NET) was founded to provide affected families with needs-based and family-based care throughout Germany. Numerous consortium partners are united under the project's umbrella to implement and evaluate four new forms of care – CHIMPS-Therapy, CHIMPS-Multi-Family-Therapy, CHIMPS-Prevention, and iCHIMPS. Results on the effectiveness of CHIMPS-Therapy – evaluated in a previous prospective, randomized-controlled multicenter study involving seven clinics in Germany and Switzerland – on health-related parameters when compared to a group receiving Treatment as usual are presented. Also, families with children affected by rare diseases (? 5 out of 10,000 people affected) are at risk for mental disorders and reduced quality of life. The "Children affected by rare disease and their families-network" (CARE-FAM-NET) bundles numerous partners like health insurances, evaluators, and clinicians to improve psychosocial care for affected families. In a rater-blinded 2x2 factorial randomized-controlled multicenter study, two new family-based, low-frequented interventions were implemented into routine care with N = 687 participating families. While CARE-FAM is a psychodynamic face-to-face intervention for the entire family, WEP-CARE is a cognitive-behavioral online intervention for parents only. Psychosocial outcomes were assessed at baseline and 6, 12, and 18 months later from different perspectives. Results on the intervention's effectiveness are presented. Evidence for the efficacy of these new family-based interventions will facilitate their long-term integration into routine care. A thus improved German health system would 1. have enormous health economic advantages, 2. consider the families' complex situations and 3. enable low-threshold accessibility of family-based care.

Using Music in Therapy with Relationships, Families, and Individuals

Kristina Brown-USA

Short Description: Music can be used as a creative intervention in therapy with relationships, families, and individuals. Clinicians can use music in different forms including lyric discussion, music and imagery, and receptive music listening. The American Music Therapy Association (AMTA) finds music to be effective for expressing feelings and improving communication.

Abstract: “Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (<http://www.musictherapy.org/>). First used in the late 1700s, hospitals incorporated music to help treat medical diseases. In the early 1900s, several associations were created, but it was not until 1950 that the National Association for Music Therapy (NAMT) created a constitution, bylaws, training standards, a registry, and board-certification. Being a music therapist requires specific and additional training with credentialing. This workshop will focus on using music as a creative intervention with relationships, families, and individuals without being a music therapist. Clinicians can use music in different forms including lyric discussion, music and imagery, and receptive music listening within their scope of competence. Clients can be invited to bring in music to share or clinicians can be intentional in utilizing music as specific interventions within their treatment plans. The American Music Therapy Association (AMFTA) finds music to have a range of impacts on therapeutic work. For the non-credentialed music therapist, this workshop will provide methods to use music for expressing feelings and improving communication.

Cultural Considerations for the Presentation of Depression Among African American Men

Gabrielle Maloney-USA

Short Description: This presentation will discuss ways for systemic therapists to understand the African American male experience to address the cultural inconsistencies that are present for African American men within the context of depression. Cultural considerations allow for systemic therapists to be mindful of the sociocultural factors that impact African American men.

Abstract: According to the Suicide Prevention Resource Center (n.d.), in the United States, the suicide death rate for African American men is three times the rate of African American women. For men, depression may be presented in ways that are not consistent with what is already known or expected, especially when race is a factor (Plowden et al., 2016). For example, Plowden et al. (2016) report clinicians often miss contextual factors such as race, socioeconomic status, and stigma which leaves African American men more vulnerable to depression. Literature has highlighted the mistreatment and misdiagnosis of African American men due to the lack of appropriate cultural knowledge (Plowden et al., 2016), which suggests assessment and diagnoses rooted in Western culture create barriers for systemic therapists to work effectively with marginalized populations. Plowden et al. (2016) further postulate that a clinician often does not diagnose African American men until they present in a venue other than a mental health setting (i.e., a homeless shelter). This can prove problematic due to limited to no resources available within these settings. Overlooking African American men and the pivotal factors essential in their depression can harm their physical and mental well-being (DeAngelis, 2021). Culturally appropriate adaptations allow systemic therapists to be supportive of the African American male experience. It is imperative systemic therapists integrate cultural factors in addressing depression for African American men to improve the efficacy of mental health assessment and treatment. This presentation will explore: 1. Sociocultural factors that inform the presentation of African American men (i.e., racism, discrimination, racial stereotypes, stigma) in systemic assessments. 2. The cultural considerations that systemic therapists can implement to address the presentation of depression among African American men. 3. Ways for systemic therapists to understand the African American male experience to address the cultural inconsistencies that are present for African American men within the context of depression. 4. Implications associated with culturally incongruent assessments for depression in African American men.

Partners' forgiveness - a healing skill or a dysfunctional coping mechanism?

Zenobia Niculita-Romania

Short Description: The workshop offers the opportunity of analyzing forgiveness skills in the framework of couple's therapy. The content is based on results of a qualitative study consisting of in-depth couple interviews and case studies regarding the practice of forgiveness within long term relationships, its healthy mechanisms versus dysfunctional patterns.

Abstract: Forgiveness has been a controversial topic in the couple and family therapy field. Although proved to be beneficial both physically and emotionally, the notion has been too often misused as part of dysfunctional and abusive patterns. On one hand, a meta-analysis of the literature regarding the benefits of forgiveness for individual health revealed the fact that they increase with age and include a healthier immune system, fewer or diminished general health problems and lower incidences of the most serious illnesses—including depression, heart disease, stroke and cancer (Luskin, 2003). On the other hand, it has been used as a means to pressure people into abusive contexts, to break boundaries and to justify unhealthy relationship patterns. According to a 2006 APA Report, as a radical change in attitude and behaviour, forgiveness encompasses a set of cognitive, emotional and relational skills that can be learned and practiced. It is a key process in re-establishing emotional balance and keeping healthy relationships which occurs in response to an interpersonal violation and involves mending emotional wounds, restoring trust, and (if possible) repairing the relationship bond. The workshop offers a research-based analysis of the good practices of forgiveness and learned skills that are useful in the therapeutic process as well as the pitfalls of dysfunctional patterns that might be interpreted as forgiveness. It offers the opportunity for reflection on the role of the therapist in promoting forgiveness within the couple. The information is derived from a qualitative research study using in-depth couple interviews carried out between 2018 and 2022 as well as case studies regarding the forgiveness process within long term relationships.

Satir Online!

Nesteren Gazioglu-Turkey

Short Description: During the pandemic, the vast majority of therapists shifted online. Most of them continue online therapy sessions. This workshop will share tools that therapists can use online with their clients. The central perspective will be Satir Transformational Systemic Therapy Model.

Abstract: Satir Transformational Systemic Model has a tremendous range of techniques. These techniques are also called "vehicles of change". Until the pandemic, therapies were mostly held face to face, and therapists held these vehicles of change experientially in a therapy room setting. During the pandemic, as people shifted to the cyber world, Satir therapists continued to have experiential sessions. The clients' representation of their primary triad was reflected online, empowerment was online, raising awareness was online, integrating resources were online, change and transformation were online. In this workshop, Satir Transformational Systemic Model-inspired online vehicles of change will be shared with the participants.

Innovative adaptations of the Person of the Therapist model for training family therapists

Rebecca Kenyon-USA Kelly Shearer-USA

Short Description: The Person of the Therapist Training (POTT) model emphasizes the use of therapists' lived experience to enhance treatment. This presentation introduces two adaptations of the POTT model's structure which provide the original year-long training within one semester, increasing accessibility for use in multiple academic and clinical training settings.

Abstract: The Person of the Therapist Training (POTT) model guides therapists-in-training toward identification of shared "woundedness" to foster empathic connection to clients and guide treatment interventions. The POTT model encourages therapists to bring their full selves to the therapeutic experience, including their cultural, spiritual, and emotional experiences to find points of connection and guide treatment, thus privileging marginalized experiences. POTT has been developed primarily in the United States, but in recent years has begun to expand internationally. The philosophy and structure of the POTT model are rich additions to family therapy training programs, enhancing therapists' self-compassion, clinical judgment, and therapeutic alliance. However, it may be underutilized due to challenges with full implementation across different family therapy training settings. Innovative adaptations of the POTT model have the potential to increase accessibility to this valuable training approach. A brief overview of the POTT philosophy and its benefits for clinical training will be discussed. Two innovative adaptations, the Clinical Skills Lab and the Wounded Healer Seminar, will be introduced as modifications of the POTT structure. Video examples of the integration of the POTT model will be viewed to demonstrate POTT model tenets. Participants will evaluate the viability of integrating the philosophy or adaptations of the POTT model into their own clinical or academic setting to further enhance family therapy training; and will identify implementation strategies for their own supervisory and academic application.

Metaphoric Meditation in Family Therapy

Nesteren Gazioglu-Turkey

Short Description: According to Virginia Satir, meditation is an entrance to the right hemisphere. In this workshop, Gazioglu will present her way of integrating metaphors with meditations.

Abstract: Virginia Satir began her teachings and workshops with a meditation that helped to focus energy, quiet their inner dialogue and be more present in the "now" (Satir, Banmen, Gomori, Gerber, 1991). Therapy is experiential for both client and the therapist. Metaphors also help us during this experiential journey. Gazioglu uniquely implemented metaphors and meditation in her work with couples. After realizing the impact, she transformed this systemic approach to families and larger groups. She is a Satir Therapist, so her work is majorly Satir Transformational Systemic Model inspired. In this experiential workshop, the power of metaphors and meditation will be investigated through therapeutic games. In addition, sample metaphoric meditation will be highlighted. Finally, the participants will develop their metaphoric meditations. Satir, V., Banmen, J., Gomori, M., & Gerber, J. (1991). *The Satir model: Family therapy and beyond*. Palo Alto, CA: Science and Behavior Books.

Breaking Up With Addiction: An Externalization Metaphor for Substance Use Counseling

Peter Epstein-USA

Short Description: Discussion of an Externalization metaphor to empower clients in substance use treatment, reframing addiction as a toxic ex-partner. Using this Narrative framework, clients are able to process what addiction has taken from their life and, ultimately, “break up” with their addiction.

Abstract: Clients with Substance Use Disorders face a variety of challenges, including conceptualizing their addiction in a way that gives them not only insight, but agency. Narrative Therapy is invested in giving clients this ever-critical agency, as well as minimizing their experience of shame in treatment. Using the Narrative Therapy Technique of Externalization to personify an addiction as a toxic ex-partner, clients can be placed in a space where their addiction is not who they are, not some failing they have, not something they deserve because of bad choices; clients instead find themselves in a space where a malignant third party (their addiction) has taken things that were once important from them to support their dysfunctional dynamic. By Externalizing addiction into a separate, ill-intended entity with whom they have experienced a “toxic relationship”, clients are given the distance from their problem to not only see what negative impact it has had on them, but to find the motivation and will to act against it. Through process discussions, therapeutic letters, and metaphorical thinking, clients are invited to “break up” with their addiction and seize the initiative in their lives.

The Hungarian short ECR-R: results of a nationally representative community sample

Kinga Dupont-Hungary

Short Description: The aim of our poster is to present the psychometric properties of the Hungarian Short Form of the Experiences in Close Relationships – Revised (ECR-R), which is a widely used self-report instrument assessing adult romantic attachment.

Abstract: The Experiences in Close Relationships - Revised (ECR-R) is a widely used self-report instrument to assess adult romantic attachment. It contains 36 Likert-type items measuring individual differences in attachment-related avoidance (Avoidance) and attachment-related anxiety (Anxiety). It has been translated into many languages and is used all over the world. For screening purposes in the clinical practice, a shorter, less time-consuming version of the scale is more suitable. Our poster presents the short form (ECR-R-HU-SF) of the translated and validated Hungarian version of the ECR-R (ECR-R-HU; Dupont et al., 2022). Data reduction was performed on the same nationally representative community sample (N=958) that has been used for validating the ECR-R-HU. Based on statistical results, item wording, and experts' opinion, 8 items were retained of the original 36 to construct the Hungarian short form version of the questionnaire. The two subscales (Anxiety; Avoidance) of the original measure are equally represented (4-4) in the short form and its factor structure is congruent with the original ECR-R. Factor structure, internal and test-retest reliabilities of the ECR-R-HU-SF, as well as its associations with sociodemographic characteristics and the measured convergent constructs are presented. We conclude that it is a valid assessment tool in the Hungarian cultural context, suitable for research and clinical studies, when the shorter form of the measure is desirable.

Utilizing genograms from a narrative therapy lens

Evelyn Pechous-USA

Short Description: This presentation will introduce participants to the use of narrative therapy when creating genograms with clients. It will include a completed narrative genogram for reference, a list of suggested narrative questions to create the genogram, and a list of suggested genogram symbols.

Abstract: Narrative therapy is a post-modern theory, based on the social constructivist belief that reality is constantly being constructed (Guise, 2015). The internalized narratives we hold can limit our ability to experience the world, and prevent us from becoming our truest and most authentic selves. This theory supports clients to identify and deconstruct dominant narratives, and then begin to co-author a new, more authentic narrative of themselves. Genograms are a powerful systemic intervention that can allow for clients to obtain a clearer understanding of their experiences, as well as aid clinicians in creating case conceptualizations (Browning & Hull, 2019). Adapting genograms into a narrative approach can provide another source for story telling and meaning making. This presentation will introduce participants to the use of narrative therapy when creating genograms with clients. It will include a completed narrative genogram for reference with a case conceptualization, a list of suggested narrative questions to create the genogram, and a document with suggested genogram symbols. Participants will have an opportunity to begin creating their own narrative based genogram. References Guise, R. (2015). Study guide for the marriage and family therapy national licensing examination. The Family Solutions Corporation. Browning, S. & Hull, R. (2019). Treating multidimensional presenting problems with a mutually integrative approach using the genogram. *Family Process* (58)3, 656-668. <https://doi.org/10.1111/famp.12470>

A Comparison Study of Adult Children of Alcoholics and Non-Adult Children of Alcoholics

Sara Jerebic-Slovenia Drago Jerebic-Slovenia

Short Description: There were 364 participants taking part in the survey. The results of the analysis showed that statistically significant differences occur in the following dimensions: positive atmosphere, negative atmosphere, misunderstanding and the common Family Household dimension, and couple relationship satisfaction.

Abstract: Alcohol is the most abused drug in Slovenia, as the country is characterized by the so-called "wet culture" where alcohol performs the function of binding people and is widely accepted. In addition to health and economic problems, it strongly affects interpersonal relationships. In families with an alcohol abuse problem, those who suffer most are children, and the consequences of abuse accompany them into adulthood. In therapeutic practice, we meet adult children of alcoholics (ACoA) who grew up in dysfunctional families due to the harmful use of alcohol by one or both parents and have various problems in their newly established families. The fundamental goal of the research was to determine the differences in family functionality in adult families between ACoAs and adult children of non-alcoholics. There were 364 participants taking part in the survey. The results of the analysis showed that statistically significant differences occur in the following dimensions: positive atmosphere, negative atmosphere, misunderstanding and the common Family Household dimension, and couple relationship satisfaction. Due to growing up in dysfunctional families, ACoAs are more susceptible to the transmission of functioning in their families of origin to their adult families and couple relationships. Consequently, a need for family therapy arises to stop the transgenerational transmission of ACoA's family functioning to their own offspring. We will provide guidelines for family therapists. The results were partly obtained within the project No. J5-2570, financed by the Public Agency for Research of the Republic of Slovenia from the state budget. Keywords: adult children of alcoholics, family functionality, couple relationship satisfaction, transgenerational transmission.

Strengthening children in two homes: Resilience-oriented family therapy in divorced families in prolonged conflicts

Jan Stokkebekk-Norway Ingeborg Huglen-Norway

Thomas Nordvik-Norway

Short Description: We want to present the resilience-informed therapeutic approach “Strengthening Children in 2 Homes” for families who have lived with long-term parental conflict after divorce. We will show a documentary of “therapist-in-training” to learn the approach. Central concepts and ethical dilemmas will be discussed with workshop participants.

Abstract: We want to present the resilience-informed and child inclusive therapeutic model “Strong Children in 2 Homes” (SC2H) for families who have lived with parental conflict past 2-3 years after divorce. The SC2H model was developed in a low threshold family counselling service by workshop presenters, and described in a Norwegian article (Huglen et.al, 2020) that is submitted for re-publication in English. Child and parent participants in the model were interviewed as part of a PhD research project by one of the presenters (Stokkebekk, 2022). SC2H is currently being implemented nationally; as a pilot in the Norwegian family counselling services. The pilot involves the development of a therapy manual (Stokkebekk & Huglen, Unpublished), training and supervision of family therapist from all regions of Norway. We will in the workshop present a video documentary about the approach and therapist-in-training to learn the approach (Nordvik, Manuscript/film in preparation). We will present central concepts, ethical dilemmas of a resilience-oriented approach will be explored and discussed with workshop participants. Most family therapy programs for postdivorce families focus on the conflicted interparental relationship, often with the goal of conflict resolution. Paradoxically, in many circumstances this “solution” of conflict resolution often enhances the problem by increasing the conflict when parents are entrenched in conflict (Stokkebekk, 2021). However, in contrast the SC2H approach (Huglen et.al, 2020) focus on the development of resilience and parallel parenting. We argue that parallel parenting is a viable alternative to the (often unrealistic) goal of establishing cooperative co-parenting in families where parents is entrenched in conflict. In the model, parents always meet separate either with their children or alone. The goal of SC2H is to enhance child and family resiliency by strengthening parents and children’s ability to cope with conflict stressors and to strengthen parenting and child-parent relationships in each household. Nevertheless, to become a resilience-oriented therapist is hard; it often involves a need of re-learning, being that the "focus" often is counter-intuitive for therapists who is accustomed to conflict resolution focused approaches.

Hope and Healings for Therapist and their Traumatized Clients

Sara Jerebic-Slovenia

Short Description: The participants will be able to try different techniques to get in touch with emotions, provide a clearer insight in trying to understand oneself and develop an empathic insight into a clients through experiential learning. They will be able to introduce the newly acquired experiences to their family therapy practice.

Abstract: Clients who have experienced different types of trauma and were not securely attached to their parents need special therapeutic approaches that will enable them to adequately process the trauma and allow them to experience a secure relationship. There can be a deadlock in therapy, as the earliest traumas are not accessible to explicit memory; consequently, they compulsively repeat their behaviour. In the initial phase of therapy, the clients should develop adequate emotional regulation capacity and remain in touch with their bodily sensations within a window of tolerance. Here the therapist must be able to be present when awareness deepens during the mind-body resonance. At the workshop, hands-on experience will be key for participants. We will experientially present the creative methods and techniques (bottom-up) we use in family therapy, both with adults and with traumatized children. Different ways of approaching the implicit memory will be demonstrated. The participants will be able to try out different techniques that facilitate getting in touch with emotions and provide a clearer insight in trying to understand oneself. The access to therapists own emotions and body is crucial in helping families in family in relational family therapy. This workshop will enable the participants to develop an empathic insight into a clients through experiential learning, thus helping improve their effectiveness when working with clients. The participants will be able to immediately introduce the newly acquired experiences to their family therapy practice. The results were partly obtained within the project No. J5-2570, financed by the Public Agency for Research of the Republic of Slovenia from the state budget.
Keywords: Bottom-up, family therapy, trauma, therapeutic relationship

Therapeutic recreational & solution-focused interventions in the schools of sick children

Zsuzsanna Papp-Hungary Szabolcs Török-Hungary

Short Description: Our aim is to present the changes children experience after participating in a school-based intervention applying therapeutic recreation and solution-focused methodology. Classrooms including one or more seriously ill students were involved. Change was observed in self-efficacy which we discuss in the framework of basic needs theory.

Abstract: The School Program of the Hungarian Bátor Tábor (Camp of Courage) Foundation is based on therapeutic recreational and solution-focused therapy interventions and strives to create an inclusive environment where all children feel safe to share their problems, thoughts, and feelings with their peers - especially children with a serious illness. The intervention consists of a 2x2hour classroom program led by two to five facilitators. Our longitudinal study measured the impact of the intervention program on psychosocial skills, quality of life, and perceived self-efficacy, and investigated the effect of the program on the community and feeling of belonging. A total of 23 school classes participated in the program from 10 different schools in Hungary and in the Hungarian-speaking part of Slovakia. Every involved class community had one or more children with a serious illness. The pediatric version of PedSQL (Varni et al., 1998), the self-efficacy scale (Schwartz, Jerusalem 1995), 5-items about self-acceptance and questions about classroom climate were used, data were collected before the intervention and 6 weeks after the intervention. We obtained complete answers from N=182 children from both measure points, ages 7-18 years. The most important result is a significant difference in the scores of self-efficacy with higher rates 6 weeks after the intervention, which was not depending on any other observed variable or demographic factor. Our results also suggest that psychosocial change is related to the age of children and that school-related wellbeing is not independent of emotional and social wellbeing, or a sense of belonging. A sense of belonging is strongly correlated with self-efficacy which indicates that children with a better ability to be autonomous, and competent in managing situations also perceive more connectedness. This result fits well into our theoretical framework of basic needs theory suggesting the importance of autonomy, competence, and relatedness in development (Deci & Ryan, 2000; Deci & Ryan, 2012).

Understanding the mother-son relationship concerning the son's alcoholism

Sara Jerebic-Slovenia Drago Jerebic-Slovenia

Short Description: We wanted to verify whether there are differences in the attitude and feelings towards the mother, parental care and connection between recovering alcoholics and individuals who did not practice harmful alcohol use. The sample consisted of 219 participants. We will explain the results through an understanding of the group therapy process, in which seven recovering alcoholics were involved for nine months. The findings will help family therapists; we will provide guidelines for appropriate family therapy for individuals who have developed alcohol addiction syndrome.

Abstract: Typical of individuals who are prone to addiction is a disorder in self-regulation, due to which they have problems in tolerating and dealing with various emotions. The lack of self-regulation stems from the deficient internalization of the regulatory functions of the primary object, so in the research, we decided to identify the characteristics of the mother-son relationship. We wanted to verify whether there are differences in the attitude and feelings towards the mother, parental care and connection between recovering alcoholics and individuals who did not practice harmful alcohol use. The sample consisted of 219 participants. Recovering alcoholics rated their relationship with their mothers as better, they experienced more positive feelings towards their mothers and felt that their mothers took better care of them compared to the group of sons who did not develop alcohol addiction. We will explain the results through an understanding of the group therapy process, in which seven recovering alcoholics were involved for nine months. The findings will help family therapists; we will provide guidelines for appropriate family therapy for individuals who have developed alcohol addiction syndrome. The results were partly obtained within the project No. J5-2570, financed by the Public Agency for Research of the Republic of Slovenia from the state budget. **Keywords:** mother-son relationship, alcohol addiction syndrome, group therapy, family therapy.

Latinos in Therapy: Negotiating Stigma and Therapy Success

Rebecca Trujillo-USA Joanna Mendez-Pounds-USA

Short Description: Presenters will discuss original qualitative research exploring the perspectives and experiences of Latinos in therapy. The presenters will discuss themes regarding the ways Latinos negotiate and manage mental health stigma in Latino communities and descriptions of what makes therapy successful for Latinos in the study.

Abstract: The Latino population is one of the fastest growing minority populations in the United States. While there is vastness and diversity in the countries that represent Latino heritages, Latino people hold similar values that influence their lives including familismo, respeto, personalismo, and many others (Elias-Juarez & Knudson-Martin, 2016; Bean et. al., 2001; Bermúdez et al., 2010; Calzada et al., 2010; Ayón & Aisenberg, 2010). Previous researchers identified stigma regarding mental health issues in Latino communities and the role of values like familismo in contributing to the stigma of accessing mental health support outside of Latinos' families (McGoldrick et al., 2005). For some Latinos, any type of problem addressed outside the family invites two sources of stigma: public and self-stigma (Pérez-Flores & Cabassa, 2021). Public stigma leads to negative attitudes and discrimination to those perceived as mentally ill and self-stigma is how people internalize those negative attitudes and beliefs. No one wants to be perceived as loco (crazy). Together these two types of stigma prevent individuals from accessing mental health services (Pérez-Flores & Cabassa, 2021). However, despite stigma, Latinos do attend therapy and through their stories, researchers hope to describe what makes therapy successful for them. This research will present original qualitative research resulting from semi-structured interviews with Latinos who chose to attend therapy despite mental health stigma. The study will use interpretative phenomenological analysis to explore Latinos discussions of how they negotiated and manage stigma about accessing therapy and describe what made therapy successful for Latino participants. Themes from this research will be used to present clinical, research, community, and advocacy implications of the findings.

Women's Experience of IFA: Healing, Resilience, and Coping with Ambiguous Loss

Gift Nleko-USA Raji Natrajan-Tyagi-USA

Short Description: This presentation will present results from a grounded theory study that explored how intermittent father absence (IFA) due to immigration, incarceration, or mental health/substance use impacted women in the US, how participants attempted to cope with this loss, and how they got their needs met in close relationships.

Abstract: Intermittent father absence (IFA) refers to the occasions when a father is absent at irregular intervals (Mendo-Lazaro et al., 2019). IFA can have significant long-term effects on the father-daughter relationship and the daughter's romantic relationships later in life (Nasser, 2019). This poster presentation will present results from a grounded theory study that was conducted to explore how IFA due to immigration, incarceration, or mental health/substance use impacted women, how women attempted to cope with this loss, and in what ways they learned to get their needs met in close relationships. Boss' (2006) Six Guidelines for Resiliency in coping with Ambiguous Loss were used as the theoretical framework for the model that emerged: Pathways to Healing Ambiguous Loss for Women Who Experience IFA. This model describes the two pathway processes through which participants moved through ambiguous loss associated with the intermittent absence of their father and subsequently adjusted to this loss. The first pathway, the Pathway Toward Individual Coping and Healing was comprised of the following themes: (a) assigning and resolving blame and resentment, (b) independence, (c) coping mechanisms, (d) therapy, (e) accepting reality, and (f) ability to reframe. The second pathway, the Pathway Toward Relational Healing and Adjustment included the following themes: (a) trusting partners, (b) trusting men, (c) trusting their fathers, (d) building trust over time, and (e) forming closeness with women. Important clinical implications will also be presented for therapists who work with women and their families who had an i

Making a Life Together While Far Apart: An Exploration of Ghanaian Transnational Marriages

Rodlyn Remina Hines-USA

Short Description: This study explored the causes of relationship strains among transnational couples and the behavioral adjustments/expectancies needed to accommodate relationship disruptions among transnationals. Using the Double ABC-X Model, couples shared their motivation for migration; impact of immigration policies and transnational living on their relationship, revealing realities of transnational living.

Abstract: Fully understanding transnational living requires an in-depth analysis of the various causes of transnational relationship strains among transnational couples and the behavioral adjustments and expectancies needed to accommodate relationship disruptions. Transnational family living results when families live apart across international borders in pursuit of “the American Dream”. Transnational married couples reside in different countries with one member residing in the native country or the partners living in different countries to which they are non-natives. Framed within the Double ABC-X Model of Family Stress and Coping, we interviewed 24 Ghanaian transnational couples from three U.S. States and their Ghanaian spouses in Ghana. Participants shared what motivated their transnational migration to the United States; how immigration policies and transnational living affect their relationship. We draw on the participants’ narratives to show that transnational couples experience several relationship strains and stresses, including depression, chronic illnesses, financial hardships, and divorce because of idealistic expectations, inadequate understanding of immigration realities, barriers created by changing U.S. immigration policies, or lack of relationship nurturing. Transnational living has a major impact on relationship quality. Our findings indicate that Ghanaian immigrants migrate to the U.S. with grandiose expectations about a perfect America where everything is attainable with little to no effort. This population experience regret after arriving in the U.S. and finding that life in the U.S. is as hard, if not harder, than one in Ghana, especially while living far apart from home. The couples identified the motivations for transnational living as the desire to attain greatness, prestige, and what participants described as “a better life,” and that Transnational couples experience challenges to their relationship, deepened by poor management of expectations, lack of knowledge about the realities of migration, and ineffectual relationship nurturing revealing that this population may benefit from extensive pre-migration couple counseling. While there is some transnational literature on other immigrant groups, this paper reveals that Ghanaian couples may have unrealistic expectations of transnational living. When we study the cultural differences of underrepresented groups, psychologists, practitioners, and policymakers can better understand how such groups experience their realities.

The Use of Self experiences with Nurse professionals

Fifi Garrette-Lloyd-USA

Short Description: The Use of Self and the Person of the therapist training have been used among Family therapists to foster therapeutic relationships with their clients and can improve successful outcomes. It is proposed that Use of Self training would also benefit the nurse patient relationship and successful outcomes.

Abstract: Some Family Therapists are trained to use their life experiences to gain empathy and understanding of their client's experiences, which lead to a more genuine, but professional connection between the client and therapist (Aponte, 2016). This concept can be developed and achieved through a training curriculum known as the Person of the Therapist. According to its pioneer, Dr. Harry J. Aponte, the therapeutic relationship is accomplished when therapists develop a conscious awareness of their own life struggles and vulnerabilities which allows them to resonate and empathize with their clients' pain and struggles (Aponte, 2021). Researchers have found that the therapeutic alliance in psychotherapy has been the catalyst for successful outcomes (Del Re et al., 2012). Furthermore, when attempting to establish clinical relationships, nurses, as well as therapists, work with patients who may have experienced crippling stressors due to their socioeconomic status, health disparities, trauma, and discrimination. Therefore, therapists and nurses need to have the ability to empathize with these patients through the use of self and by being socially culturally attuned to not only the patients' experiences but their own life experiences, as well. In an effort to achieve cultural sensitivity, one must be willing to examine oneself in order to become aware of and in touch with one's ethnic and cultural mindset, convictions and conduct (Majumdar et al., 2004). The Person of the Therapist training will provide these professionals with the training necessary to accomplish this empathetic self-awareness. The Person of the Therapist training is an experiential concept that can't be taught just in a classroom. It requires experiential exercises related to their work (Aponte, 2016). If the Person of the therapist training can provide therapists with the ability to truly empathize with their clients, how do we provide medical professionals, such as nurses, with similar training? In the past, medical professionals have taken implicit bias and cultural sensitivity training to help improve cultural sensitivity and bias awareness. However, among medical professionals, it has not been proven that these trainings are effective for improving empathy toward others (Liang et al., 2019).

Understanding Children from Hard Places, including Fetal Alcohol Spectrum Disorders

Chris Troutt-USA

Short Description: Taking a closer look at children from a hard place, the contributing risk factors, including prenatal exposure to alcohol on the developing brain and how to utilize Trust Based Relational Intervention® in a practical format.

Abstract: Participants will look at the seven risk factors defining a child from a hard place. Participants will gain tools to recognize how prenatal exposure to alcohol, (FASD), has traumatic impact to the brain often resulting in troubling behaviors. Participants will learn the basics of Trust Based Relational Intervention ® that has empirical research defining success with children from a hard place. This presentation is designed to give participants the tools for understanding and practical implementation for children and families.

The Common Factors of Change Scale: A 6-Step Psychometric Scale Validation

Takoma Lindsay-USA Daniel Sanders-USA Allie Gillespie-USA

Short Description: Answering the call for common factor measures, we created the Common Factors of Change Scale (CFCS). The CFCS follows four domains identified as core ingredients of change across models. Our poster presents the psychometric properties and final version of the CFCS, along with implications for how it improves the field.

Abstract: Researchers and clinicians have necessarily been exploring what contributes to therapeutic outcomes. One popular perspective is the common factors meta-theory which identifies four core areas contributing to therapeutic change regardless of model orientation (D’Aniello & Fife, 2020). These include client factors, the therapeutic relationship, client expectancy, and therapist factors (Karam & Blow, 2020). While there is empirical support for the effect and importance of common factors (Davis, 2022), most couple and family therapy common factors research thus far is theoretical (D’Aniello & Fife, 2020). Common factors are vital to understand and measure client change throughout therapy. Such a measure would provide a holistic perspective on factors impacting therapy at the beginning of and throughout the therapeutic process. However, Karam and Blow (2020) call for common factor measures allowing researchers and clinicians to effectively monitor progress and measure therapeutic outcomes. Answering this call, we created the Common Factors of Change Scale (CFCS). The CFCS was developed by taking literature on common factors and asking clinically relevant questions across domains. A self-report questionnaire, clients use a 7-point Likert scale (1 = “Strongly disagree” and 7 = “Strongly agree”) assessing their level of agreement to statements that previous scholarly work has identified as important to therapeutic outcomes. These include physical and emotional safety, certain client characteristics (e.g., motivation, hope/expectancy), relationship quality (therapeutic and other close relationships), and potential extra-therapeutic factors (e.g., social support). Examples include, “My therapist has the skills necessary to help me make needed changes,” “I have been feeling unsure whether things will change,” and “Those around me have been able to support me when and how I need it.” Our poster presents the psychometric properties and final version of the CFCS. We collected data from a public university’s marriage and family therapy training clinic located in the western region of the United States. This poster improves the field by providing researchers and clinicians with a way to measure client change across common factors. This poster will help clinicians in their implementation of common factors, which are important to provide quality therapy.

Strong Black Woman Narrative: Examining the Impacts on Black College-Aged Women

Rickia Smith-USA Joanna Mendez-Pounds-USA

Short Description: Presenters will discuss original qualitative research exploring the negative influences of the Strong Black Woman narrative on the mental health Black college-age women. The presenters will discuss themes regarding the ways the Strong Black woman narrative negatively influences Black college-age women and impedes access to mental health resources.

Abstract: Black women have experienced oppression since origins of slavery (Ellison, 1983; Hine, 1979) and words “strong, bold, assertive” are easily associated with Black women (Green, 2019). The Strong Black woman (SBW) narrative assumes that because Black women have survived the atrocities of history, they are built to handle stressors and be leaders in their households (Beauboeuf-Lafontant, 2003; Kogen et al., 2013; Steven-Watkins et. al., 2014)). These expectations assume that because Black women can handle those type of stressors and persist, they can also assume that Black women can overcome challenges associated with mental health (Nicolaidis et. al., 2011; Hurt et. al., 2014). Thus, Black women are affected by the SBW narrative in both positive and negative ways. Positively, this narrative identifies Black women as strong, capable, and unwavering. However, this narrative also has the potential to influence how the needs of Black women are recognized and met, especially regarding their mental health. To date, researchers (Tackey, 2020; Harris, 2021) have advanced the positive effects of the SBW narrative, and while it is essential to keep celebrating the strength and resiliency of Black women, it is imperative to explore the ways that the SBW can also have detrimental effects. This research will present original qualitative research resulting from semi-structured interviews with Black college-age women who discuss their experiences with the Strong Black woman narrative. The study will use interpretative phenomenological analysis to explore the influence of the Strong Black woman narrative on Black college-age women and the potential negative effects of this narrative on their mental health. Themes from this research will be used to present clinical, research, community, and advocacy implications from the findings.

Working with unaccompanied migrant children in the U.S.

Tatiana Melendez-Rhodes-USA Helena Garcia Lopez-Spain

Short Description: In this workshop, we will illustrate our clinical work with unaccompanied migrant children in the United States. Special emphasis will be on the assessment and intervention of trauma using systemic lens. We will provide an overview of the main challenges that therapists might experience while working with this specific population.

Abstract: During the last decade, there has been an incremental number of unaccompanied children crossing the U.S. border. The age of the unaccompanied children entering the United States varies with the majority ranging from 13- to 17-year-old (Song, 2021). There are multiple reasons why these children cross the border (e.g., seeking a better future, escaping from violence and crime in their countries of origin, etc.). Many of these children have experienced trauma since they left what they know as home and have been exposed to repetitive traumatic events (e.g., abuse and exploitation) during their journey of crossing the U.S. border. In our clinical experience, many of these children arrive to the U.S. with very few or even no resources or skills to navigate the new system. In many cases, they do not have a person of contact or a family member to connect with. By the time these children arrive at the U.S., they usually present some preexisting psychological and physical conditions, which in most cases have not been treated by a professional in their country of origin. It is in this context that receiving mental health services and therapy is essential to help them not only to recover from the traumatic experience they have gone through but also to help them develop skills to cope with the difficulties that they face with the purpose of gradually and safely adapting to their new system. In this workshop, we will illustrate our clinical work with unaccompanied migrant children in the United States. Special emphasis will be put on the assessment and intervention of trauma using systemic and culturally sensitive lens. Also, we will provide an overview of the most common challenges that mental health therapists might experience while working with this specific population.

Multidimensionality of Parental-Growth: A Factorial Analysis and its Clinical Implications

Sebastian Perumbilly-USA

Short Description: "Parental growth" is a clinically important topic for psychotherapists. Based on a mixed-methods research-based survey focusing on parents (n=253), this study (1) identified nine factors associated with the construct of parental growth and (2) explored their clinical implications with a focus on facilitating parents' growth in psychotherapy.

Abstract: Family therapists are often called upon to address issues related to parenting in therapy. A common presenting issue when working with parents is the acting out behavior of a child. In these cases, the outcome is generally determined by parents altering their parenting approach and changes in the child's behavior following therapy. The therapy is perceived as successful when a child behaves better at home, performs better in school, is no longer in trouble with the law, or relates better with peers. Alternatively, parenting may become problematic due to parental neglect or abuse. Here the outcome is determined by whether the parents can become more attentive to the child's needs and better ensure the child's safety. In all of these instances, therapy focuses on helping parents alter their behavior in relation to the child. Little is known about how parents grow in their parenting role as they face the many challenges parenting presents. Rarely is the treatment focus or the outcome of therapy assessed based on whether the parents have grown as parents. Based on a mixed-methods research-based survey focusing on parents (n=253) in the United States, this study (1) identified nine factors associated with the construct of parental growth and (2) explored their clinical implications with a focus on facilitating parents' personal growth in psychotherapy. Based on our findings from this factorial analysis, we see that parental growth is a multidimensional process that has been impacted by at least nine factors: Relationship with the other parent; patience; balancing; self-care; negotiation; family of origin; work-life balance; changed priorities; and relationship with one's cultural and religious/spiritual heritage. This presentation may uniquely contribute to family therapy literature and may have important clinical implications for psychotherapists, parents, and couples intending to raise a family.

Addiction based treatment and Problematic Pornography Use

Alexandra Gillespie-USA Takoma Lindsay-USA

Short Description: Problematic pornography use is a rising clinical issue many therapists are seeing in their clinical work. There is a divide amongst professionals if pornography is addictive. Using an addiction-based framework can be beneficial. Clinicians need to understand clinical implications of framing pornography use as an addiction in their treatment.

Abstract: With pornography use rising, clinical presentation for treatment of problematic pornography use (PPU) has been increasing. Literature indicates close to 5% of women (Lewczuk et al., 2017) and 6.4% of men (Kraus et al., 2016) have sought or are currently seeking treatment for PPU. Further literature has indicated nearly double the amount of men (14.3%; Kraus et al., 2016) and women (8.3%; Lewczuk et al., 2017) reported an interest in seeking treatment for PPU. This need indicates the need to explore treatment to aid clinicians in their work. Classifying PPU as a behavioral addiction influences the language and treatment approaches used. The adaptation of addiction treatment models have been a strong aid in treating PPU. Clinicians have a great deal of power and influence when working with clients and need to understand the clinical implications of using addiction-based language and treatment models if that is the route they choose to go. In this presentation attendees will learn of the importance of their role in treatment of PPU and how to best balance client needs, treatment, and their own power in the therapeutic process. Clinical implications of addiction-based language and treatment will be discussed. Clinicians will leave the presentation having a deeper knowledge of the role addiction-based language and approaches play in treating PPU. This presentation will introduce a model to aid clinicians in creating research informed and theory-based approach to their practice of treating PPU that is considerate of the power which they hold and implications of approaching treating of PPU as an addiction. Our proposed model uses narrative therapy and social constructionist perspectives to help guide clinician in their decision making of treatment. The decision making process is collaborative with clients in how they would like to approach treatment. If it fits with the client needs, addiction treatment models may be in the best interest of the client. This presentation will help therapists create a decision making process for best practice while considering power dynamics and client values.

Exploring Black Women's Experience with Intergenerational Trauma

Rebecca Lucero Jones-USA

Short Description: We utilized intersectionality as a framework for this interpretative phenomenological study to explore Black women's experiences with intergenerational trauma. Semi-structured interviews were conducted and analyzed for themes to gain insight into the eleven Black women's experience.

Abstract: We utilized intersectionality as a guiding framework for this interpretative phenomenological study to explore Black women's experiences with intergenerational trauma. Semi-structured interviews were conducted with 11 participants that identified as Black women. Furthermore, the poster presentation will provide a definition of intergenerational trauma and its process of transmission. We will also describe the methodology such as the recruitment procedure, participant demographics, and the analysis performed. Additionally, we will display the results and describe each theme with direct quotes from participants.

Defining pornography: a stepping stone for further research

Alexandra Gillespie-USA Takoma Lindsay-USA

Short Description: A glaring limitation acknowledged in pornography research is the lack of a clear definition which has contributed to conflicting results and an inability to compare studies. To address this issue, our study explores personal definitions of pornography and presents themes to help us come to definitional consensus.

Abstract: Pornography use is a growing field of literature and treatment that is relatively new. One of the greatest difficulties of this growing literature is the varying results. Other variables have started to be explored as potential explanations, however, one of the root causes is the way in which pornography is defined. Due to the variations in what is considered pornographic, it is difficult to compare studies and results. As the literature currently stands, there is not a mutually agreed upon definition of pornography. Researchers have either 1) attempted to provide definitions for participants or 2) chosen not to give participants a definition of pornography for their study. The high subjectivity surrounding pornography creates concerns for both external validity and reliability. In order to address this issue, we conducted a qualitative study on personal definitions of pornography. As part of our study on pornography use, participants were asked to define pornography. Our sample size for the study was large and includes over 300 participants whose answers were included in our analysis. In addition to size, a strength of our study is a sample with demographic characteristics that indicate a rather representative sample of the United States population. Therefore, adding to our ability to generalize findings. Participant definitions can then be used to better understand how participants approach surveys and how researchers can improve future studies, therefore adding to the literature and our ability to interpret results. This qualitative analysis highlights themes of pornography definitions and gives us insight into participant subjectivity. The resulting themes add to the literature by aiding researchers understand important aspects of definitions and aid in the formulation of a definition. Thus, improving pornography research and assist in moving it forward. Using a consistent definition of pornography adds to the field by strengthening the research surrounding pornography use and will help move the field forward on solid footing.

Couple and Family Therapists in Psychogastroenterology.

Daniel Sanders-USA Dave Robinson-USA

Short Description: With worldwide prevalence for intestinal bowel disease on the rise, bio-psycho-social approaches to treating gastrointestinal illnesses have become increasingly important. We summarize best practices for clinicians that work with patients with gastrointestinal illnesses and examine the position couple and family therapists occupy to further the field of psychogastroenterology.

Abstract: Intestinal Bowel Disease (IBD) is a sub-group of gastro-intestinal illnesses and includes Crohn's Disease and Ulcerative Colitis. These illnesses are auto-immune diseases characterized by inflammation of the gastro-intestinal tract. This inflammation can lead to symptoms of abdominal pain, diarrhea, decreased nutrient absorption, fatigue, and more. Using Rolland's (2018) typology of illness, we can classify IBD as having a gradual onset, relapse-remitting course, potentially fatal outcome, potential for disability, with moderate to high levels of uncertainty in when and how the disease influences a patient. These illnesses can severely impact the quality of patients' lives and relationships. Another key to understanding IBD relates to the bi-directional effects that have been identified between the brain and the gut. This brain-gut axis is so significant that some even refer to the gut as the second brain (van Tilburg, 2020). Findings that IBD is correlated with insecure attachment styles and various mental health challenges, such as depression and anxiety, supports this perspective. As such, efforts have been made to integrate psychosocial perspectives and interventions into biomedical approaches to treating these illnesses. This has led to the relatively new emergence of the field of psychogastroenterology. Researchers in this field have found that a few sessions of individual psychotherapy, using cognitive behavioral therapy or gut-directed hypnotherapy, have led to lasting improvements in patient outcomes (Keefer et al., 2018). However, while some researchers have discussed psychogastroenterology as including biological, psychological, and social components of care in theory (van Tilburg, 2020), recent best practice guides appear to emphasize the biological and psychological aspects of care while neglecting discussion of social and systemic interventions that involve partners and families in care. Couple and family therapists are in an ideal position to build upon current clinical best practices. We summarize best practices and information for clinicians to consider when working with patients with gastrointestinal illnesses. We also examine the ideal position couple and family therapists occupy to build upon these best practices in their practice and explore how they can further the field of psychogastroenterology.

The effectiveness of two group-based interventions for burned-out parents: Results from a multi-method and multi-informant evaluation

Maria Elena Brianda-Belgium Thérèse Scali-Belgium

Short Description: Parental burnout is a prevalent condition resulting from long-term exposure to parenting stress, that may have adverse consequences on the parent, the children, and the wider family system. In this talk, we will discuss results of a study on the effectiveness of group interventions for burned-out parents.

Abstract: Parental burnout (PB) is a syndrome resulting from long-term exposure to chronic stress experienced in one's parental role. Parents suffering from PB (5-8% in the general population) feel emotionally exhausted by their parental role, become less and less involved in the relationship with their children, and lose the pleasure of being with them. PB has been shown to be related to yet empirically distinct from parenting stress, depression, and job burnout and to have specific consequences on the family system. It may substantially increase the parent's suicidal and escapes thoughts, his/her cortisol concentration levels, and the risk of developing neglectful and violent behaviors towards children. The PB prevalence and the severity of its consequences have raised the urgent need to develop effective interventions for burned-out parents. This talk will present the results of a randomized controlled trial on the effectiveness of two group-based interventions for PB. 142 burned-out parents took part in the study and were randomly assigned to two interventions: 1/a directive intervention aimed at guiding parents to actively work on the main parental stressors and resources and 2/a non-directive intervention aimed at giving parents a space to share their difficulties and connect with other parents experiencing a similar condition. We adopted a multi-method, multi-informant approach including self-reported measures, partner-reported measures, and a biological measure of stress. Results show a significant decrease in PB symptoms [$F(1, 97) = 70.24, p < .001, \eta^2 = .41$], parental neglect [$F(1, 96) = 18.05, p < .001, \eta^2 = .16$], parental violence [$F(1, 96) = 25.13, p < .001, \eta^2 = .21$], and cortisol concentration [$F(1,86) = 37.09, p < 0.001, \eta^2 = 0.28$] after both interventions. Results were consistent with the partner-reported evaluation, which showed reduced PB symptoms and negative emotions and increased positive emotions. Our findings show that PB can be treated and suggest the potential positive spillover effect that such intervention can have on the wider family system. The clinical implications of these findings and future directions for practitioners and researchers working in this field will be discussed.

Basic Family Therapy Skills for Individual Counsellors

Jeff Chang-Canada

Short Description: With few family therapy training programs in Canada, competent family therapists are rare. While there are many counsellor education programs, most have little or no family therapy content. In this presentation, Jeff will describe a course designed to orient individual counsellors to begin to work with families.

Abstract: With few family therapy training programs in Canada, competent family therapists are rare. While there are many counsellor education programs, most have little or no family therapy content. At best, there is a course featuring family therapy approaches, typically in a “theory of the week” format with little attention to the skills required to begin to work with families. In this presentation, Jeff will overview a course designed to help individual counsellors begin to work with families. Given that what goes on between people is equally as important as what goes on within people, the course focuses on elements common to all approaches to family therapy: conceptualizing difficulties in relational terms; disrupting dysfunctional relational patterns; expanding the direct treatment system; and expanding the therapeutic alliance. The course builds on and modifying the working alliance interview skills taught in individually oriented counsellor education programs. We expand the basic skill of reflecting content to learn reflecting behavioral sequences. We go beyond an individual view of emotion when reflecting affect to use an interpersonal view in reflecting coupled affect. We redefine reflecting meaning systemically as reflecting coordinated meaning. These skills are a foundation to learn basic supporting tasks for couple and family therapy (CFT): introducing a family perspective in the initial call; obtaining informed consent; conducting an initial intake; maintaining safety in the therapeutic system; inviting participation in common projects; evaluating progress; and, tapering off therapy. We examine theories in light of common elements of couple and family therapy (CFT). Rather than covering classical CFT theories week-by-week, students must adapt their nascent theories of counselling and psychotherapy to include an interpersonal component. Finally, we examine ethical and legal issues in CFT. In Western countries, ethics spring from an individualistic approach, which often collides with a systemic understanding. Competence is also an ethical issue for individual counsellors transitioning to CFT. Jeff will describe a clear pathway for individual counsellors to begin to work with couples and families under supervision. This presentation will benefit trainers and supervisors who wish to support individual counsellors to gain basic family therapy fluency.

Couples Therapy and the Challenges of Building Trust, Fairness and Justice

Manijeh Daneshpour-USA

Short Description: Justice and fairness are not straightforward matters. This presentation focuses on relational ethics and trust-building to help couples reappropriate individual responsibility and accountability. Clinical strategies and how trust accrues for the couple if there is a fairness of exchange, reciprocity, and equitable give and take will be discussed.

Abstract: Trust is seen as the core value in couple and family life, and as humans, we all deserve trustworthy relationships. Contextual family therapy was among the first models to claim that family therapy and moral questions are inseparable. We cannot overlook the importance of affection or the ever-present element of power, but we should hold trustworthiness as the critical element in holding relationships together. The Hallmark of the contextual family therapy model is based on the conviction that all family members gain from trustworthy relationships, which are the outcome of (1) giving credit to those in the family that deserves it, (2) responsible responding, and (3) care about a fair distribution of relational burdens and benefits. However, in some situations, one member of the couple claims some relational resource out of need, while another feels entitled to it based on merit, and the therapist has to help them agree on whether the justice is ultimately needed or merit-based. Justice in this sense is not a straightforward matter that will be recognized by all involved if they simply hear one another out. Thus, this presentation will focus on relational ethics and trust-building to help couples reappropriate individual responsibility and accountability within a systemic context of couple therapy. It will highlight several clinical strategies for working with couples and discusses how trust accrues for the couple if there is a fairness of exchange, reciprocity, and equitable give and take.

Immigrants' and Refugees' Life Journeys Across the Globe

Manijeh Daneshpour-USA

Short Description: Since immigration is a fundamental aspect of human history, the essence of human challenges going from one ecological context to another and the ways psychotherapy can be an instrumental tool to help people understand these challenges is the focus of this presentation.

Abstract: Immigration is a fundamental aspect of human history. However, leaving one's country in search of a new and improved life is not an easy decision that immigrants make. There are many reasons why immigrants seek a better life in a new place, whether to escape poverty and lack of employment opportunities or to move closer to family members. In contrast, refugees often face more detrimental life-threatening challenges and have no choice but to flee persecution and conflict in their homelands. Whether forced to uproot or to move voluntarily, the impact on the family system may leave people at risk of severe psychological distress and contribute to the breakdown of the family unit. Once in their new land, immigrant and refugee populations may feel pressured to assimilate into the Western individualistic culture while simultaneously experiencing fears around preserving their own culture, especially when children are involved. This presentation discusses the essence of human challenges going from one ecological context to another and the ways psychotherapy can be an instrumental tool to help people understand their challenges and ways they can settle and thrive in their new land and honor their own and their host countries' cultures and traditions.

‘Evolving Narratives: “Who do we think we are?” The Important Legacies of John Byng-Hall for Family Therapy’

Tracey Johnston-UK Peter Robinson-UK

Abstract: ‘Evolving Narratives: “Who do we think we are?” The Important Legacies of John Byng-Hall for Family Therapy’ The workshop aims to present the often-overlooked significance of John Byng-Hall’s (JBH’s) (1937 – 2020) contribution to Family Therapy in terms of his advanced strength-based theories and practices of rescripting family experiences, narratives, myths, legends, attachments and of improvisation for facilitating systems change. In 1979, JBH wrote a paper about re-editing family scripts. In his 2008 paper: "Evolving Ideas about Narrative: Re-editing the Re-editing of Family Mythology" he updated his theory. In this 2023 presentation, we will imagine JBH further re-editing his theories and practices and explore “Who do we think we are?” as family therapists via the lens of JBH’s theories as resources for Family Therapy. The workshop will explore: - JBH's history and influence on Family Therapy theory and practices in the UK and internationally. - JBH’s replicative, corrective, improvisation scripts and how they are still relevant within contemporary systemic psychotherapy approaches, whether in the therapy room, training contexts or supervision. - “Who do you think you are?” in relation to how therapists might reflexively consider "who" they bring to their work with individuals and families for resource development. - JBH's theories and methods and how they help us re-consider our professional understanding of the impact and imprint of family experience on our personal and professional narratives. - The central question of “Who do we think we are?” collectively as Family Therapist’s using JBH's professional and personal scripts in contemporary practice. - As part of the 2023, re-editing process meshing JBH’s theories/methods with the Co-ordinated Management of Meaning (CMM) model. - Enhancing survival in contexts of loss, immigration, war and pandemics using JBH’s ‘resilience’ scripts, relational responsiveness and responsibility for family members. The workshop will offer participants the opportunity to familiarise themselves with JBH’s ideas and practices and reflect on their personal and professional significance. The workshop will consist of an overview of the above with case examples, video, reflective exercise, and brief group discussion.

Patio, Park, or Picnic Table: Outdoor Therapy is Here to Stay

Desiree Seponski-USA

Short Description: Outdoor therapy increased during the COVID-19 Pandemic. Moving from couch into open-air brings exciting opportunities to be in nature, add exercise to therapy, and promote new perspectives, literally and metaphorically. This presentation reviews existing literature on outdoor therapy, provides case illustrations, and identifies potential ethical and legal issues.

Abstract: Outdoor therapy, sometimes known as ecotherapy or walking therapy, has increased in popularity during the COVID-19 Pandemic. Originating long before the virus, and quite common in many countries, outdoor therapy has moved clients from the couch into open-air, bringing exciting opportunities to be in nature, add exercise to talk therapy, and gain new perspectives, literally and metaphorically. This presentation reviews existing literature on outdoor therapy, provides two case illustrations, and identifies potential ethical and legal issues. Benefits for therapists and clients will be explored. Examples include increased self-care within the session, creativity and alertness, and natural flow of conversation. Candidates for outdoor therapy should be screened and it may be contraindicated for clients who have eating disorders, impaired mobility, and confidentiality concerns. Applications for work with couples and families are detailed using one case illustration of outdoor therapy with more than one person. Implications for country to country application will be explored. References, website, and online groups for therapists will be provided.

Proper use of Vocabulary

Martine Nisse-France

Short Description: Network Family Therapy of Incestuous Systems is a Dive into Confusion resulting from Incestuous Homeostasis and its great Resistance to Change. The Destabilization of Language Routines of Professionals involved in Session and Meticulous Listening to Vocabulary allows Children to think the Relation by sorting out Love and Hate.

Abstract: Sexually abused children are exposed to language alienation, parent's language is made of discourse inverted, scrambled, anachronistic, and it is difficult for many professionals to escape certain turns of phrases subtly mirror symptoms to be treated... In session, the more confused the communication is, the more it neutralizes attempts at care, the more the communication becomes clearer, the more the children will take the floor by becoming aware of the Importance of words for being free of fear. It's the beginning of disalienation. As they do, their identification with the aggressor decline in them and they recover capacity to learn and to play. We want to draw attention to the perceptible infiltration of the resistance to change of incestuous family systems in expression of professionals during network therapy session. Therapists must be meaning makers about reversal and paradox or possible effect of parental idealization on each participant of network therapy without being intrusive. We will try to convey the ways in vocabulary in which we manage to flex this incestuous homeostasis and delink the resonance on each participant. We will show systemic and analytic genogram. Our contribution is only a brief incursion into a complex subject that opens new perspective on clinical practice.

Harry Aponte's unique perspective on the person of the therapist

Alba Nino-USA Senem Zeytinoglu-Saydam-Turkey

Short Description: Harry Aponte developed a training perspective to help clinicians use themselves purposefully in their clinical work by connecting to their own and their clients' humanity. We will present this unique perspective on the use of self in therapy, and on the experiences that led Dr. Aponte to its development.

Abstract: Dr. Aponte's six-decade work as a therapist, supervisor, educator, and author has been essential to the growth of family therapy. Dr. Aponte contributed to the development and implementation of structural family therapy. His work was essential to tailor family therapy to the realities and characteristics of racial minority and/or underresourced families. Dr. Aponte also promoted the introduction of a spiritual dimension to the clinical work. A common thread in all his work was the importance of connecting with clients at a human level. After witnessing the dehumanizing way in which poor families and families of color were seen and treated by professionals, Dr. Aponte made it part of his mission to train new generations of therapists in seeing their clients as human beings. In this work of humanizing therapy, he also worked on humanizing the therapist. Dr. Aponte understood that, as human beings, we are all imperfect and wounded, including therapists. He took this understanding further by comprehending that our wounds and our flaws can be sources of wisdom. It is from these roots that an original and unique view of the person of the therapist emerged, and a training model on how to use the self purposefully in therapy developed. In this presentation, we will honor the living family therapy pioneer that is Harry Aponte, by presenting his unique perspective on the person of the therapist, and describing the professional experiences that fueled the development of this approach. Many factors make his perspective on the intentional use of self in therapy unique: (a) a view of self in which the therapists' flaws and struggles are not seen as something that would contaminate the therapeutic process, but as a source of empathy and wisdom; (b) the promotion of the use of self as is, in which there is not a requirement for people to be perfect to be therapists; (c) and the creation of a learning environment where the struggles of trainees are welcomed, seen, understood, embraced, and transformed in assets for the clinical work.

Mental Health Equity for Immigrants in Medical Free clinics

Alba Nino-USA

Short Description: The UCSD Student-Run Free Clinics provide medical services in underserved communities. They exemplify (a) collaboration between different constituents to provide comprehensive services, and (b) flexibility, adaptation, and creativity to integrate mental health services to address the needs of immigrant clients. This model of collaborative care will be presented.

Abstract: Student-run free clinics (SRFC) are transdisciplinary partnerships between communities and educational institutions that offer no-cost medical services to underserved families, while training medical students. With an emphasis on medical services, SRFCs struggle to address the mental health needs of their clients, especially during the Covid-19 pandemic, where the stressors of inequality have impacted underresourced populations disproportionately. Flexibility and commitment to health equity are necessary to integrate mental health services in SRFCs. In this presentation, I share the creative practices of a team of mental health professionals integrating their services in a SRFC that serves Latinx underserved clients in Southern California. Attention is paid to how the clients' cultural and contextual realities influence the challenges and possibilities of implementing telehealth, working in bilingual contexts, and collaborating with interpreters, promotoras, and students. Commitment to putting clients first brings together the diverse voices of the SRFC.

“Communication, Love and Connection” - An interdisciplinary collaboration between the field of family therapy and the field of media

Karianne Nguyen Knudsen-Norway

Maia Helene Aaby Tømmeraas-Norway

Short Description: “Communication, Love and Connection” is a new digital course designed to support first-time parents cope with changes in their relationship. The Norwegian government invests in children’s wellbeing by strengthening couple’s relationships. The digital course is an interdisciplinary collaboration between the field of family therapy and media.

Abstract: “Communication, Love and Connection” is a course designed to help new parents cope with the changes and challenges to their relationship resulting from their new role. The course, which provides both inspiration and support, is free of charge. In November 2022, The Directorate for Children, Youth and Family Affair (Bufdir) launched a digital version of the physical course. The child health centers experienced difficulties in how to reach out to first-time couples. This trend has been more evident after corona restrictions have changed our habits. The course needed to be digitized and the format had to be changed to be accessible to first-time parents. In interdisciplinary collaboration between the field of family therapy and the field of media and communication, Bufdir developed a digital course inspired by the format of “the good conversation” in a talk-show. A Norwegian celebrity lead the conversation, a professional family therapist navigated the subjects and an “ordinary” dad with stories from everyday life. The purpose was to make it easier for people to participate through humor and role-play performed by professional actors. The role-plays from the physical course were recreated in collaboration with “The Other Theater” to create a humorous break in the course and a lighthearted introduction to each chapter. In order to attract people to the digital course, there were produced several shorts in social media to trigger curiosity to click further for watching more. The authorities in Norway wish in this way to improve the situation for children by helping provide high-quality and easily accessible services that can assist in strengthening the quality of couples relationships, as well as prevent conflicts. The child health centers in combination with the family welfare services are in an especially good position to help strengthen couples relationships for the benefit of the children. The project and the new digital course will be presented in an interactive way. The Norwegian government invests in improving the situation for children by strengthening the quality of couple’s relationships through innovative practices and interdisciplinary collaboration.

The Lived Experiences of 2nd Generation Refugees: A Phenomenological Study

Zamzam Dini-USA

Abstract: The research on intergenerational transmission of trauma has mainly focused on the victims of the Holocaust, leaving the experiences of many other refugee populations and generations, unknown. To move beyond the 1st generation narrative, understanding the role trauma has played in 1.5, second, and third-generation refugees are essential to understanding the complete refugee experience. Generational differences play a role in how each generation develops their identities, takes on family roles, and maintains mutual understanding with each other. Six individuals were interviewed about their lived experience as 2nd generation refugees in the U.S. and the role trauma has played in their upbringing. Using phenomenological methodology to understand the core experience of these individuals, four themes and 2-3 subthemes in each theme emerged: 1) trauma was evident but not explicit, 2) identity development was isolating, 3) honoring the struggles of their parents, and 4) filling own gaps in their needs. Understanding the experiences of generations beyond the 1st when working with refugee families is important for clinicians to grasp, and for policymakers to acknowledge when addressing issues that concern refugee family systems.

From Surviving to Thriving: Building Community for MFT & Counseling Trainees

Dana Stone-USA Shyrea Minton-USA

Abstract: Pre-licensed counseling and marriage and family therapy (MFT) clinicians who identify as Black Indigenous and People of Color (BIPOC) make up 34% and 31.59% of graduate students, respectively, yet account for much less of the licensed clinician population (AAMFT, 2012; CACREP 2017; CAMFT, 2015). This data supports our belief that BIPOC counselors and clinicians may be at higher risk for leaving the field post graduate degree. Throughout the period of the global pandemic, the mental health services provided by graduate students in counseling and MFT programs have been unprecedented in terms of the complexities of a simultaneous shared experience of witnessing and living through persistent and multiple crises (e.g., in the United States: racial injustice, immigration disparities, LGBTQ+ and gender inequities, and anti-Black and anti-Asian racism) with their clients. Now more than ever, it is of utmost importance that counselors and MFTs in training do their own introspective work to navigate personal experiences related to the aforementioned topics, experienced in the wake of the pandemic to better serve their current and future clients. Equally important is to facilitate community building, during the training period, to combat the continued threats of fatigue and isolation. During this pandemic, researchers have found that Black and sexual/gender minoritized students have been at higher risk for increased depressive symptoms (Fruehwirth et al., 2021). Creating opportunities for connection is one way to combat this phenomenon. Because of the need for diverse providers in the counseling and MFT fields, it is critical that BIPOC and sexual/gender minoritized clinicians in training counter compassion fatigue and are provided community and mental health support to remain active helping professions as they navigate the impact of multiple local and global crises personally, academically, and professionally. The focus of this presentation is two-fold: 1) to review literature support and research outcomes from our pilot data that support building community for BIPOC and sexual/gender minoritized clinicians in training and 2) to offer models for community group support that will facilitate retention of BIPOC and sexual/gender minoritized clinicians in training and counter compassion fatigue.

Poly-parenting: Family therapy with Polyamorous & Consensual Non-Monogamous Families

Sarah Burley-Canada Anita Mehta-Canada

Short Description: The traditional nuclear family structure is no longer the norm. Because of limited resources and policies, polyamorous (poly) and Consensually Non-Monogamous (CNM) families are stigmatized. This leaves therapists with few tools to support them. This presentation addresses key themes regarding poly- and CNM-families and provides tools for practice.

Abstract: Work in family therapy has evolved since it's infancy from the traditional nuclear family being the norm, to the integration of other family systems such as the blended family, the single-parent family, and families with same-sex parents. It is important to note that other family structures exist which are less commonly discussed or addressed within family therapy; two of which being polyamorous and consensual non-monogamous family systems. While there are many overlapping shared experiences between traditional family structures and poly- or CNM-family structures, there are differences which are important to understand in supporting these families as they navigate multiple levels of stigmatization. Child-care practices, kinship definitions, spatial organization, gendered-parenting roles, relational development, and social and health policies continue to be defined by heteronormative monogamous nuclear families which significantly impact poly- and CNM families, including the ways in which family therapists work with these families. This presentation will address the essential elements to understand in working with poly- and CNM-families; discuss the evolution of attachment styles from a nested-model; offer clinical implications and treatment techniques using case examples from clinical practice.

Developments and Innovations – Contemporary Family therapy and Systemic Practice in the UK: Training, research and practice

Hannah Sherbersky-UK Sarah Helps-UK Shan Tate-UK

Short Description: Prof Hannah Sherbersky, CEO - Association for Family Therapy & Systemic practice, Dr Sarah Helps, Editor - Journal of Family Therapy and Shan Tate, board member – IFTA/EFTA, share the latest UK training, practice and research innovations post pandemic, and the impact of social movements highlighting racial and health inequality.

Abstract: In this informative lecture, the three contributors will provide an overview of the recent developments and innovations in family therapy and systemic practice right across the UK. Professor Hannah Sherbersky is Associate Professor, clinical trainer and systemic psychotherapist at the University of Exeter, and CEO of the Association for Family Therapy and Systemic practice (AFT). She will set the scene with the latest key training, practice and research developments across the country. Dr Sarah Helps, a Consultant Clinical Psychologist and systemic psychotherapist, and newly appointed Editor for the Journal of Family Therapy, will explore the academic and theoretical contributions that the Journal makes, both in the UK but also acknowledges the global reach and influence of international contributions. Shan Tate was the Chairperson of AFT for many years, and current board member of both IFTA and EFTA, and will provide the historical and social context to these recent developments. Discussion will include the challenges that the family therapy and systemic practice community face both in the National Health Service, but also in the Social Care and Private Sector. Exploration will include practice innovations following the world pandemic, systemic work with refugee families, and the impact of social movements that highlight discrimination, racial and health inequality, and the systemic community's commitment to social justice.

Reggio Emilia's Creative Curriculum inspired Concepts in Play Therapy

Reanna Barth-USA

Short Description: This Project examines how Reggio Emilia's curriculum concepts can be integrated into play therapy and the therapeutic space.

Abstract: The purpose of this presentation is to explore how Reggio Emilia's Curriculum concepts are being used in the United States in schools and expands ideas to the therapeutic space. The presentation will provide suggested examples of environment, items to include, role of the therapist and other ideas to help conceptualize a child. Adding Reggio Emilia concepts and spaces may expand a therapist ability to understand a child and explore their interests.

Perceived Skill and Willingness to Address Child Sexual Abuse: Assessing Serbian Health Workers

Jelisaveta Sanja Rolovic-USA

Short Description: Serbian culture maintains a profound social stigma around CSA. This leads to a trend of under-reporting by children and families, including health care workers. This is the first study to examine health care workers' perceptions and beliefs of CSA, as well as their competence in dealing with such issues.

Abstract: Over the past two decades and in the aftermath of socio-political violence that resulted in the breakup of Yugoslavia, Serbia has faced many challenges from legislative to social and healthcare reform policies. Throughout the years of turmoil, in order to address child maltreatment, Serbia has undertaken significant legislative measure to facilitate the protection of children from abuse and neglect. In 2009 a special protocol, mandated by the Government, was implemented for all healthcare providers, social welfare workers and the police to protect children from abuse. However, despite these efforts, Serbian culture maintains a profound social stigma around discussion of CSA which leads to a trend of under-reporting by children and families. Furthermore, it prevents health care workers from providing adequate services to children who have been victims of sexual abuse. This is the first study to examine health care workers' perceptions and beliefs of CSA, as well as their competence in dealing with such issues in this part of the world. We surveyed pediatricians (n=358) and psychologists (n=250) in Serbia on their encounters with CSA in their practice, their competence in dealing with such issues and their beliefs about the nature of CSA. Participants completed a brief online survey constructed for the purpose of this study. In this presentation, we present our finding and we discuss possible reasons behind CSA underreporting by Serbian health care workers including perceived lack of skills and willingness to address CSA and their implications for future directions in this area. Finally we invite you all to join in discussing the ways of overcoming social, institutional, and professional biases as well as the stigma surrounding child sexual abuse (CSA) in Serbia. How can we offer educational and psychosocial support to enhance the ability to recognize signs of CSA, and speak openly with patients. How can we help create a collaborative/learning environment for healthcare providers, social welfare workers, policy makers one which will facilitate an open dialogue.

Collaborative Documentation: Writing Joint Progress Notes

Michael Reiter-USA Desiree Barrionuevo-USA

Short Description: This presentation explores the process of collaborative documentation wherein therapist and client jointly write the progress note for the therapeutic session. We describe the philosophical underpinnings of collaborative documentation, the practicalities of co-constructing the progress note, and potential limitations in its practice.

Abstract: Systemic therapy is increasingly becoming a collaborative endeavor where therapists have been decreasing the power imbalance that is inherent in the therapeutic relationship. However, in traditional practice, the collaborative nature of therapy ends when the client leaves the room. The therapist then is left to complete any required paperwork including assessments and progress notes. This process privileges the therapist's voice and omits the client's voice. When this happens, therapists tend to write about clients, where aspects of race, gender, social class, and age may express themselves through the therapist's position as having expert knowledge. However, writing with clients shifts the client's local knowledge from the background to the foreground. This privileges the client's lived experience where their meanings are brought to the surface of the therapeutic conversation. One way of doing so is through collaborative documentation where the therapist and client jointly fill out any necessary therapeutic paperwork. In this workshop, we focus on the collaborative documentation of progress notes. We highlight many of the advantages of collaborative documentation including promoting a strong therapeutic alliance, sharing decision-making in the therapeutic process, and increasing client attendance and treatment adherence. Collaborative documentation is likely a new experience for the client as well as the therapist as most psychotherapists have been trained to fill out the progress notes after the session. During the workshop, we will talk about the therapist's experience of engaging in collaborative documentation and how therapists can benefit as well as clients from this joint process. We then explore how supervisors might work with supervisees in their growth and development of learning how to work with clients to jointly write progress notes. Clients are not used to having a privileged role in what gets written in their medical charts. We thus explore clients' overall experiences with collaborative documentation. Lastly, we will discuss possible contraindications to collaborative documentation and will have a conversation with workshop participants on their thoughts of how they might incorporate collaborative documentation into their current therapeutic practice.

Procedures as milestones of therapy

Umberta Telfener-Italy

Short Description: The presenter intends to propose few fundamental procedures that are the key organizational aspects to make therapy processual and generative. Taking into consideration the sender, making an analysis of the request, deciding who to invite to the encounters are only the first of a list that will be proposed

Abstract: Therapy is a performance-based practice; a creative, transdisciplinary, and transformative art. The presenter intends to propose some fundamental procedures that are the key organizational aspects to make therapy processual and generative and to utilize the unique resources present in each session. The key to therapy obliges us to let go of the prisons of reason, to trust our intuitions and make emotions emerge. The question I will try and answer is “how do we need to act in order to facilitate a creative transformation?” Therapy has to do with actions: making an analysis of the request, redefining the request, addressing both the evolutive and the homeostatic forces present, looking for isomorphisms, watching out for resonances, perform in the domain of explanations and in the domain of actions, are only some of the procedures that will be proposed. The proper respect of procedures is the key work not to collude and to become transformative. We will analyze these procedures through some clinical vignettes.

Considering the time perspectives of children during parental separation.

Olivier Sorel-France

Short Description: The objective of this presentation is to present, through clinical vignettes, the different postures of the child during the announcement of the separation of his parents. A protocol will be used to describe the different temporalities child and the parents, in light of concepts such as attachment and parental conflict.

Abstract: At the time of their separation, many parents ask themselves various questions concerning the announcement to their children, especially the youngest ones. These questions are about what to say, what to say in response to their questions, and how to behave. This communication aims to present a protocol for accompanying children for parents or professionals. This protocol is based on the concepts of attachment, caregiving, marital/parental conflict, and temporal perspectives. The protocol is articulated in four stages: i) the time of the announcement; ii) the time of the why; iii) the time of the how; iv) the time of acceptance. At each of these stages, a different functional analysis can be carried out, and the temporal decentrations allow the child to feel secure and to reappropriate the separation from his or her parents. Discussing with the child periods of his life and how he experienced them or would like to experience them allows him to stabilize his emotions, to distance himself from his dysfunctional thoughts and to adopt adapted behaviors. From a collective point of view, discrepancies in the perception of issues and in the expression of needs are often observed within the family system. The chronology of the separation is then a frame of reference in which the temporality, the understanding and the experience of each member of this family is put into perspective. Exchanging points of view and putting oneself in the place of the other, in one's own temporality, allows the system to overcome this crisis. Clinical vignettes will be proposed as a support to exchange with the audience. For each of the examples, the child's temporality will be the means of explaining what he or she is experiencing throughout this transition, imposed by the parents, and within which the child is all too often not allowed to express his or her discontent or anxiety, without this being dismissed or, on the contrary, considered as pathological. This protocol allows all the members of the family system to see each other, to resynchronize themselves on their temporality.

How Couples Therapists can Treat Sexual Challenges In Romantic Relationships In Which One Partner Has ADHD/ADD

Sari Cooper-USA

Short Description: There are unique sexual challenges facing couples in which one partner has ADHD that often go untreated if a therapist is unfamiliar, uncomfortable, or untrained in sexuality issues. Through didactic and clinical examples Sari Cooper CST will provide therapists treatment techniques for specific sexual problems in ADHD/non-ADD partnerships.

Abstract: Therapists who treat couples in which one partner has ADHD/ADD are aware of potential conflicts arising in daily interactions. However, there are unique challenges that affect couples' sex lives when one partner has ADHD/ADD. Many couples come into sex therapy for: infidelity, out-of-control-sexual-behavior, ED, GPPPD, low desire or sexless relationships. These couples seek to address what they regard as exclusively an erotic challenge but through assessment and treatment the intersectionality of the ADHD diagnosis and sexual problem(s) emerges. A 2020 literature review in *The Journal of Sexual Medicine* concluded that research subjects with ADHD reported more sexual desire, more masturbation frequency, less sexual satisfaction, and more sexual dysfunctions than the general population. Another study showed that all participants with self-reported ADHD showed higher rates of avoidant attachment while males with ADHD and anxious attachment reported using a greater amount of online porn. These are some of the critical issues that general couples' therapists need more specific training to treat. A study in *The Journal of Marital and Family Therapy* concluded that without the combination of both sexuality education and clinical supervision family therapists' discomfort may avoid critical sexuality topics and be without techniques to fully treat couples' sexual issues. It follows then that couples' therapists might miss how the differences in executive functioning impacts the couples' sexual script and each partner's Sex Esteem? (a term encompassing sexual knowledge, confidence, and communication of sexual desires). In this presentation, an overview of common sexual issues occurring in couples where one partner has ADHD/ADD will be presented along with clinical case examples. The presenter will offer some key questions to pose when assessing a couple to yield more information regarding how their intimacy has been impacted over the course of various stages of the relationship. This talk will also assist in educating partners on how to set boundaries, protect their sexual health and request the type of erotic stimulation needed to increase their desire. These empowering interventions can help couples' therapists offer clinical pivot points to couples seeking a more fulfilling sexual relationship.

“Was that me?”

Odd Hillesund-Norway Bård Bertelsen-Norway

Short Description: This presentation discusses the concept of correspondence as it is developed and used by anthropologist Tim Ingold. We suggest that this concept can give new ways of understanding clients’ troubles in life, but also when it comes to addressing what psychosocial and therapeutic work is about.

Abstract: «I am» is always, to a large degree, “was that me?” Erin Manning (Ingold 2016) The family therapy field takes many of its core metaphors from academic disciplines outside the therapeutic sphere, such as communication, cybernetics, systems theories, and linguistics. Using concepts that place human troubles in some form of communal context, family therapy theories thus help therapists widen their understanding of clients’ challenges to include the relational, material and cultural contexts of experience. In this short presentation, we discuss the concept of correspondence as it is developed and used by anthropologist Tim Ingold. Through an example from practice, we take a closer look at what happened when a student who was afraid to speak in class, signed up to take part in a political debate. We will also look at what this incident created outside the classroom, at home in talks with father, and in subsequent therapy sessions. We suggest that correspondence offers novel ways to think about what being a human in the real world entails that leave room for both the subject and the world. This can be helpful not only for understanding clients’ troubles in life, but also when it comes to addressing what psychosocial and therapeutic work is about.

Biggest Breakup Ever

Katheryn Whittaker-Caymen Islands

Short Description: So many individuals have a relationship with food. Many times one hears the terms “cheating” or “comfort”, which may also be synonymous with relationships. This researcher attempts to raise awareness around the meaning food in peoples lives, it’s connection to mental health, and ways to overcome food relationship pitfalls.

Abstract: So many individuals have a relationship with food. Many times one hears the terms “cheating” or “comfort”, which may also be synonymous with relationships. This researcher attempts to raise awareness around the meaning food in peoples lives, it’s connection to mental health, and ways to overcome food relationship pitfalls.

Learning from the best or the worst? Rethinking systemic training

William Northey-USA Sofia Georgiadou-USA

Short Description: Research suggests that people learn better from other's people mistakes and learn similarly from successes. So, is it time to flip the script? We will explore how using different types of video recordings might contribute to competency development in a variety of contexts for systemic family therapists.

Abstract: Social Learning Theory and research from several disciplines (e.g., behavioral economics, management, education) suggest that learning from others' mistakes is more impactful than learning from our own mistakes. Further, learning from others and our own successes seem to be equivalent. So, might it make sense to show trainees other therapists' mistakes rather than their success? Particularly if those successes are from "master therapists" with decades of experience and whose styles maybe not be compatible with the trainees. In this interactive workshop participants will reflect on the utility of different types of therapy video clips to assist trainees in becoming competent systemic family therapists. We will review and discuss the benefits and potential pitfalls of using recordings of "the masters" versus trainees' recordings, or even videos from popular media. Utilizing the experience and expertise of the workshop participants, therapy session video excerpts from movies and TV shows will help deepen the conversation about the impact of watching other therapists' mistakes on trainees' competency development. Consideration of context, culture, the development of the field, and the Deering effect will be central to these reflexive conversations.

Safety net configurations and inequalities among low-income, vulnerable families

Lenore McWey-USA

Short Description: Worldwide, over 700 million people live in extreme poverty. The consequences of poverty are severe, and children are disproportionately affected. This brief presentation will reveal study results showing distinct safety net configurations for low-income U.S. families, how safety nets change over time, and how they contribute to inequalities.

Abstract: Around the globe, over 700 million people live in poverty (UNICEF, 2022). The consequences of poverty are severe, and children are disproportionately affected. Indeed, poverty is a central determinant of health affecting both physical and mental health outcomes (Healthy People, 2019), and is a primary source of health inequalities (Gennuso et al., 2022; NASEM, 2017). Living in poverty limits access to health-care essentials, including nutritious foods, adequate housing, nurturing learning environments, and safe communities. Inadequate access to such resources threatens wellbeing and heightens risk for chronic physical and mental health concerns, particularly for children (Healthy People, 2019). Families' support networks, including their public and private safety nets can help mitigate poverty and its effects. Strong safety nets support positive parenting practices and child wellbeing (NASEM, 2019; Radey, 2018). Yet, spending on public safety nets for low-income families in the U.S. has decreased since welfare reform (Moffitt, 2015). Plus, employment requirements within U.S. welfare reform policies resulted in many at-risk families no longer qualifying for benefits (Shaefer & Edin, 2018). As such, the importance of families' informal supports is critical. Among low-income mothers in particular, the reliance on informal supports is long-standing (Edin & Lein, 1997). However, private safety nets are not always positive, and they often come with expectations for reciprocity that can leave mothers facing a difficult decision about whether or not to turn to family or friends in times of need (Offer, 2012). Although research explores families' public or private safety nets independently, rarely are public and private safety nets examined simultaneously. This brief presentation will discuss study results of two research questions: (1) what are the public and private safety net configurations of low-income, vulnerable families with children at key developmental stages from early childhood through adolescence; and (2) what are the sociodemographic predictors of safety net configurations? Identifying mothers' safety net configurations, changes over time, and how they potentially contribute to inequalities can inform a more responsive, equitable safety net. Results can be used to inform systemic interventions and collaborations aimed at promoting positive family health outcomes.

Good Practices in Perinatal Mental Health for Women during Wars and Migrations: A Narrative Synthesis in the Context of the War in Ukraine

Helena Garcia Lopez-Spain

Short Description: Since the beginning of Russia's aggression against Ukraine, more than 80,000 women were expected to give birth. In this presentation, a narrative synthesis of the current evidence available about the impact of war on the perinatal health of women will be discussed.

Abstract: Since the beginning of Russia's aggression against Ukraine, more than 80,000 women were expected to give birth. In this presentation, a narrative synthesis of the current evidence available about the impact of war on the perinatal health of women will be discussed.

Long: Since the start of Russia's aggression against Ukraine on February 24th, 2022, over 5 million refugees from Ukraine have crossed the European Union border. This group is mostly comprised of women and children, and the exact number of pregnant and postpartum women war refugees is still unknown. According to the State Statistics Service of Ukraine in 2020, there were 293,400 live births in Ukraine, so a similar number of children is expected to be born in 2022 in Ukraine and abroad (Verner, n.d. pp. 455). The perinatal period (from pregnancy to the first year after childbirth) is a vulnerable time and the onset and recurrence of mental disorders are high, estimating that 1 in 5 women would develop a perinatal mental disorder which might include depression, anxiety, PTSD, and others (Andersen et al., 2012; Fawcett et al., 2019; Shorey et al., 2018). This presentation aims to provide a brief overview of the main key features of psychological care that need to be taken into consideration to alleviate the negative impact of war and refugee status for pregnant and postpartum women, as well as to identify the challenges and obstacles that difficult the improvement of perinatal care for these women. This review also aims to promote perinatal care to encourage policymakers to take action toward the improvement of perinatal care, especially for the most vulnerable population. Credit to the research team members: Presentation based on the published article: Chrzan-Dętkoś, M., Rodríguez-Muñoz, M. F., Krupelnytska, L., Morozova-Larina, O., Vavilova, A., García López, H., Murawska, N., & Naki Radoš, S. (2022). Good practices in perinatal mental health for women during wars and migrations: A narrative synthesis from the COST Action riseup-PPD in the context of the war in Ukraine. *Clínica y Salud*, 33(3), 127-135. <https://doi.org/10.5093/clysa2022a14>

Men and women supervising in the intersectional world

Mark Rivett-UK Hannah Sherbersky-UK

Short Description: This presentation on the Supervision Track will explore gender dynamics between men and women in the process of supervision. The emphasis will be on power and intersectionality in the era of the MeToo Movement.

Abstract: This workshop will be facilitated by Dr Hannah Sherbersky and Mark Rivett equal Co-Directors of the Systemic Portfolio at University of Exeter UK. As a gendered team, Hannah and Mark have negotiated a range of dynamics in their work together and also in their supervision practice. Gender as one of the Social GRRACCESS has historically been understood as significant in the supervisory relationship but this has become more nuanced as systemic therapists have understood the intersectional nature of self and relational practice. Hannah and Mark will present a number of ideas about how to navigate this important facet of supervision which have guided their own supervision practice. They will encourage workshop participants to try these ideas out while being aware of the wider context in which supervision occurs.

Health Care Access Frustration and Family Resilience in Families of Children with Autism

Chrystal McDowell-USA

Short Description: This study examined the moderating effect of family resilience on the relationship between ASD severity and frustration with access to care in families of children with ASD. The impact of family resilience on frustration with care access and the differential effect of ASD severity will be discussed.

Abstract: Families of children with Autism Spectrum Disorder (ASD) often experience high levels of stress, which a lack of access to quality care and long waitlists can further exacerbate. Resilient families are often more likely to maintain similar functioning levels and experience lower stress overall. This study, thus, aimed to examine the moderating effect of family resilience on the relationship between ASD severity and frustration with healthcare access. The National Survey of Children's Health 2019-2020 (NSCH; 2021) dataset was utilized to evaluate the relationship between ASD severity, family resilience and frustration with healthcare access levels. Families were included in this study if they presently had an active diagnosis of ASD as indicated on the survey data. Results indicated that families of children with a severe diagnosis of ASD, experienced higher levels of frustration with care access. Additionally, as family resilience increased, frustration with care access decreased. The impact of family resilience on frustration with care access and the differential affect of ASD severity will be discussed.

Gatekeeping the Profession: Supervisors' Role

Pam Rollins-USA

Short Description: This lecture will present the rationale for the supervisor's role as gatekeeper, explore the current literature on supervisors' effectiveness as gatekeepers, and provide a review of best practices for supervisors.

Abstract: Each year, marriage and family training programs approve students to graduate with the expectation that they are competent as entry-level clinicians. Although accreditation standards task the training programs to ensure their graduates have the skills necessary for them to be competent clinicians, it is usually the individual supervisors who carry the bulk of responsibility for this evaluation. Additionally, post-graduate supervisors who provide oversight for new, provisionally licensed therapists must endorse and attest they are now sufficiently knowledgeable and skilled to practice independently. By gatekeeping the profession in this way, training programs and post-graduate supervisors help to protect the public by ensuring that therapists are able to do their job adequately and safely. However, evidence suggests that many supervisors and even training programs are reluctant to exercise their gatekeeping mandate. This presentation will discuss possible reasons for supervisors' reluctance and offer strategies for overcoming it. Additionally, recent disciplinary trends for licensed supervisors in the US will be discussed.

The Impact of Mandatory Continuing Education Hours on Disciplinary Violations

Pam Rollins-USA

Short Description: This study compared the number and type of CE required in 35 US states to the number and type of sanctioned violations incurred by LMFTs. Results indicated the states that required ethics CEs had fewer numbers of professional practice violations, suggesting type of CE obtained matters more than the amount.

Abstract: Continued education (CE) hours are mandated for licensed marriage and family therapists in most states in the US. However, little is known about the impact of obtaining CE on the ethical practice of marriage and family therapy. This study explored the relationship between the number and type of CE requirements in 35 states and the number and type of sanctioned violations incurred by LMFTs in those states. The results indicated a pattern of no relationship or a positive relationship between the number of CEs required and the number and types of violations. However, a negative relationship was found between an ethics CE requirement and the number of professional practice violations, suggesting that the type of CE mandated by a state may have more impact on types of violations than the number of CE requirements. Care should be taken about drawing too many conclusions about the findings until there is further support.

Creative Supervision with Family Therapists

Mandi Melendez-USA

Short Description: Engagement of the person of the therapist in supervision is vital to the successful growth of the new family therapist. This session will introduce the learner to the theoretical reasoning for creative and expressive techniques in family therapy supervision, and highlight interventions that engage the whole self of the supervisee.

Abstract: Engagement of the person of the therapist in supervision is vital to the successful growth of the new family therapist. Supervisees in traditional talk supervision will resort to logic and linear thought patterns, while supervisees engaged in creative and expressive supervision are able to experience integration of brain processes. They may also tap into unresolved traumatic experiences that would otherwise hinder therapeutic judgement (Stewart & Bratton, 2019). While there is certainly utility in verbal means of supervision, symbolic expression has the potential to deepen the reflective process and expand communication (Luke 2008). The use of expressive activities in supervision provides a nonverbal and symbolic means for supervisees to understand themselves and to share this understanding with others (Bratton, et al, 2008). Therapeutic play in the clinical supervision may also help address countertransference responses in supervisees, thus informing and enhancing self-awareness in the therapist (Gil & Rubin, 2008). This session will introduce the learner to the theoretical reasoning for creative and expressive techniques in clinical supervision of family therapists, and highlight interventions that engage the whole self of the supervisee for optimal development. Bratton, S., Ceballos, P., & Sheely, A. (2008). Use of expressive arts in a humanistic approach to play therapy supervision: Facilitating supervisee self-awareness. In A. Drewes & J. Mullen (Eds.), *Supervision can be playful: Techniques for child and play therapist supervisors* (pp. 211-232). New York, NY: Jason Aronson. Luke, M. (2008). Supervision: Models, principles, and process issues. In A. A. Drewes & J. A. Mullen (Eds.), *Supervision can be playful: Techniques for child and play therapist supervisors* (pp. 7-27). Lanham, MD: Jason Aronson. Rubin, L., & Gil, E. (2008). Countertransference play, informing and enhancing therapist self-awareness through play. In A. A. Drewes & J. A. Mullen (Eds.), *Supervision can be playful: Techniques for child and play therapist supervisors* (pp. 249-267). Lanham, MD: Jason Aronson. Stewart, A., & Bratton, S. (2019). Express Yourself! Using experiential approaches with play therapists in trauma-informed supervision. *Play Therapy Magazine*, December 2019.

Addressing Barriers of Family Therapy Practice Using an Online Therapy Training Platform

Melissa Gutierrez-USA

Short Description: This poster describes challenges to sustaining family therapy teams in a public health setting and an innovative Family Therapy Training and Implementation Platform (FTTIP). The platform uses dynamic animated families that allow trainees to practice their competencies and receive expert feedback. We report on FTTIP's feasibility, acceptability, and outcomes.

Abstract: Family therapy has emerged as one of the most efficacious interventions for child and adolescent behavioral and psychiatric issues. However, implementation of family therapy in public health settings has been highly challenging and many barriers have been identified in the implementation science field. There are often limited resources for training and coaching on evidence-based treatments, high costs related to training and ongoing coaching that require long engagements with experts, limited opportunities to practice new competencies, and high rates of staff turnover. An online learning platform promises to address one of the biggest challenges in the treatment agency world which is staff turnover and the need for ongoing training and support. With NIMH funding, we developed an Innovative Family Therapy Training and Implementation Platform (FTTIP) that allows trainees to learn specific competencies and then practice the competencies with dynamic animated families. This poster discusses the work that has been undertaken with funding from the National Institute on Mental Health to facilitate the adoption and sustainment of evidence-based treatments. The innovative aspects of the platform and the ways in which the platform meets implementation challenges are presented. The poster also reports on the FTTIP pilot study investigating the impact of the FTTIP training and coaching activities on the mastery and delivery of family therapy interventions. We compared the outcomes of platform trainees (n=18) to a small group of trainees (n=7) who participated in the traditional face to face training over a 2-day period measuring feasibility, acceptability, and competency. Across the board, data suggest that FTTIP was equivalent or slightly better than Training-As-Usual (TAU). We also describe a new large, randomized trial that tests the newest generation of the platform.

“Pour a little sugar on it, honey”: romantic relationship influence on metabolic syndrome

Veronica Viesca-USA Parker Garrett-USA

Short Description: This workshop describes systematic review findings examining the bi-directional relationship between Metabolic Syndrome and couple relationships. Results will provide practitioners with an understanding of the physiological processes involved in insulin regulation and neurobiological implications. Conversely, we will discuss the neurobiological and physiological implications of couple distress on glucose regulation.

Abstract: Metabolic syndrome is a cluster of conditions that combine, increase risk of coronary heart disease, diabetes, stroke and other serious health problems (“What is metabolic syndrome,” n.d.). 1 in 3 adults in the United States are impacted by Metabolic Syndrome while globally Metabolic Syndrome is rapidly increasing in countries across the economic spectrum (Saklayen 2018). One fascist of metabolic syndrome is insulin resistance. Insulin resistance is often described as the foundation upon which the three major metabolic disorders rest upon. Insulin resistance is a continuum ranging from hyperinsulinemia leading to impaired glucose disposal and eventually if not intervened type 2 diabetes. Research has found relationships between labile glucose levels and a persons report of increased depressed symptoms, worsening moods and mood disturbances (Watson et, al. 2021). These findings were noted across all individuals (diabetics and non diabetics alike; Watson et al, 2021). Additionally as the variation in insulin fluctuation widens, (higher highs and lower lows) so do symptoms of depression (Watson, et, al. 2021). The high rates of metabolic syndrome make it an important area of understanding for both health practitioners and mental health providers alike given that for most providers they are bound to encounter several patients with these medical concerns over the lifetime of their practice. Additionally metabolic syndrome comes with its own neurobiological, behavioral and relational implications. For the purpose of this presentation we will share findings from our systematic review of the bidirectional relationships between couple distress and metabolic syndrome. References U.S. Department of Health and Human Services. (n.d.). What is metabolic syndrome? National Heart Lung and Blood Institute. Retrieved January 3, 2023, from <https://www.nhlbi.nih.gov/health/metabolic-syndrome#:~:text=Metabolic%20syndrome%20is%20a%20group,also%20called%20in%20resistance%20syndrome> Saklayen MG. The Global Epidemic of the Metabolic Syndrome. *Curr Hypertens Rep.* 2018 Feb 26;20(2):12. doi: 10.1007/s11906-018-0812-z. PMID: 29480368; PMCID: PMC5866840. Watson, K. T., ... & Penninx, B. W. (2021). Incident major depressive disorder predicted by three measures of insulin resistance: a Dutch cohort study. *American Journal of Psychiatry*, 178(10), 914-920.

Systemic Family Therapy and Global Health Issues: An overview

Mudita Rastogi-USA Reenee Singh-USA

Todd Edwards-USA Sarah Helps-USA

Short Description: Volume 4 of The Handbook of Systemic Family Therapy captures key mental health issues around the world. The authors attend to theory, research, and clinical practice in our field that impacts global health. This presentation will highlight concepts, communities, and themes that are sparsely represented in the systemic therapy literature.

Abstract: The Handbook of Systemic Family Therapy (2020) is a comprehensive resource comprising of 4 volumes, addressing theory, research, clinical issues, gaps in our field, and future directions. One of the strengths of the Handbook is that it includes an entire volume dedicated to exploring global mental health issues across the lifespan. Chapters in volume 4 range from overarching frameworks to intervene in families in a global context, to understanding the needs of low and middle income countries and communities. Other authors have taken a systemic look at topics such as cultural sensitivity in measurements, trauma, ambiguous loss, severe mental illness, neurodiversity, and other medical conditions. This brief presentation will include a panel of 4 presenters, all of whom are authors of chapters in The Handbook, and/or were part of the editorial team. All have an interest in global mental health, culture, and difference. The panelists will pull key themes from a few of the chapters to tie global needs with interventions. A portion of the presentation will address global perspectives and future trends in areas such as systemic family therapy education, training, and supervision. The panelists will also engage in a QnA with members of the audience to learn their point of view and challenges in practicing and teaching systemic family therapy globally. Reference: Wampler K. S., Miller R., Seedall R. B., McWey L. M., Blow A. J., Rastogi M., & Singh R. (2020). The handbook of systemic family therapy. John Wiley & Sons.

Family therapy and Parallel Universes

Glenn Lerner-Australia

Short Description: If cosmologists and physicists are right about cosmic inflation and parallel universes and recent evidence suggests they could be, what might this mean for those of us working in a therapeutic universe? This brief presentation will tentatively explore such questions and their relevance for systemic theory and family therapy.

Abstract: What if every therapeutic encounter has the potential to create what the cosmologist and physicist Lawrence Kraus calls a universe from nothing, a parallel world where difference and change are possible? What makes this more likely rather than perpetuating the same or a world that defines or 'saturates' people's lives as fate, what Nietzsche refers to as the eternal return? If we knew the answer we possibly wouldn't be in the game of therapy, but we are and so we need to ask the question. Perhaps as Bateson suggested, it is the asking or curiosity that provides the probe into ecology, nature, and the outer reaches of therapeutic space. Put simply if the cosmologists are right about cosmic inflation and parallel universes and recent evidence suggests they could be, what might this mean for those of us working in a therapeutic universe? This brief presentation will tentatively explore such questions and their relevance for systemic theory and family therapy. format: 20 Minute

A Cognitive-Behavior Model of Resilience for Use in Family Therapy Practice

Kenneth Miller-USA Susan Miller-USA

Short Description: Authors present a description of the Cognitive-Behavioral Model of Resilience (CBMR) for use in family therapy practice. Authors provide an overview of CBMR development and a comprehensive examination of model structure. Authors explore potential uses of the CBMR in assessment, diagnostic, and treatment to promote individual and family resilience.

Abstract: Authors report results of ongoing research on a four-stage by four-domain Cognitive-Behavioral Model of Resilience (CBMR) briefly referenced in their 2022 IFTA World Family Therapy Congress presentation. The CBMR was empirically derived from responses by parents/primary caregivers of children with disabilities during two, 6-hour workshops at a mid-size, U. S., midwestern, university. Research findings reveal that parents of children in distressed families commonly experience high levels of stress that result in negative physical, psychological, financial, and social outcomes for family members. These stressors include inadequate access to critical information/resources, work-life imbalances, reductions/loss of unemployment, and marital conflict that may result in physical illness, emotional distress, substance abuse, and a host of other negative consequences. These stressors are exacerbated by family dynamics such as poor communication and coping skills, emotional inflexibility, and dysfunctional family structures. Because the professional literature reports resilience as a mediator of the consequences of the stress response, our research with parents/primary caregivers focused on strategies for promoting resilience development for this population. Using data collected from both qualitative and quantitative research, authors developed the CBMR. Cognitive-Behavioral Theory posits that individuals function in four domains (i.e., cognitions, emotions, behaviors, and physiology), that these domains are highly interrelated, and that changes in one domain will result in changes in the remaining three domains. Authors observed these relationships and dynamics in our work with parents and further observed that parents' abilities to demonstrate resilient responses in the face of stressful circumstances appeared to emerge and change on a developmental continuum. Consequently, we developed the CBMR to account for resilience development in the four CBT domains across the following stages: pre-resilience, emerging resilience, resilience, and transformational resilience. Based on preliminary research findings, we present strategies for using the CBMR in individual and family therapy practice as they relate to assessment, diagnosis, and treatment. We further propose explanations of the mechanisms that result in advancements and regressions in resilience development with the goal of helping family therapists promote resilience in individuals and families.

Family/Community-Based Interventions for Large-Scale Ambiguous Losses

Pauline Boss-USA

Short Description: For times of large-scale disasters, Dr. Pauline Boss' workshop focuses on community-based interventions for ambiguous losses (e.g., family members missing from earthquakes, pandemic, war, terror, tsunami, forced disappearance, migration, immigration, loss of home and land from climate change, etc.)

Abstract: Building on her plenary with broader systemic application in times of large-scale disasters, Dr. Pauline Boss provides a workshop focused on multi-family and community-based interventions for families suffering from disasters of ambiguous loss—earthquakes, pandemic, war, terror, tsunami, forced disappearance, migration, immigration, kidnapping, loss of home and land from climate change, etc. This workshop will be collaborative with interaction between Dr. Boss and attending therapists. Whether you are working with one family or a group of families, this workshop is essential for troubled times. Again, Dr. Boss will emphasize why grief therapy does not work with ambiguous loss and what to do instead.

Systemic Supervision In Context

William Northey-USA Mark Rivett-USA

Abstract: Context matters. Yet often the systemic supervision literature focuses on the early stages of clinician development with a focus on traditional brick-and-mortar university training programs. Further, the development of the supervisor is also too often neglected as if once a clinician is deemed competent to supervise that is the end of their journey. We will explore the importance of context in ongoing competence development. Borrowing from the work of Morgan and Sprenkle (2007), White and Russell (1995), and Northey and Gehart (2018) this interactive workshop will explore how consideration of the settings, contexts, and types of supervises enhances the supervision process. Specifically, participants will consider competence development from several perspectives as well as the role (e.g., coach, mentor, teacher, administrator) and style (e.g., collaborative, directive) of systemic supervisors. In addition, participants will reflect on the systemic interplay between the supervisor, supervisee, their relationship, the client system, and the clinical context.

Systemic Supervision Contextualized

Panel

Short Description: To conclude the Supervision Track, the presenters will engage in an interactive discussion with participants and each other to consider the takeaway messages from the day and discuss next steps in advancing systemic clinical supervision around the world.

Abstract: The presenters from the Supervision Track will engage in a lively, interactive discussion with participants and each other to delve into the topics that were explored in the 6 presentation that are part of the track. Consideration of future presentations and resources to support systemic supervision in a multitude of contexts will be discussed, including the benefits and shortcomings of synchronous telesupervision.

What you must know about the impact of technological advancement in psychotherapy.

Jacqueline Fonseca de Abreu-USA

Short Description: Mental health professionals must adjust their practice facing the ongoing advancement of technology created to impact people's minds and behaviors. Artificial Intelligence, Brain Computer Interface, and others bring challenges at all levels to psychotherapy. Are you ready for the future?

Abstract: Learn about different types of technology and the practical and ethical implications of using or recommending them. Reflect on the role that Artificial Intelligence plays in people's lives, impacting their thoughts, feelings, and behaviors. Understand how Brain Computer Interface may affect individuals, couples, and families around the world. Identify innovative ways to incorporate technology in your practice being aware of the pros and cons of such use.

What would you do?: A roundable discussion on supervision of two cases

Senem Zeytinoglu-Saydam-Turkey

Short Description: In this roundable discussion, the presenter will open the space for discussion on two cases she has supervised and has struggled with during the process. The cases will be discussed based on clinical and legal implications, self of the therapist issues and cultural sensitivity.

Abstract: In this roundable discussion, the presenter will open the space for discussion on two cases she has supervised and has struggled with during the process. The cases will be discussed based on clinical and legal implications, self of the therapist issues and cultural sensitivity.