

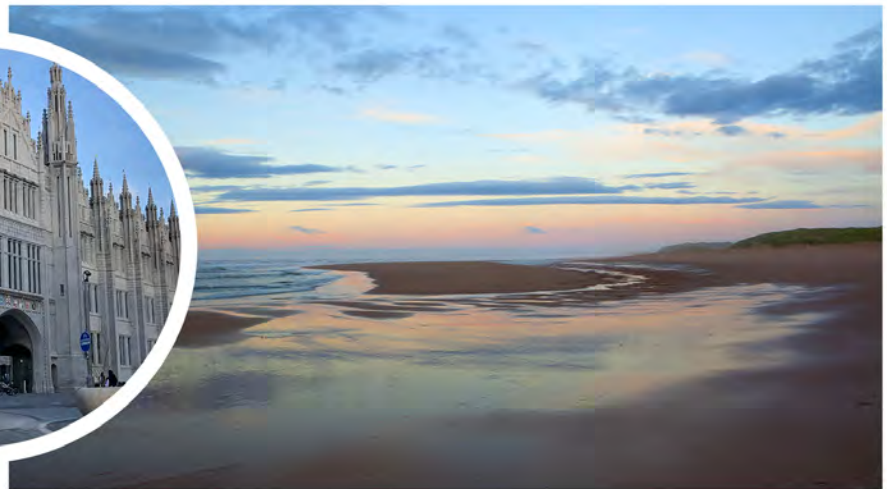


March 24th-29th 2025

Aberdeen Scotland



**International Family
Therapy Association**



WELCOME TO THE IFTA CONGRESS

Dear Colleagues,

Welcome to Aberdeen, Scotland! This is the International Family Therapy Association's 2025 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 2025 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 therapists from over 30 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.

Jake Johnson

Jake Johnson 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 ETHICS

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

As we look forward to another exciting congress, we want to remind everyone that the World Family Therapy Congress is dedicated to providing a harassment-free experience for everyone regardless of factors such as sex, gender 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 conference staff member 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.

IFTA: CELEBRATING 30+ YEARS

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PLENARY PANEL

Sponsored by the Family Process Institute



Hannah Sherbersky, Ph.D.
CEO, Association for Family
Therapy and Systemic Practice,
UK
And
Associate Professor at the
University of Exeter



Renee Singh
Founding Director of the
London Intercultural Couples
Centre
And
Consultant, Family and Couples
Systemic Psychotherapist



John Burnham
Former Director of Systemic
Training, Parkview Clinic,
Birmingham Women and Chil-
dren's Hospital. Now the lead
for the Supervision Training
Course

BENEFITS OF MEMBERSHIP

JOURNAL OF FAMILY PSYCHOTHERAPY

As a member of IFTA you will receive a subscription to the Journal of Family Psychotherapy. This is the official journal of IFTA and is sent to you electronically as part of your membership fee and is available online.

INTERNATIONAL CONNECTION

The online International Connection newsletter provides you with updates about the organization and additional articles written by members worldwide.

FAMILY THERAPY E-NEWS

A Members Only Research E-News Forum is sent quarterly highlighting research in marriage and family therapy.

WORLD FAMILY THERAPY CONGRESSES

A special World Congress discounted registration fee is available every year for members attending the annual World Family Therapy Congress. Networking is one of the highlights of an IFTA Congress; many Congress attendees say, "the best networking congress ever!"

IFTA MEMBERSHIP DIRECTORY

An IFTA Member Directory is available to members only by request.

IFTA and IFTA CONGRESS WEB SITES

IFTA maintains a web site that contains information on upcoming World Family Therapy Congresses, Association information, news, and occasional articles.

A Theory of the Invisible Ink of the Psychology and Danger of Skin Whitening Practices

Augustine Nwoye

Short Description: Skin whitening is one of the most prevalent and dangerous methods of body alteration used all over the world. Unfortunately, very few people are aware of the deadly health consequences that go with it. A theory of the invisible ink of the dangers that accompany its practice is offered.

Abstract: Although skin whitening is one of the most prevalent and dangerous methods of body alteration used all over the world, very few people are aware of the unintended deadly health consequences that go with it. Thus while several research and writings have been conducted aimed at exploring the why and the how, and the demographic patterns of its practice, including the kinds of pills, injections and creams that are implicated in its use. Such a descriptive approach to its study has tended to becloud attention to the dangerous health consequences that ultimately accompany its use. In this presentation, a theory of the invisible ink of the ominous health dangers that go with skin bleaching or skin whitening is offered to draw attention to this deadly dimension that hides behind the initial signs of positive gains that accompany its use. This presentation is intended to serve as a warning signal to those still contemplating succumbing to its allurements and the usually one dimensional understanding of the gains of such a practice.

Working with Trans and Gender Expansive Families

Katie Heiden-Rootes

Short Description: The presentation integrates clinical and research experience with trans and gender expansive youth and their families for offering a systemic conceptualization of trans youth mental health. Three key ideas will be offered for family therapy intervention related to big adult feelings, parental humility, and becoming a professional for trans lives.

Abstract: The presentation integrates clinical and research experience with trans and gender expansive youth and their cisgender families. The presentation will begin by outlining a systemic conceptualization of the mental health of trans and gender expansive youth within the current political climate, a new generation of young people expanding notions of gender, and uneven social change. Participants will be introduced to new metaphors for understanding gender and sexual development and recent data on the expanding LGBTQ population in the United States and the world. Three key recommendations for family intervention will be discussed: 1) Adult feelings about trans youth are political and personal; 2) Cultivating parental cultural humility facilitates connection with trans youth; and 3) Professional co-conspirators are vital to building a world worth living in for trans youth. Finally, the presentation will conclude with discussion of self-of-the-therapist realities related to legal vulnerabilities in anti-trans locations, dealing with the communities and families we live in, and restoration in the midst of political battle fields in families.

Impact of Parental Loss on Hong Kong youth: A Qualitative Study with AI-Generated Music

Wing Man Chi

Short Description: This study examines the impact of bereavement on adolescent self-development in Hong Kong, revealing unpredictable effects of grief despite anticipated loss. It highlights how bereavement could enhance family cohesion and personal growth, and innovatively employs AI-generated musical narratives to express participants' stories, offering new insights into grief processing.

Abstract: This study investigates the impact of adolescent bereavement experiences on self-development within the context of Chinese Hongkongers. Applying qualitative research methods, and using thematic and narrative analysis to interpret data, the study draws from in-depth interviews with six teenagers who have experienced the death of a parent. Unpredictability of Grief Even in cases of foreseeable death, such as long-term illness, the pain of bereavement remains profound and unpredictable. This questions the amelioration from "Anticipatory Grief". Interviewees reported feeling unprepared for the loss, with the intensity and duration of their grief exceeding expectations. This suggests a need to reassess the understanding of the grieving process. Importance of Open Communication The study underscores the significance of third-party facilitation in establishing open communication platforms to support families during late-stage care. This has important implications for family counselling, emphasizing the need for greater sensitivity and effective processing strategies when supporting grieving clients. Impact on Family Dynamics Bereavement often enhances remaining familial bonds, enhancing cohesion and sometimes repairing longstanding conflicts. These changes profoundly affected adolescent self-development, prompting new belief systems and values. Adolescents became more independent and gained a deeper understanding of themselves, influencing their relationships and future aspirations. Innovative Use of AI-Generated Musical Narratives The study experimented with AI-generated musical narratives to present the interviewees' stories through music, offering insights into their emotions and beliefs. This approach provided a new perspective on the inner world of the interviewees, resonating deeply with listeners. This innovative method expands narrative research beyond textual analysis into multi-sensory experiences, opening new perspectives for research and counselling practice. Implications and Future Directions This study aims to provide insights for family counsellors by integrating individual and family grief counselling with information technology. Acknowledging the diverse experiences of grieving individuals, it advocates for a compassionate, innovative, and holistic approach to better support bereaved teenagers and their families. By merging traditional counselling methods with new technological interventions, this research provides valuable insights and practical applications for addressing the needs of adolescents experiencing bereavement in Hong Kong.

Getting Published in Family Therapy Journals: Pitfalls and Possibilities

Todd Edwards

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 Editors of the International Journal of Systemic Therapy to learn about ways to navigate the publication process and translate your work into a published article.

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Re-initiating Interpersonal Touch and Touch Desire in Family Education: An Exploratory Study on Interpersonal Impacts from Women Avoiding Touch in Hong Kong

Ng Sze Ki

Short Description: In Hong Kong, physical touch is uncommon, even among couples. Inadequate physical contact may pose a threat to relationships, especially intimate ones. Indeed, women with touch avoidance crave it. Hence, body touch educational program should be promoted to enrich relationship intimacy.

Abstract: Touch has a positive effect on relationships and stress alleviation. Nonetheless, physical touch is rare amongst Hongkongers, even amongst couples, and the situation became especially pronounced after social distancing practices from COVID-19 pandemic and increasing digitalization in recent years. Insufficient touch significantly impairs interpersonal intimacy and makes individuals more anxious. Various factors influence attitudes and practices of touch. Touch avoidance is a phenomenon describing frequently avoidance of physical contact with others. Since current research mainly focused on the factors affecting touch avoidance or touch avoiders' characteristics based on Euro-American cultures, few studies cover the subjective perception and interpersonal impacts in Asian cultures. Hence, this study aims to explore the interpersonal impact from touch avoidance patterns amongst Hong Kong women with qualitative research, drawing from their subjective experiences. Most of the interviewees related positive experiences which indicate a desire for touch, simultaneously showing a weak awareness on touch needs and behavior. This may be explained by the substantial impact from their families and Chinese culture on constructing individuals' attitude of touch, limiting their exploration and articulation regarding touch. Moreover, the potential negative effect on an intimate relationship is higher compared to peer and familial relationships. With this distant interpersonal closeness, this may further impair the couple sexual intimacy and couple relationship, which should be explored in future research. There are service implications on raising awareness of touch. The first are experiential body workshops, aiming at enriching and embracing the individual touch desires. A relationship enrichment program would follow to educate and resume appropriate interpersonal touch behaviors, addressing current deficiencies on touch education and touch intimacy, and encouraging the re-connection in society.

MDFT; a comprehensive familytherapy for adolescents and their families

Sylvia Cool

Short Description: We will explore the theory and clinical work in MDFT. You will experience the way MDFT works for adolescents with behavioral problems and their families. The workshop will be interactive: theory, modelling, roleplay will be used to give the learners an experience they can use in their daily practises.

Abstract: Multi-Dimensional Family Therapy (MDFT) is a comprehensive evidence based family therapy that is researched extensively. In this workshop we will take you to: The background and understanding of the MDFT theory. We will work with the key elements from MDFT: the three stages of MDFT and the importance of alliance building both inter- and intrapersonal. We will also look into the developmental areas of the adolescent. We show you how to look at the work in four domains: adolescent, parents, family and extra- familiar and how this interacts. We will explore the use of self in MDFT as well as the use of enactment in MDFT. We will explore the multiple pathways to change in a family and we will do that not only from theory, but also by showing video fragments of a case and think and work together around a typical MDFT case. We will roleplay with the key interventions in MDFT. This workshop about MDFT is interactive and interesting when you work with multi-problem families. Most of the families in MDFT have multiple problems such as: psychiatric disorders by one of the parents or the adolescent, criminal behavioral problems, high conflict divorces and trauma. The learner will get tools for working in such difficult problem areas in families and how to help the families find their own strengths. For this workshop every learner will get a brief manual with the highlights of this particular family therapy so that they can use some key elements in their daily work with the families. The core of this workshop is learn to be really present as a therapist in difficult circumstances and learn the principles of show, don't tell...That is why this workshop more than talk about, but really experiencing the clinical work in MDFT.

Relationship Dynamics in Custodial Grandfamilies: Considerations for Family Therapists

Megan Dolbin-MacNab

Short Description: Grandfamilies, or families in which grandparents are raising grandchildren, experience complex intergenerational relationships. This presentation focuses on exploring those relationship dynamics and family therapy approaches uniquely suited for grandfamilies. Recommendations related to assessing grandfamilies, navigating legal/ethical issues, and providing culturally attuned and trauma-informed therapy will also be provided.

Abstract: Globally, grandparents commonly serve as surrogate parents to their grandchildren, in what are known as custodial grandfamilies (Dolbin-MacNab & Yancura, 2018). In the U.S., grandfamilies form when grandchildren's parents are unable to care for them, often due to traumatic or otherwise adverse circumstances. Research has consistently established that grandfamilies are a vulnerable population, as grandparents experience compromised physical and mental health (i.e., depression and anxiety) and grandchildren experience high rates of internalizing and externalizing behavior problems as well as physical and academic difficulties (Hayslip et al., 2017). Additionally, grandfamilies frequently experience financial, legal, housing, nutritional, educational, and social challenges (Hayslip et al., 2017). While multiple services are necessary to meet grandfamilies' needs, family therapists are uniquely positioned to help grandfamilies navigate their unique intergenerational relationship dynamics, as relationships among grandparents, biological parents, and grandchildren are complex and must be renegotiated. The goal of this presentation is to introduce practitioners to family therapy with grandfamilies. Informed by global and intersectional perspectives, the presentation will review the prevalence and demographics of grandfamilies as well as research about their formation and psychosocial outcomes. Next, the presentation will explore the complex relationship dynamics within grandfamilies, highlighting the relational issues associated with grandparents assuming parenting responsibilities for a second time, the changed roles and boundaries in grandparent-parent-grandchild relationships, and the renegotiation of the parent's participation in grandfamily system. The remainder of the presentation will focus on family therapy approaches uniquely suited for grandfamilies; these include applications of structural family therapy, contextual family therapy, and filial/family play therapy. The importance of providing culturally attuned and trauma-informed family therapy to grandfamilies will be highlighted, as will considerations related to assessment and legal and ethical issues. During the presentation, participants will have the opportunity to reflect on their perspectives on grandfamilies, given evidence that custodial grandparents often feel judged by practitioners (Dolbin-MacNab, 2015). Participants will also engage with case scenarios to deepen their understanding of the relational dynamics within custodial grandfamilies and how family therapy can be utilized to support the needs of all members of the grandfamily system.

Embrace Inclusivity: Christian Leaders' Perspectives on Refusing Therapy to Trans & Nonbinary Folx

Christi McGeorge

Short Description: Based on personal religious beliefs, some therapists refuse to work with transgender and nonbinary clients. This qualitative study focused on Christian religious leaders' insights for therapists who consistently refer transgender and nonbinary clients to assist therapists in being able to provide affirmative and inclusive services for trans and nonbinary folx.

Abstract: Some therapists refuse to work with transgender and nonbinary clients by consistently referring all clients who hold a marginalized gender identity (McGeorge et al., 2024). This act of refusal is labeled a discriminatory referral as such actions are perceived to violate the codes of ethics of all mental health associations (Coburn & McGeorge, 2019; Hartwell et al., 2022; Kaplan, 2014). In particular, these referrals are seen as a violation of the non-discrimination clause as scholars explain that refusing to work with clients based on a protected demographic identity (i.e., gender identity) is an action of discrimination and unequal treatment (Kaplan, 2014; Nguyen et al., 2016; Shiles, 2009). The rationale that therapists provide for refusing to work with transgender and nonbinary clients is often based on their personal religious beliefs (Caldwell, 2013, 2011; McGeorge et al., 2016). Thus, this exploratory qualitative study focused on Christian religious leaders' perceptions and insights for therapists who refuse to work with transgender and nonbinary clients. Nineteen religious leaders from diverse Mainline Christian Protestant traditions were interviewed. Queer theory-informed thematic analysis revealed two themes summarizing participants' perceptions of family therapists referring all clients with a marginalized gender identity: (1) Therapists Should be Transgender and Nonbinary Inclusive and (2) Refusal is Informed by Religious Beliefs. Additionally, two themes were identified that focused on advice religious leaders have for therapists who engage in the practice of referring all clients with a marginalized gender identity (1) Re-Examine Religious Beliefs and (2) Embrace Gender Inclusivity. The findings of this study highlight the unethicity of such referrals due to the harm the referrals cause clients and suggest that therapists who make such referrals need to consider if they can stay in the profession. Additionally, the participants argued that the only way to make sense of such referrals is within the context of the therapists' religious beliefs, which are often supported by the larger culture. At the same time the participants explain that religious beliefs are not a reason to refer a client and that from their perspective, Christian beliefs and teachings affirm and accept transgender and nonbinary identities.

Provider Training to Help Parents with Cancer Communicate with their Children

Vaida Kazlauskaite

Short Description: This quantitative study focused on extend of training mental and medical health providers receive to assist parents with cancer in their communication efforts with their school- aged children. Role perception was also measured to assess whether provides believe it is part of their job description to help in this foci.

Abstract: About 20% of adults diagnosed with cancer are parents of children under the age of 18 years. Parents diagnosed with cancer often seek assistance from their providers when it comes to deciding how to tell their children about the diagnosis. However, extant literature illustrates that providers are not adequately prepared to engage with or support patients and their family members in this process(es). A survey constructed for this inquiry was used to collect data. Two linear regressions were used to analyze the relationship between provider type and receiving specific training. An independent t-test was utilized to compare means between two types of providers (i.e., biomedical and mental health) and their respective perceptions of roles. Findings illustrate that providers primarily receive training about how to work with patients and families on-the-job. Similar results were found related to training specifically on how to support communication efforts between parents and children during cancer diagnosis conversations. However, providers are interested in receiving more training on these matters. Mental health providers were more receptive toward helping parents gather information about cancer (and then facilitating conversations about it with children) than as compared to biomedical providers. This inquire yielded implications for medical and graduate school curricula to include principles of the Patient-Centered Medical Home to create a standard of practice that includes family members in patient care. Continued training during residency and internship to educate providers about all professionals working in integrated teams is indicated. Knowledge about the roles that various providers play could also increase reliable resource provision and effective interdisciplinary collaboration.

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Digital Echoes in a Pandemic Era: Impact of Instagram and TikTok on Mental Health Post-COVID-19

Afarin Rajaei

Short Description: This study explores how Instagram and TikTok have influenced mental health post-COVID-19, addressing both positive and negative outcomes.

Abstract: The COVID-19 pandemic drastically changed social interactions, with increased reliance on social media platforms like Instagram and TikTok. This study examines the impact of these platforms on mental health in the post-pandemic era. By utilizing a mixed-methods approach, we analyze social media usage patterns and their correlation with mental health indicators such as anxiety, depression, and social isolation. The study aims to provide a comprehensive understanding of the dual nature of social media's impact on mental well-being. Key outcomes include developing guidelines for healthier social media use and recommendations for policy and therapeutic interventions. The findings will offer valuable insights for mental health professionals, policymakers, and social media companies in promoting digital wellness.

Culturally Adapted Family Therapy for Intergenerational Trauma in Iran: A Mixed-Methods Study

Afarin Rajaei

Short Description: This study examines culturally adapted Couple and Family Therapy (CFT) for addressing intergenerational trauma in Iran. Using mixed methods, it highlights therapeutic approaches, cultural adaptations, and effective practices to mitigate trauma across generations, offering insights for therapists and policymakers in developing culturally sensitive interventions for Iranian families.

Abstract: This mixed-methods study explores the effectiveness of culturally adapted Couple and Family Therapy (CFT) in addressing intergenerational trauma among Iranian families. Given Iran's complex sociopolitical history—including war, economic sanctions, and political instability—generational trauma has profoundly affected families. This research examines how CFT can be tailored to meet the unique cultural needs of Iranian families dealing with the effects of trauma passed through generations. The study combines qualitative and quantitative approaches. Interviews were conducted with 23 Iranian therapists specializing in CFT to understand their therapeutic methods, cultural adaptations, and the challenges faced in navigating sociopolitical sensitivities. Quantitative data were gathered from 96 clients using validated tools, including the Intergenerational Trauma Questionnaire (ITQ), PTSD Checklist (PCL-5), and Beck Depression Inventory-II (BDI-II), to measure the impact of therapy on trauma-related symptoms, family dynamics, and cultural identity conflicts. Key findings reveal that therapists commonly use integrative approaches, blending narrative therapy, systemic family interventions, and culturally specific adaptations like indirect communication, the inclusion of extended family members, and traditional healing practices. Quantitative results show significant improvements in trauma and depression symptoms, with clients reporting enhanced family cohesion and reduced cultural values conflict post-intervention. Cultural adaptations—such as addressing gender roles and the collective values of Iranian society—were critical to treatment effectiveness, underscoring the importance of culturally sensitive therapeutic practices. This study provides valuable insights for clinicians, suggesting that incorporating traditional practices and addressing cultural nuances can enhance therapeutic engagement and outcomes for families affected by intergenerational trauma. It also highlights the role of social media in increasing mental health awareness, allowing more Iranians to recognize and seek support for trauma-related issues. The findings underscore the need for policy and practice in non-Western contexts to prioritize cultural adaptation in therapy. This research contributes to the growing literature on CFT's applicability across cultures and offers a framework for developing culturally responsive models to support resilience and healing in trauma-affected families.

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Enriching Male-Focused Romantic Competence in Relationship Education: Insights from Male Participants in Pick-Up Artists (PUA) Learning in Hong Kong

Sin Ting Lam

Short Description: In the absence of a relationship manual, males experiencing relationship difficulties seek guidance from the Pick-Up Artists community, despite ethical dilemma. Essential relational needs like intimacy and attachment are overlooked. A male-focused romantic competence educational program is proposed to foster the development of an authentic and satisfying relationship.

Abstract: The pursuit of love and intimacy is a crucial developmental task, yet there is no comprehensive manual to assist individuals to accomplish the desired relationship goals. After a period of trial-and-error in the relationship exploration, some male adults turn to controversial Pick-Up Artist (PUA) community for relationship guidance. This study aims to investigate the factors influencing Hong Kong men's engagement in PUA learning and examine the transformative effects of PUA learning on participants with qualitative research, drawing from their subjective experiences. A Pick-up Artist (PUA) is defined as a male with remarkable portfolio in the art of picking-up or seducing women. However, the ideology of PUA is subjected to criticism and judgment due to its association with manipulation, the objectification of women, and the pursuit of sexual conquests. Despite facing ethical dilemma, masculinity oppression and confusing relationship during the PUA learning process, interviewees strived to seek solutions for their relationship difficulties as they struggled to obtain guidance, acceptance, and validation from the community. Equipped with the standardized and formulated skills, they are able to overcome relationship anxiety and fear of rejection. The discourse of masculinity which promotes the notion of Alpha Male is appealing for them to address the issues of low self-esteem and negative self-image. The significance of relational needs, such as intimacy and attachment, for the interviewees has been overlooked, leading to the difficulties in developing stable and satisfying romantic relationships. Several implications are proposed to support men in achieving relationship goals. A romantic competence enhancement program is recommended to provide relationship-specific knowledge and skills, coupled with mentorship support, in order to encourage critical self-reflection and promote relationship efficacy. Additionally, a male-focused program is advised to encourage men to reevaluate the traditional gender expectations, develop healthy masculine identity, and ultimately establish an authentic and balanced relationship.

Gaining Awareness of Fetal Alcohol Spectrum Disorders

Chris Troutt

Short Description: Fetal Alcohol Spectrum Disorders are on the rise. As practitioners it's our duty to gain better understanding on how this organic brain damage effects a person's life and outcomes. This presentation will allow those in attendance to gain awareness and understanding of prenatal exposure to alcohol and drugs.

Abstract: Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person exposed to alcohol before birth. These conditions can affect each person in different ways and can range from mild to severe. People with FASDs can have lifelong effects, including problems with behavior and learning as well as physical problems. FASDs are preventable if a developing baby is not exposed to alcohol. There is no known safe amount of alcohol during pregnancy or when trying to get pregnant. To prevent FASDs, a woman should avoid alcohol if she is pregnant. Women of childbearing years can be encouraged to take a pregnancy test prior to drinking alcohol if there is any possibility that she might be pregnant, thus lowering the risk of FASD. FASD's are often misunderstood and misdiagnosed. Practitioners can miss the signs of FASD due to a lack of education. This presentation is designed to raise awareness for participants regarding the dangers of drinking alcohol during childbearing years and promote early recognition, diagnosis and treatment of those individuals who have been affected by prenatal exposure to alcohol.

Practicing curiosity: Helping students embrace uncertainty and value difference

Kathy Warner

Short Description: Beliefs cannot be mandated, yet core to the work of teaching family therapists is fostering the ability to and connect across differences. We present an engaging experiential activity for teaching family therapists to embrace differences. This activity fosters curiosity, embraces diversity, and helps students find comfort in multiplicity.

Abstract: Beliefs cannot be mandated, yet core to the work of teaching family therapists is fostering the ability to and connect across differences. To help bridge this gap, we present an engaging experiential activity for teaching family therapists to embrace heartfelt differences. This activity fosters curiosity, embraces diversity, and helps students find comfort in multiplicity, enhancing their ability to bridge belief gaps effectively. For more than 20 years, our MS Marriage and Family therapy program has adapted a facilitated conversation method known as the Public Conversations Process to help our students grow their ability to value diversity and embrace difference. This facilitated conversation provides a pathway for our students to constructively talk about deeply divisive topics that involve disparate worldviews, deeply held beliefs, core values, and identity. Most importantly, through this process students learn how to lean into uncomfortable spaces where divergent beliefs and experiences often divide, even pit people against one another. Our deep investment in this learning activity reflects a program-wide philosophy that humans are both the same and different, that good therapists look for and value both, and that relationships—therapeutic and non-therapeutic—require ongoing ways of listening and respecting both. Rather than mandating that students value diversity or cajoling them into professing tolerances they may not organically feel, we provide an opportunity for them to evaluate the values around diversity that they are being invited to adopt and we help them find their unique path to reject or assimilate the ideas about connecting across differences that we offer. We begin with the premise that all beliefs are shaped by experience. Students explore how their and their colleague's ideas are rooted in life experiences. Students explore and share how their cherished beliefs stem from their valuable life experiences, while also fostering curiosity about how others' distinct values, beliefs, worldviews, and identities are shaped by life experiences that may differ significantly from their own.

Practicing curiosity: Helping students embrace uncertainty and value difference

Martha Laughin

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Family Play Genogram

Jill Forsberg

Short Description: The genogram is an essential tool for Family Therapists. The process of creating a genogram isn't always fun or interesting for kids and teens. This experiential workshop will give you tools to make the genogram fun, relatable and meaningful to you and to the families you work with.

Abstract: The genogram is a standard tool Marriage and Family Therapists use to understand family patterns - current and multigenerational. The problem is, children and teens often lose interest in creating the standard genogram, especially if terms like triangles, boundaries, hierarchy or differentiation come up. Or, genograms are created outside the presence of children and teens and their perspective is absent. This interactive workshop will dive deeper into the Family Play Genogram. Participants will practice creating and processing developmentally appropriate genograms suitable for families with preschool age children, school age children and adolescents.

The Disproportionate Woman: Changing Perception through Relational Thinking

Martha Laughlin

Short Description: Some clients seek therapy for seemingly unchangeable things. Through detailed discussion of a client who perceives her body as disproportionate, the presenters discuss therapeutic work with a woman who is unhappy with her body type. The lecture workshop explores the way therapists can work with client belief and perception.

Abstract: Students come to family therapy training as typical Western thinkers assuming that they will learn to help clients “get rid of” their problems. Training, students assume, is designed to teach skills that will enable them to make clients’ unwanted problems go away. Once in front of clients, however, students quickly realize that this is not possible. And, not knowing what else to do, having no other way of helping, students fall back on logic as they strive to reason, persuade, cajole, and convince clients to stop their problematic behavior. In short, students become oppositional to their clients’ problems. This is precisely what the client herself has done and what prompted a trip to a therapist: Unable to solve her problem, she has come to see someone she believes is trained to make it go away. The workshop begins by explicating the notions that Western thinking invites therapists to see problems as “things,” which positions them in opposition to their clients’ problems (7 minutes). We then introduce and contrast the notion of “problem as relationship” with “problem as thing/object,” and show how systemic/relational thinking avoids therapists’ efforts to work against problems (7 minutes). We illustrate these ideas through detailed discussion of a client who suffers from her disproportionate body, a case vignette that illuminates each of these concepts and shows how a supervisor helps a therapist move away from efforts to “get rid of” (20 minutes). Then we take questions (10 minutes).

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Neurodiversity-Affirming Systemic Therapy

Katherine Graves

Short Description: Botha & Chapman(2023) state neurodiversity-informed therapy is by definition relational and systemic, yet family therapists have struggled to integrate neurodiversity-affirming principles into systemic work. This workshop will present a checklist for neurodiversity-affirming practice and encourage a discussion of how systematic family therapy and neurodiversity intersect.

Abstract: Neurodiversity, as defined by Walker (2021) is “the diversity of human minds, the infinite variation in neurocognitive functioning within our species.” Any therapist understands that clients vary greatly in their neurocognitive strengths and weaknesses; that said, it is clear that some clients think in ways that vary more from the mainstream than others. These individuals are given a variety of diagnoses, including autism, ADHD, dyslexia, and intellectual disability, and are usually supported with individual therapy and educational services. Family therapists encounter neurodivergent individuals within the family systems. Historically, as a field, we have often blamed mothers for the child’s neuro differences or assumed that (poor) boundaries, (insufficient) hierarchy, or (too much or too little) flexibility caused the difference. Given the high heritability of many neurodivergences, we cannot hold to those explanations; they are neither kind nor fair, nor do they allow us to appropriately treat neurodivergent family systems. The neurodiversity movement holds that people should accept and honor neurodifferences; this requires a shift of perspective; we must move from seeing neurodivergence as a diagnosis to seeing it as an identity. Clinicians who seek to work with neurodivergent family systems must adapt their approaches, yet guidance for doing so is lacking; the neurodiversity movement as a whole fails to consider the need for and the role of family therapy in supporting neurodivergent families, and family therapists often do not take into account all the ways neurodiversity impacts their work. This workshop will present a checklist for clinicians to assess how neurodiversity-affirming their practice is. The workshop will also challenge participants to thoughtfully embrace the neurodiversity movement and work to set priorities for further engagement. If, as Chapman and Botha (2023) claim, neurodiversity-informed therapy is inherently systemic and relational, family therapists have a crucial role to play in the new paradigm of neurodiversity-informed therapy; to take part, family therapists need to step up and communicate the unique supports and strengths we offer to neurodivergent family systems. If we do not speak up, we will not get a voice in the emerging paradigm of neurodiversity-informed therapy.

Revitalize and Thrive: A Caregiver Retreat Program

Rebecca Koltz

Short Description: Caregivers play a crucial role in supporting the well-being of individuals who require assistance due to age, illness, or disability. Despite their essential contributions, caregivers face physical, emotional, and mental stress. The presenters will share their experiences establishing an experiential-based caregiver retreat program for rural caregivers.

Abstract: A report by AARP noted that unpaid family caregiving was valued at \$600 billion annually. Beyond the financial impact, caregivers experience significant stress, anxiety and mental issues as they face balancing the demands of caregiving with their own self care. Another contributing factor is location. For rural caregivers the distance to services proves to be extremely challenging. The presenters contend that addressing these unforeseen personal costs to rural caregivers is crucial. One innovative approach involves utilizing an experiential-based program designed to creatively enhance caregiver self-care and resilience. This program provides practical tools and strategies utilizing experiential and creative activities for managing caregiving responsibilities and personal self-care. Participants will engage in and experience some of the activities that we teach in our rural communities in Montana, and then discuss how these might be adapted to their specific locations. Unlike traditional educational environments, experiential activities immerse caregivers in hands-on learning and approaches to address their mental health and overall well-being. This approach fosters resilience by providing an opportunity to actively engage in a respite and experience the benefits of that while simultaneously discussing how this might translate to their home experience. Experiential learning encourages caregivers to reflect on their current experiences, gain new insights and build tangible skills that empower them in their caregiving responsibilities.

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the Parent Hope Project - a family systems intervention

Jenny Brown

Short Description: This workshop introduces the Parent Hope Project manualised intervention for parents with a struggling child or young person. It will describe the presenter's research with parents in CAMHS in Sydney, Australia, and how Bowen family systems theory helped shape this clinical process.

Abstract: This workshop introduces a systemic program developed to work with parents as a way of intervening in children's mental health symptoms. The Parent Hope Project is a manualised intervention that aims to elevate parent agency by carefully considering the effects of parenting interactions. The worker guides the process and opens up ideas to consider, but the parent chooses to adjust what makes sense to them. The process elevates parent expertise and capacity. Positive change in reducing the intensity of parenting may sometimes be small; however, the clinician conveys respectful patience for the parent's journey. It has emerged from decades of work bringing family therapy supervision to CAMHS settings in Australia and seeing the challenges of clinicians engaging parents effectively – where parents don't feel blamed. This culminated in doctoral research, where the qualitative findings revealed that parents who remained more passive in expecting expert helpers to fix their children experienced reduced hope months after finishing the program. When parents positively changed their interaction with their child, they felt a more sustained hopefulness. Bowen's family systems theory also informs this work with Bowen's early family research, leading him to declare that...parents who could make a project out of themselves was a turning point in both the theory and practice of family psychotherapy (Bowen. 1978:96). Brown J (2018) Parents' experiences of their adolescent's mental health treatment: Helplessness or agency-based hope, *Clinical Child Psychology and Psychiatry*, Helplessness to Hope: Facilitating Parent's Agency in Child and Adolescent Mental Health, Publishers: Cambridge Scholars. 2023

The Living Web of Socio-Spirituality as a Spiritually Attuned Approach to Social Justice

Suzanne Coyle

Short Description: The Living Web of Socio-Spirituality is an integrative model that blends pastoral theology, relational systemic therapy, and narrative practice. It recognizes the need to connect social justice to spirituality as a robust foundation for psychotherapy. Its integrative method is informed by pastoral theology, relational systemic therapy, and narrative practice.

Abstract: The Living Web of Socio-Spirituality is an integrative model that blends pastoral theology, relational systemic therapy, and narrative practice. It recognizes the need to connect social justice to spirituality as a robust foundation for psychotherapy. Its integrative method is informed by pastoral theology, relational systemic therapy, and narrative practice. Spirituality since the 2002s has increasingly become a focal interest for psychotherapists of varying perspectives. For systemic therapists, one can see the impact of spirituality on relationships as people rely upon belief and value systems as resources for living in a politically and ecologically challenged world. Some of the most debilitating effects of these global concerns impact socially fragile populations. Spirituality can sustain individuals and families through hardship only if it is paired with the everyday realities of this challenging world. So, family therapists need to create fresh ways to understand spirituality apart from rather rigid understandings of the past. An invigorating approach to spirituality must involve a strong connection to a sociocultural perspective that offers an accessible approach to social justice. In such an approach, the systemic practitioner needs to have an integrative approach that utilizes solid foundational theories to give hope to individuals and families. The living web of socio-spirituality offers a connection to the immanence of the everyday to a transcendent hope. It builds on the development of the living web in the field of pastoral theology that offers both flexibility and strength. Building on the metaphor of a living web, the integration of spirituality with everyday life expands on Paulo Freire's emphasis on the everyday or immanent experiences of people who share knowledge and power with each other. It is, however, not enough to focus on the everyday. For individuals and families to have hope, glimpses into the transcendent are necessary. It is at this point that liberation theologies offer some understanding of being rooted in the present with the future hope through transcendence. Finally, narrative practice provides a context for people to ground themselves in thickened stories for a spirituality that points to the application to social justice for people in local communities.

Reimagining Childhood – Incorporating a Neurodiverse lens on child development

Anthony Pennant

Short Description: This presentation will highlight how the current understanding of child development fails to acknowledge how the diversity of neuro-presentation and neuro-expression in behavior impact child development. This presentation will illustrate an updated version of child and human development while presenting recommendations for systemic clinicians.

Abstract: This presentation will focus on providing an expanded understanding on child and human development that incorporates the theoretical framework of neurodiversity. The existing stages of child and human development which follow humans from birth until age 18 detail “norms” that help clinicians and medical providers track progress in people’s growth. These stages do not acknowledge that humans have different neurological makeup and presentations that will impact behavior and development. This workshop will overview an improved model for providers to reference in their clinical work and by proxy with families.

Haunted Love: The Impact of childhood sexual trauma on couple dynamics

Ileana Ungureanu

Short Description: Childhood sexual assault can have significant individual, developmental consequences and impact relationships in adulthood. In this workshop, we will look at both aspects, focusing on the impact on couple dynamics, when at least one partner experienced sexual trauma in childhood. Principles of couples' treatment will be addressed.

Abstract: According to Center for Disease Control (USA), an average of 1 in 4 girls and 1 in 6 boys are sexually assaulted before the age of 18 with an estimation of only 3% of the cases being reported. The #metoo movement brought into focus the magnitude of this concerning state of affairs in our world. Childhood sexual trauma can result in significant individual developmental consequences including affect regulation, dissociation, behavioral control, and cognitive aspects, as well as self-concept, an intense sense of shame and guilt. In adulthood, the survivors suffer relationally because of the developmental impact, lack of trust in close relationships, and the influence on attachment processes. In this workshop, we will look at both individual and interpersonal aspects, focusing on the impact on couple dynamics, when at least one partner experienced sexual trauma in childhood. The Complex PTSD (C-PTSD) diagnosis will be discussed as it applies to childhood sexual trauma. Principles of treatment in couples' therapy will be discussed, with the help of clinical vignettes.

Symptoms of Ambiguous Loss Across Multiple Populations and Ages

Meghan Roetto

Short Description: Ambiguous loss is the loss of someone who is not dead but not present. Ambiguous loss can affect multiple populations, and its symptoms can be life-altering. Preliminary research results will explore the symptoms of ambiguous loss across different populations and ages. This presentation will examine assessment, interventions, and theories.

Abstract: Ambiguous loss is an externally caused, incomprehensible, and traumatic relational loss (Boss, 1999, 2006). This theory encompasses the physical absence of someone while having a psychological presence and/or the physical presence with a psychological absence (Boss, 1999). This unique loss includes, but is not limited to, military, incarceration, immigrants, divorcees, individuals struggling with complex chronic health conditions, addiction, mental health, and adoption and foster care. In this presentation, we will explore the Symptoms of Ambiguous Loss Assessment and the preliminary results from this assessment's reliability and validity research. The themes that will be explored in this presentation will be how symptoms of ambiguous loss are exhibited in different populations at different ages, along with interventions and theories that support those struggling with ambiguous loss. Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press. Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. W.W. Norton and Company.

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Discovering the Vibrancy of Parent-Child Connections: Experiences of Hearing Children of Deaf Adults (CODAs) in Hong Kong and Their Influence on Intimate Relationships

Man Yim Hoi

Short Description: This study delves into the life narratives of CODAs to unpack how their upbringing in families with deaf parents shapes their romantic relationship development. Through family systems perspective, study highlights findings on how unresolved emotional attachments within the family of origin influence CODA's journey toward achieving differentiation of self.

Abstract: Exploring the lived experiences of Children of Deaf Adults (CODAs) provides a profound lens into the intricate family interactions and the nuanced challenges they encounter in their romantic relationships. This study, leveraging the qualitative richness of in-depth interviews with four participants, delves into the life narratives of CODAs to unpack how their unique upbringing in families with deaf parents shapes their romantic relationship development. Through the family systems perspective, this study highlights significant findings on how unresolved emotional attachments within the family of origin influence a CODA's journey toward achieving differentiation of self. The themes extracted from the narratives illuminate the repercussion of these emotional fusion on the individual's ability to foster a robust, autonomous self, pivotal for navigating adulthood and romantic intimacy successfully. These themes intricately detail how familial attachment intensity and patterns are replicated in their development of romantic relationships. Specifically, this study unearths the critical roles that are functioning patterns, conflict resolution strategies, and the articulation of one's I-Position play in the realm of romantic endeavors. This study identifies several protective factors that underscore the practical implications for family counselling and education, especially when working on CODAs' differentiation of self. By drawing on the family systems perspective, this study offers novel insights into supporting CODAs and their families, advocating for early intervention services that prioritize fostering healthy family dynamics and enhancing individual differentiation capabilities.

Systemic work with the KOSKI model - A new systemic approach

Thomas Persson

Short Description: Do our clients, even children, have a systemic understanding? If so, how do we get access to it and use it in systemic practice? The model maps the client's systemic understanding of the current problems and develops the continued systemic work with openness and collaboration.

Abstract: The approach operationalizes the mapping of the client's systemic understanding by creation of a systemic map of factors that are assumed to contribute to the current problems, followed by mapping of basic family functions, formulation of a systemic hypothesis, designing a problem chain and finally directing actions towards chain links. The KOSKI-model (Mapping of Causes, Symptoms and Consequences in daily life, and Intervention Planning) starts with mapping the bio-psycho-social factors assumed to contribute to the current problems. The factors are listed in the categories Causes, Symptoms and Consequences in daily life. The client is asked to rank (1, 2, 3, etc) the importance of the factors in each category. The client is then given the task of marking the factors that he or she feels are connected. The complete systemic map with the ranked factors and stated connections are assumed to represent the client's systemic understanding of the current problems. Next follow mapping of basic family functions, i.e. the family's way of meeting the client's basic needs for protection, feeling safe, closeness and consolation, as well as help. Based on detected deficiencies in basic family functions and the client's systemic map the therapist formulates a systemic hypothesis and designs a problem chain. The therapist presents the problem chain as a proposal to the client and family and work on it until they agree. Next the therapist proposes actions directed towards chain links. The purpose of the actions are to influence and change links so that the current problems are reduced or cease. The problem chain is the central starting point during the entire treatment process. The problem chain is used to increase the systemic understanding of the factors that are assumed to contribute to the current problems and facilitate the choice of actions. The approach is characterized by openness and collaboration. Presentation of the approach in the form of a role play.

“Place, Work, Folk”: What can Family Therapists Learn from Sir Patrick Geddes?

Marsha Vaughn

Short Description: Aberdeenshire native Patrick Geddes transformed urban planning by accounting for the interdependence of people and also their behavioral “flow” with their environment; in other words, thinking systemically. This session applies Geddes’s principles to families’ interactions with their natural environment and relevant therapy interventions, maximizing the availability of local resources.

Abstract: This session provides an overview of the pioneering urban planning work of Aberdeenshire native Sir Patrick Geddes and the application of his social theory to family therapy. Geddes’ education included biology and botany; he envisioned people and their natural environment as interdependent. He described this interdependence as “Place-Work-Folk,” and he redesigned cities around the world, including Edinburgh, Tel Aviv, and Indore, using the family as the smallest biological unit of society. His theory sits in natural conversation with Bowen’s and other therapists’ ideas of natural systems. Family therapy is unique among mental health professions: we locate individuals within a network of family relationships, both immediate and intergenerational. Geddes’ ecological planning approach extends this network to a family’s physical surroundings: domestic spaces, green spaces, and public spaces. Just as we cannot separate individuals from their relational context, we must also consider the connection to their lived environment. This is particularly salient for families who lack access to green spaces or adequate housing. We will apply “Place-Work-Folk” to interventions with families, responding to the family’s means of survival, geographic location, and cultural traditions through talk therapy, walk-and-talk therapy, and case management. Learning objectives for this session are: 1. Participants will identify natural systems ideas developed by Scottish urban planner Patrick Geddes, in particular “place, work, folk”; 2. Participants will develop tools to assess the health of the relationship between families and their natural environment; 3. Participants will construct interventions to strengthen healthy relationships between families and their natural environment, taking advantage of locally available, free or low-cost resources. Other questions for consideration include: what do families need from their natural environments, beyond meeting basic needs, to thrive? Inversely, how do families shape their natural environments to accomplish their relational and occupational goals? The presenters will integrate Geddes’s social theory of “Place, Work, Folk” with systemic principles more familiar to family therapists, such as those from Bowen and Bronfenbrenner. The end result will be a model of family functioning which more overtly includes the mutual influence of families and their natural environment.

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Femicide, family and forensic psychology

Hector Label

Short Description: Based on the description of a femicide case, the differences between the interventions of forensic psychology as an auxiliary discipline of law and a systemic perspective will be analyzed. I will focus on the sequences of interaction, the processes of repetition and change, and the coordination of actions.

Abstract: Auxiliary discipline - Points of expertise - Individual to intrapsychic evaluation - Providing answers - The subjects as objects of the normalizing intervention. Expropriation - Parallel monologues. The judge as an expert of experts - Data: the interview and the tests - The expert witness - Fragmentation (illusion of) aseptic rationality - The sentence as formal closure Systemic perspective - What is the problem, for whom? Co-construction - Individuals in contexts. Subincluded contexts. Strategy design - Who asks what? What for? Participating in the construction of the question. - Service users as subjects. Scale of protagonism. - Delayed conversation. - Data: Interview, test, files, sequence of events. - Expert witness. Families. Networks (incendiary networks). On the other side of the counter: professionals, intervening institutions and their relationships. - Coordination of actions. - Intervention sustainability. Change. Fernando, 24 years old, is accused of the murder of Lorena, his partner, 20 years old and mother of his 18-month-old son. Lorena's body was found by her brother in her apartment with stab wounds to the neck. The maternal family was paralyzed. The child was left in the care of the paternal grandmother. Problems in the legal field (fragmentation) 1) Criminal case 2) Execution of the sentence 3) Compensation for damages 4) Custody of the child The problems of the victim's family members 1) the fear of Fernando who could threaten them from prison or turn against them when he was released; 2) the guilt that paralyzed them, for not having valued the signs of conflict that -perhaps- would have allowed them to avoid the murder; 3) the fantasy that the boy could be like his father (the son of the devil); and 4) the guardianship of Marcos who had been left in charge of the paternal grandmother. I promoted the protagonism of the victim's relatives. Avoiding mere subordination to the fractioned response of the legal system. The search for options and protagonism to get them out of paralysis. The process implied an evolution of the intervention strategies of the family court, which were articulated with the changes of the victim's family.

Generalized Anxiety Disorder in Perinatal Women: A Systemic and Cultural Perspective

Claire Farrell

Short Description: Perinatal Generalized Anxiety Disorder is universally associated with numerous adverse outcomes for mothers and children, yet there is a significant gap in research in surrounding assessment and intervention for this population that is systemic, effective, nuanced, and culturally sound.

Abstract: Anxiety Disorders are the most common mental health concern globally, with women experiencing these disorders more frequently than men (American Psychiatric Association [APA], 2022). Generalized Anxiety Disorder (GAD) is the most prevalent anxiety disorder, and perinatal women are diagnosed as or more often than in the general population (Misri et al., 2015). Up to 1 in 5 pregnant women meet the diagnostic criteria for an anxiety disorder and over 50% of women with a high risk pregnancy are diagnosed with an anxiety disorder (Shariatpanahi et al., 2023). Many physiological and psychological changes in the perinatal period make these women especially vulnerable to mental health disorders (Araji et al., 2020). Further, gendered norms, belief systems, and cultural expectations around womanhood, motherhood, and parenthood play a part in women's experience of pregnancy. The cultural context in which women exist largely influences illness understanding, societal labeling of illness, and help-seeking behavior (Goyal et al., 2020; Watson et al., 2019). Perinatal GAD is commonly marked by unique concerns that are only experienced in this specific population, such as anxiety related to giving birth, the possibility of miscarriage, undergoing internal examinations, and coping with the new baby, etc. Despite these unique stressors, there are currently no screening tools available specific to perinatal GAD, making early diagnosis and treatment a rarity (Misri et al., 2015). There are few psychological interventions or research on their effectiveness that specifically address perinatal GAD. Even fewer studies utilize couple and family interventions, despite social support being a critical protective factor against perinatal GAD (Wohrer et al., 2024). This workshop will outline the impact and costs of GAD in perinatal women, gaps in systemic research, assessment tools, interventions, and the cultural variations that must be considered in understanding and treating this population. The presenters will use both case material and didactic approaches to illustrate ways in which systemic family therapy can be used to intervene in the trajectory of perinatal GAD's deleterious effects on women's health and those of families and communities.

Generalized Anxiety Disorder in Perinatal Women: A Systemic and Cultural Perspective

Mudita Rastogi

Short Description: Perinatal Generalized Anxiety Disorder is universally associated with numerous adverse outcomes for mothers and children, yet there is a significant gap in research in surrounding assessment and intervention for this population that is systemic, effective, nuanced, and culturally sound.

Abstract: Anxiety Disorders are the most common mental health concern globally, with women experiencing these disorders more frequently than men (American Psychiatric Association [APA], 2022). Generalized Anxiety Disorder (GAD) is the most prevalent anxiety disorder, and perinatal women are diagnosed as or more often than in the general population (Misri et al., 2015). Up to 1 in 5 pregnant women meet the diagnostic criteria for an anxiety disorder and over 50% of women with a high risk pregnancy are diagnosed with an anxiety disorder (Shariatpanahi et al., 2023). Many physiological and psychological changes in the perinatal period make these women especially vulnerable to mental health disorders (Araji et al., 2020). Further, gendered norms, belief systems, and cultural expectations around womanhood, motherhood, and parenthood play a part in women's experience of pregnancy. The cultural context in which women exist largely influences illness understanding, societal labeling of illness, and help-seeking behavior (Goyal et al., 2020; Watson et al., 2019). Perinatal GAD is commonly marked by unique concerns that are only experienced in this specific population, such as anxiety related to giving birth, the possibility of miscarriage, undergoing internal examinations, and coping with the new baby, etc. Despite these unique stressors, there are currently no screening tools available specific to perinatal GAD, making early diagnosis and treatment a rarity (Misri et al., 2015). There are few psychological interventions or research on their effectiveness that specifically address perinatal GAD. Even fewer studies utilize couple and family interventions, despite social support being a critical protective factor against perinatal GAD (Wohrer et al., 2024). This workshop will outline the impact and costs of GAD in perinatal women, gaps in systemic research, assessment tools, interventions, and the cultural variations that must be considered in understanding and treating this population. The presenters will use both case material and didactic approaches to illustrate ways in which systemic family therapy can be used to intervene in the trajectory of perinatal GAD's deleterious effects on women's health and those of families and communities.

Autism in the Workplace: An Exploration of Small Changes That Make a Big Difference

Tony Issenmann

Short Description: One in every 36 people are on the autism spectrum; however, the world's workplaces are seldomly designed to support them and take advantage of their skills. This presentation explores how clinicians and professionals can build systems that allow autistic individuals to participate in the workforce and thrive in communities.

Abstract: Whether grinding through a 60-hour work week in Seoul or wrapping up a leisurely day on a Kiribati island, humans spend much of their time at work. While the core function of those workplaces may be to generate profit, there is an increasing drive to ensure that they also provide a safe and supportive environment for everyone who calls them home during the workday. This accommodation is especially critical for employees on the autism spectrum. However, creating a neurodivergent-friendly work environment is not always as easy as putting up motivational posters and rewarding quality effort. This is an opportunity for the world's mental health professionals to step in to provide invaluable guidance. Autism is an increasingly acknowledged disorder that results in myriad strengths and weaknesses. For too long, autistic teens and adults avoided employment because of the unwelcoming or seemingly impossible-to-navigate work conditions, despite often being imminently qualified to contribute like their non-autistic peers. This sidelining robs autistic individuals of purpose, puts strains on families and communities, and withholds valuable insights from the professional world. Employment can be broken down into the process of hiring, training, and supporting workers. Each of these tasks are unique systems with their own challenges for autistic people and employers. Hiring, for example, typically entails a face-to-face interview that is just as likely to assess social competency as the unique skills required for the job. This intimate conversation may disqualify an autistic applicant, even if those social skills are seldom required in the desired role. Employers are thus encouraged to provide alternative ways of assessing an autistic person's qualifications by incorporating unique opportunities to prove qualification. Similar accommodations in the training and day-to-day support of autistic employees will have tremendous benefits. If employers are to benefit from their autistic employees, then it is incumbent on them to establish accommodating systems like they would for anyone else. This presentation will explore the ways that clinicians and employers can foster an inclusive and welcoming environment for autistic employees.

Autism in the Workplace: An Exploration of Small Changes That Make a Big Difference

Christopher Blankenship

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Embodied Learning: Best Practices for Teaching Family Therapy in Experiential Ways

Danielle Vriend-Fluit

Short Description: Embodiment is critical to the flourishing of tomorrow's family therapists and effective therapy. How do we teach therapists-in-training systemically in ways that are embodied? Responding to the call for increased embodiment in therapist training, this workshop offers educators concrete practices to incorporate embodied learning ethically and effectively.

Abstract: Embodied approaches to therapy offer direct pathways to healing through the body and can provide clients with valuable learning tools and recognition of complex mind-body connections. Recognizing the intertwined nature of body, mind, and social environments enhances systemic understanding of self and others, aids the effectiveness of therapeutic interventions, and is particularly significant when working with trauma (Hayes & Andrews, 2020). These recent developments in the field have implications for therapist training: primarily, that trainees need to develop their capacity to tune into their own bodies to better attune to that of their clients. Gennaro et al. (2019) noted this gap in therapist training and issued a call to increase embodiment in teaching. Responding to this call, this workshop aims to offer educators concrete recommendations on how to integrate embodiment with course material in ethical and effective ways. Incorporating principles from experiential learning theory (Kolb, 2015; Morris, 2019), embodiment theory and practice, as well as feedback from the presenter's own teaching experiences based on students' reflective journals and student feedback, this workshop offers recommendations for learning that extends beyond procedural knowledge and cognitive-based learning. Participants will be given an overview of embodiment theory and research, an appreciation of why embodiment is necessary to therapeutic outcomes and efficacy, as well as concrete classroom suggestions and best practices for embodied learning. Specifically, this workshop explains how role playing, body-full exercises, and self-reflexivity practices are helpful pathways to embodied learning. Additionally, participants will learn best practices (1. Balance of safety and risk; 2. Creation of a relational container; 3. Teacher and learner responsibility) that help support experiential exercises and ensure classroom environments are conducive to embodied learning. Lastly, special attention will be given to ethical considerations when teaching embodiment practices.

Realigning Priorities in Marriage and Family Therapy: Mission-Driven Success and Excellence

Aníbal Torres

Short Description: This session explores the impact of realigning priorities in marriage and family therapy education and practice to reflect the field's core mission. By focusing on mission over outcomes and prioritizing culture over strategy, programs can enhance client success, rebuild trust, and foster greater excellence, productivity, and sustainability.

Abstract: This session will explore the profound impact of realigning priorities within marriage and family therapy education and practice settings to embrace and reflect the core mission of the field. By focusing on the mission to drive outcomes, rather than letting outcomes dictate the work, programs and practices can enhance client success and rebuild trust with clients, students, and stakeholders. Additionally, by prioritizing culture over strategy—recognizing that culture shapes strategy—marriage and family therapy programs can foster greater excellence, productivity, morale, and sustainability in both educational and therapeutic environments. Although this approach may seem counterintuitive to traditional outcome-driven strategies, it has proven to be highly effective.

Acculturation, Parenting, and Parent-Child Relationships Among Liberian Refugees

Sarah Griffes

Short Description: Refugee families navigate unique adjustment stressors and demands. This phenomenological needs assessment sought to understand how Liberian refugees' parenting experiences and parent-child relationships changed post-resettlement. Cultural influences, parenting strategies, and parenting supports were identified as themes. Study results have implications on prevention and intervention efforts to support families.

Abstract: From 1989 to 2003, Liberians experienced 14 years of civil war that displaced more than one million citizens (Stepakoff et al., 2006; Zannettino, 2012). Like other long-term refugees, or those resettled for longer than five years, Liberians continue to manage long-term stressors while limited research documents unique mental health and relational experiences in long-term resettled communities (Bogic, 2015). To address this gap, the goal of this community-based needs assessment was to understand the experiences and needs of Liberian refugees who have lived in the United States for the past 20 years. Ecological systems theory (Bronfenbrenner 1979; 1989) and the acculturation gap-distress model (Telzer 2011) theoretically undergirded this study given the emphasis on refugees' health and wellbeing, relationships (e.g., parent-child), and context over time; and the influence of culture on forced migration and family-level outcomes (Mak & Wieling, 2011). Semi-structured key informant interviews (e.g., community leaders, religious leaders, local researchers; n=20) and three community focus groups (n=20) were conducted with 40 participants. Hermeneutic phenomenology protocols were used to code and analyze the interviews (van Manen, 1990; 2014). Three primary themes were identified. First, culture had a major impact on parenting practices: cultural differences were evident for parents who grew up in Liberia and were raising children and adolescents in the US. Second, parents had to learn new parenting strategies post-migration based on the new environment. Finally, parenting supports (e.g., parenting classes) would be helpful to parents navigating parenting and parent-child relationships in the U.S. Our findings suggest that refugee families require an extension of resources to match their long-term parenting and caregiving needs. For example, refugees often receive only one year of governmental support (Dunn-Marcos et al., 2005), but integration requires more time and additional resources. Further, stakeholders in local contexts could benefit from education on culturally bound experiences in refugee communities to best support long-term refugee adjustment through systemic therapies and family-level prevention and intervention efforts. Authors discuss implications for supporting refugee parents and parent-child relationships in contemporary society.

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Aysoltan Maxudov

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Strength-based and Chinese culture-embedded social work family treatment

Li-yu Song

Short Description: The presenter will show a Strength-based Chinese culture-embedded social work family treatment model. The model is based on four theoretical principles: The strengths perspective, Chinese culture (family orientation, relational orientation, authoritative orientation, and other orientation), the Golden Mean (moderate), and the five elements (wood, fire, earth, gold, water).

Abstract: Background: Among Chinese, individuals and their families are highly interdependent. Cultural sensitivity has been well-noticed among practitioners. For example, in the family care for persons with mental illness, many researchers called for the practitioners to take into account the Chinese culture, such as attribution of cause, the need for interpersonal harmony, filial piety, face, guilt, etc. Literature also suggests that Chinese culture and Western culture have fundamental differences, the former is ensembled individualism, and the latter is self-contained individualism. Thus, this study aims to construct a Strength-based Chinese culture-embedded social work family treatment model to enhance the quality of services. Methods: This study focused on high-risk family intervention and utilized a participatory action research approach. Participants included the Social Work section head, directors, supervisors, and social workers from the ten Social Welfare Service Centers in New Taipei City in Taiwan, totaling 26. The process included two stages: the strategy construction stage and the praxis stage. Seven focus groups were conducted discussing applicable Chinese cultural strategies for cases. In the praxis stage, 16 social workers enacted the related strategies and eleven focus groups were held to discuss the issues encountered. The data was coded and analyzed based on the open coding method of grounded theory. Results: A preliminary model was constructed. The model is based on four theoretical ideas and principles: The strengths perspective, Chinese culture (family orientation, relational orientation, authoritative orientation, and other orientation), the Golden Mean (moderate), and the five elements (wood, fire, earth, gold, and water). The treatment process covers strengths assessment, partnership relationships, and the role of the professionals (coaching). Treatment strategies are constructed for the four theoretical ideas, such as considering and giving “face”, using the key family member as a facilitator, seeking an equilibrium point and harmony, etc. Moreover, based on the mutual reinforcement and constraints among the five elements, the family dynamic is assessed, and the invention strategies are formed. Discussions: The praxis of the model could help the professionals to expand their perspectives and was conducive to family enhancement. The presenter will discuss the promotion of this model.

Arranged Marriage and Contemporary Therapy

Nathan Feder

Short Description: This presentation explores therapists' perceptions of arranged marriage, highlighting the gap in research on this longstanding cultural practice. It examines understandings, misperceptions, and the need for deeper insight into arranged marriages, which is crucial for effectively working with diverse couples in contemporary therapeutic settings.

Abstract: Arranged marriages, one of the oldest partner selection processes, continue to be practiced across the globe. Yet, little is known about how these practices are perceived and understood within therapeutic contexts, particularly by Marriage and Family Therapists (MFTs). This presentation addresses this gap by sharing innovative research on MFTs' perceptions of arranged marriages. Given the diverse arranged marriage practices across many cultures, lacking comprehensive research poses challenges for MFTs working with clients from diverse backgrounds and experiences. This study aims to understand MFTs' perceptions of arranged marriages and how these perceptions may influence their therapeutic practice. Misunderstandings and biases about arranged marriages may impact the therapeutic process negatively, potentially leading to ineffective or culturally insensitive interventions. This presentation highlights narratives describing MFTs' understandings of arranged marriages and their person-of-therapist meanings and experiences related to arranged marriages. The findings reveal insights and gaps in understanding, highlighting the need for enhanced education and training. In addition to examining therapists' current perceptions, the presentation identifies practical applications for incorporating more culturally informed practices into therapy. By recognizing the nuances of arranged marriages, MFTs can better support their clients in navigating relational dynamics and cultural expectations. Future directions for research and training programs are suggested, underscoring the need for ongoing education to bridge the gap between cultural practices and therapeutic interventions.

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Supervision in Couple and Family Therapy: Becoming a Reflective Practitioner-

Estera Boldut

Short Description: This presentation will focus on the role of the supervisor in helping supervisees become reflective practitioners and the necessary groundwork for self-of-the-therapist supervision. It will offer practical tools for supervisors to help their supervisees know, access and use different aspects of self in their clinical work.

Abstract: The reflecting process in supervision is a crucial aspect in the development of couple and family therapists. It requires intentionality, comfortability with uncertainty, and capacity for perspective taking. Reflection calls us to step back, accurately evaluate our actions and experiences, and be open to explore alternatives. Supervision is the place to safely reflect on one's chosen practices in clinical setting. Clinical reflection as a "mindful consideration" includes: a mindful stance – taking pause, noticing one's observations; a consideration stance - identifying perceptions, recognizing one's constructed worldview, frame of references, meanings; and a consolidation stance – integrating the new learning into clinical practice. Often, this process is cyclical: implementing new practice – further reflection – refinement – further practice. To improve the reflective aspect of supervision, we will consider the Self-of-the-therapist training. Self-of-the-therapist training focuses on the willingness of a therapist and their supervisor to engage in a reflective practice to better understand the impact of one's personal experiences in clinical practice. The main purpose of self-of-the-therapist training is to help supervisees better know, access and use different aspects of self, in their therapeutic tasks of attuning, assessing and intervening with clients. The self-of-the-therapist model is a structured program designed to help supervisees use the self as an intentional tool in their clinical work. Identifying one's signature themes (personal patterns of feeling, thinking and relating) helps us to be aware of our own strengths, resiliencies and our limitations. It helps us identify our common humanity (supervisors, supervisees and clients) promoting self-awareness, flexibility and openness to change. This short presentation will focus on the importance of developing a reflective practice, the role of the supervisor in helping supervisees become reflective practitioners and the necessary groundwork for self-of-the-therapist supervision. It will offer practical tools for supervisors to help their supervisees know, access and use different aspects of self in their clinical work.

Post-war Family Therapy for Kosovar Mothers Who Experienced Conflict-Based Sexual Violence

Christina Seery

Short Description: A waitlist-controlled trial of family therapy facilitated by the Kosovar Rehabilitation Centre for Torture Victims for Kosovar mothers who experienced conflict-related sexual violence and their children in postwar times found mother-rated family functioning improved for the intervention group, suggesting the effectiveness of family therapy for this group.

Abstract: Women who have endured conflict-related sexual violence report enduring long-term impacts, including posttraumatic stress disorder (PTSD), depression, and difficulties in relationships. Studies have shown that maternal trauma is linked to children's behavioral challenges and family functioning issues, such as poor communication and harsh parenting. This pilot study seeks to evaluate the preliminary effectiveness of family therapy for Kosovar mothers who experienced conflict-related sexual violence during the 1998-1999 conflict and subsequently developed PTSD, along with their children, in improving family functioning and reducing behavioral difficulties postwar. All participants were attending the Kosovar Rehabilitation Centre for Torture Victims (KRCT). Mothers (n = 64) and their youngest children were randomised to an intervention group or a waitlist control group. Ten sessions of family therapy for facilitated by KRCT clinicians. Measures of family functioning and behavioural difficulties were collected during a screening phase, at baseline before the intervention began, after the intervention group completed family therapy, and after the waitlist control group received the intervention. Data were analysed using generalised linear mixed models. At follow-up, mothers in the intervention group reported significantly improved family functioning. However, mothers in the waitlist control group reported significantly fewer behavioural difficulties than mothers in the intervention group before the control group had started family therapy, suggesting a potential waitlist effect. There was no significant effects on child-rated family functioning. This pilot study suggests that family therapy could be effective in reducing the impact of mothers' historic experiences of conflict-related sexual violence on their perceived family functioning. Family therapy may mitigate the intergenerational impact of conflict-related sexual violence. Future research should explore the long-term impact of family therapy on family functioning for this group, as well as assess if there are effects on maternal PTSD and psychological well-being.

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Mental health Stigma in Muslim and Pakistani Families

Shazia Imran

Short Description: Address the cultural and religious stigma surrounding mental health in Pakistan and broader Muslim communities, and how it impacts family therapy.

Abstract: Overview: Address the cultural and religious stigma surrounding mental health in Pakistan and broader Muslim communities, and how it impacts family therapy. Discussion: Strategies for reducing mental health stigma in conservative communities and encouraging families to seek therapy. Mental health advocates and professionals from Pakistan sharing their experiences of breaking down barriers to accessing therapy.

Clinical Considerations in Couple Therapy with South Asian Men: Bridging Scholarship and Practice

Neil Venketramen

Short Description: This presentation examines culturally sensitive systemic therapy for South Asian couples, focusing on therapeutic challenges with South Asian males and their impact on couple therapy outcomes. Utilizing a comprehensive literature search, it highlights key concerns, interventions, and clinician perceptions, offering insights into barriers to treatment for this population.

Abstract: The Asian Indian community in the U.S., numbering just over 4.5 million individuals, represents about 1.36% of the overall population (U.S. Census Bureau, 2022). The broader South Asian community in the U.S. is slightly larger. South Asians are also spread across the diaspora, with generations living in various countries across Asia, Europe, Africa, and North America. Despite the diversity within this group, there are common threads in their experiences related to mental health (Singh & Bhayana, 2015). A strong intersectional identity, cultural and healing practices rooted in long-held traditions, and a collectivistic mindset are among this community's strengths (Rastogi, 2009). This community is underserved in mental health practices globally. Cultural beliefs that emphasize family honor and strong boundaries between the family and extra-familial systems often lead to the protection of privacy at the expense of seeking treatment. The stigma surrounding mental illness and a lack of awareness further contribute to the denial and minimization of psychological and relational challenges among South Asian couples and families. The complexities of immigration, acculturation, and socialization in new cultural environments places relational satisfaction among South Asian couples across the diaspora at considerable risk. These factors can make it difficult for couples to navigate their relationships, potentially leading to decreased relational satisfaction. Patriarchal values and gender power dynamics within South Asian families and couples can impede therapy progress and negatively affect numerous aspects of the relationship. To enhance clinical outcomes and improve the couple relationship, treatment must address the unique challenges and opportunities that male-identifying clients bring into the clinical therapeutic room. Systemic therapy with South Asian men in couples therapy must incorporate culturally sensitive approaches that consider gender, hierarchy, intimacy and other intersectional factors. The experiences and needs of couples and, specifically, the impact of South Asian men on couples therapy outcomes are not well-documented in the literature. This presentation will highlight key concerns of South Asian male clients in couples therapy, propose conceptual frameworks that integrate broader systemic factors, explore effective clinical interventions, and identify gaps that could improve couple therapy outcomes.

Clinical Considerations in Couple Therapy with South Asian Men: Bridging Scholarship and Practice

Mudita Rastogi

Short Description: This presentation examines culturally sensitive systemic therapy for South Asian couples, focusing on therapeutic challenges with South Asian males and their impact on couple therapy outcomes. Utilizing a comprehensive literature search, it highlights key concerns, interventions, and clinician perceptions, offering insights into barriers to treatment for this population.

Abstract: The Asian Indian community in the U.S., numbering just over 4.5 million individuals, represents about 1.36% of the overall population (U.S. Census Bureau, 2022). The broader South Asian community in the U.S. is slightly larger. South Asians are also spread across the diaspora, with generations living in various countries across Asia, Europe, Africa, and North America. Despite the diversity within this group, there are common threads in their experiences related to mental health (Singh & Bhayana, 2015). A strong intersectional identity, cultural and healing practices rooted in long-held traditions, and a collectivistic mindset are among this community's strengths (Rastogi, 2009). This community is underserved in mental health practices globally. Cultural beliefs that emphasize family honor and strong boundaries between the family and extra-familial systems often lead to the protection of privacy at the expense of seeking treatment. The stigma surrounding mental illness and a lack of awareness further contribute to the denial and minimization of psychological and relational challenges among South Asian couples and families. The complexities of immigration, acculturation, and socialization in new cultural environments places relational satisfaction among South Asian couples across the diaspora at considerable risk. These factors can make it difficult for couples to navigate their relationships, potentially leading to decreased relational satisfaction. Patriarchal values and gender power dynamics within South Asian families and couples can impede therapy progress and negatively affect numerous aspects of the relationship. To enhance clinical outcomes and improve the couple relationship, treatment must address the unique challenges and opportunities that male-identifying clients bring into the clinical therapeutic room. Systemic therapy with South Asian men in couples therapy must incorporate culturally sensitive approaches that consider gender, hierarchy, intimacy and other intersectional factors. The experiences and needs of couples and, specifically, the impact of South Asian men on couples therapy outcomes are not well-documented in the literature. This presentation will highlight key concerns of South Asian male clients in couples therapy, propose conceptual frameworks that integrate broader systemic factors, explore effective clinical interventions, and identify gaps that could improve couple therapy outcomes.

Existential Loss in the Digital Age: The Impact of Virtual Intimacy, Celebrity Friendships and other Non-Traditional Attachments on Mental Health and Relationships

Stephanie Gilak

Short Description: Existential loss in the digital age can drive many to form non-traditional attachments (NTAs), such as cyber-social and parasocial connections. Mapping NTAs onto genograms can identify ambiguous gains. Clinical discussion explores proactive coping from existential loss and important self-of-therapist issues related to NTAs.

Abstract: The digital age, characterized by highly sophisticated technology, fast-paced transactions and increased market competition, can cause many to feel a loss of community, diminished trust and isolation. Frequent struggles to cope with these and other social stressors contribute to existential anxiety. Recently in the United States, the US Surgeon General declared we are experiencing an “epidemic of loneliness.” This author suggests that existential anxiety is a form of nonfinite loss, since the concept has been associated with a loss of trust and faith in others and corresponding feelings of meaninglessness and loneliness (Schultz & Harris, 2011). Research in the field of grief and loss prioritizes treatment approaches that target the loss event as an entry point to create new meaning making and reorientation (Stroebe & Schut, 2015). Clinical directions are less clear when the loss cannot be identified, as in the case of nonfinite loss. Individuals may be reluctant to reach out to others for support and rely on alternative forms of attachment to cope. Existential loss in the digital age can drive many to form non-traditional attachments (NTAs), such as cyber-social and parasocial connections and non-human companionship. This presentation explores “proactive coping” from nonfinite loss, specifically how NTAs can be understood as “ambiguous gains” and therefore treated as opportunities to enhance wellbeing. This author recommends mapping the client’s various forms of attachment, including traditional types and NTAs onto a genogram to identify overlaps and support building. By applying an experiential focus to nonfinite loss, specifically in the examination of NTAs, a better understanding can be gained of how individuals attempt to cope and make sense of their lives. I will highlight types of NTAs that have become more prevalent in the digital age. Specific attention will address ways a clinician can explore narratives pertaining to NTAs and identify the potential benefits such connections serve to clients. Clinical discussion will be dedicated to exploring strategies for mapping NTAs onto genograms that can highlight ambiguous gains in the clients’ lives. Additionally, self-of-therapist considerations pertaining to this topic will be addressed.

Systemic Approach to Culturally Attuned Supervision

Alyssa Young

Short Description: This presentation will dive into the history of supervision in the mental health field. It will provide content of the history of lack of cultural awareness when supervising minority students and postgraduate supervisees. The workshop will work with the audience to learn new tools to provide culturally attuned supervision

Abstract: The 2021 Marriage and Family Therapy statistics revealed that fewer than 3,000 therapists identify as two or more races, emphasizing the increasing rates of diversity of clinicians in couples and family therapy is imperative. This workshop will help clinical supervisors hone in on helping new clinicians, especially those from diverse backgrounds, in finding their authentic voice during the critical supervision stage. Given that early supervisory experiences shape therapists' identities, it is crucial to navigate beyond a traditional white counseling perspective. Many clinicians find themselves supervised through such a lens, unintentionally limiting their ability to confidentially incorporate cultural values into their work. This session aims to equip the audience with insights on supervising with an open lens, creating space for the cultural shaping of clinical identity. There will be an emphasis on how to create a social just environment for supervisees to find their authentic voice. Supervisors will be taught how to recognize the signs and create a space that is welcoming of diverse backgrounds.

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Shanika Torres

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Co-design strategies to adapting family systems intervention to meet the unique treatment needs among women involved in the sex trade, who report opioid use.

Aaron Murnan

Short Description: Family interventions demonstrate promise for women engaged in sex trading; however, are rarely considered within their treatment. This presentation integrates preliminary data from a community-partnered project seeking to adapt a family intervention to be incorporated into an existing court treatment program to better address the needs of this population.

Abstract: Women in the sex trade have been disproportionately affected by the opioid epidemic as sex trading and opioid use commonly co-occur and create positive feedback loops that unfold numerous consequences to their health and well-being. Many of these women seek substance use treatment (66%), but their success in treatment is low. Our preliminary data reflects that family relationships play a critical role in women's treatment decision-making and success. Specifically, women are profoundly motivated by their children and family to seek treatment and address their substance use; however, they experience challenges at re-integrating into their family after treatment. Women encounter familial stigma, lack of family support, and cultures of familial substance use that limits their efforts to abstain from opioid use. Women reported feeling ill-prepared and alone to navigate complex family dynamics, which lead to maladaptive coping. Taken together, these challenges contribute to relapse episodes and premature treatment exits. Given the strong influence of family, interventions that incorporate family supports and target improved familial relationships in conjunction with opioid use represent promising strategies towards supporting reduced opioid use. Prior research has reflected that family interventions show promise in reducing substance use and mental health symptoms among this unique population. Even so, family interventions are rarely considered within their treatment programming. This presentation reports findings from an ongoing community-partnered mixed-methods study seeking to adapt a family intervention to better address the needs of these women. As part of this effort, a codesign team comprised of four women with lived experience using opioids and engaging in trading sex as well as the director of an existing trauma-informed program serving this population were hired as 'experts of experience' to help guide the distillation of qualitative findings from Phase 1 of this project into actionable intervention adaptations. The resulting family intervention will be pilot tested as add-on to an existing individual-based court treatment program. We will discuss preliminary and current findings as they relate to treatment components, delivery preferences, and important clinical considerations for family systems interventions with this population.

Couple Therapy and Divorce in Pakistani and Islamic Contexts

Shazia Imran

Short Description: Couple Therapy can help address challenges in Pakistani and Muslim families where divorce is heavily stigmatized. By incorporating Islamic values and addressing family pressures, therapy can facilitate conflict resolution and, when needed, guide couples through the divorce process.

Abstract: General Overview: Discuss how marriage counseling can address the challenges in Pakistani and Muslim families, particularly around divorce, which carries significant social stigma in these communities. Workshops: Tools and techniques for offering culturally sensitive marriage counseling in conservative settings. Panel Discussion: Islamic legal experts (muftis) and therapists discussing the role of Islamic laws in counseling around marriage and divorce (e.g., nikah, talaq, khula). Q&A from the audience

Exploring how Playback Theatre enhance self-compassion and self-efficacy among underprivileged child caregivers

Siu Yu Cheng

Short Description: Underprivileged child caregivers prioritize family duties over self-compassion, which results in emotional distress and burnout. By employing Playback Theater as an intervention approach, this study aims to investigate the transformative capacity of intervention in enhancing self-compassion and self-efficacy among caregivers.

Abstract: Underprivileged child caregivers in Hong Kong confront substantial challenges, including emotional distress, job and interest loss, financial pressures, and parenting difficulties. Research indicates that caregivers with lower incomes bear heavier responsibilities. In this qualitative research project, seven female caregivers actively engage in the Playback Theater Project, participating in 16 sessions, including a Playback performance. The study aims to investigate how the Playback Theater method can catalyze transformative change among underprivileged caregivers. By employing this approach, the research explores the impact of Playback Theater interventions on improving self-compassion and self-efficacy in this vulnerable demographic. The improvisational process embodies the principles of self-compassion with a non-judgmental mindset and focused attention for genuine spontaneity. To achieve an improvisational state, participants are cultivated to embrace impulses, relaxation, break self-imposed restraints, develop a here-and-now attitude and active listening. Gradually, participants realize the freedom from external judgment, feeling safe to face uncertainty and imperfection. The Playback Theater serves as a unique platform that amplifies the voices of marginalized communities. This theater, originating from and by the people, places individual narratives at its core. Through improvisational responses, participants experience spontaneity since performances are unscripted. Engagement in Playback Theater and drama training strengthens participants' belief in their capabilities and past achievements, nurturing self-efficacy. By not only sharing but embodying personal narratives in a secure space, participants resonate with others' struggles, fostering self-awareness and interpersonal connections. This research contributes to helping professionals in understanding and referencing how, in addition to traditional counseling dialogue forms, integrating drama and Playback Theater can intentionally enhance self-compassion and self-efficacy for service recipients.

Marriage and Family Therapists in Medical Settings: An Interpretative Phenomenological Analysis

Sydney Crane

Short Description: The poster presents findings from our IPA study, which explored the clinical experiences of marriage and family therapists in various medical settings. This study aims to advance our understanding of the training guidelines and curriculum development necessary to advance our field.

Abstract: Our research discusses the findings from our interpretative phenomenological analysis, which captured the experiences of trainee and professional-level marriage and family therapists in medical settings. A blend of focus group and individual interview formats was utilized to gather data regarding clinical experiences, including reflections on clinical identity, patient-provider encounters, integrated behavioral healthcare collaborations, skills and training, areas of growth, and supervision needs. These clinical experiences in adult and pediatric primary and specialty care settings were analyzed through thematic analysis. Findings from our study will be presented to further the advancement of our field through training and curriculum development, as informed by recommended competencies.

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Transforming Behavioral Health Education: Addressing and Overcoming Oppressive Practices

Ariel Jones

Short Description: Session describes the creation and assessment of the Integrated Behavioral Health Fellowship. The fellowship aims to educate/train students in anti-racist and LGBTQ-affirming clinical practices for youth and families. The outcomes highlight the impact of immersive training experiences on self-efficacy and desire to work with diverse clientele.

Abstract: Current accreditation standards across behavioral health disciplines require exposure to evidence-based practices with diverse clientele. There is an urgent need for a behavioral health workforce that can provide effective, culturally competent care. Healthcare consumers in the United States, particularly, those from racially/ethnically minoritized groups (Black, Latine/Hispanic, First Peoples/Indigenous, etc.), economically disadvantaged communities (Schoen et al., 2006), and LGBTQ people (Baldwin et al., 2018) receive inadequate or have limited access to behavioral health care. Scholars agree that enhancing and increasing the behavioral health workforce will require training that is evidence-based, interprofessional, family-focused (Hoge et al., 2004; Mancini et al., 2020), and culturally competent (Beach et al., 2005). The session will describe the creation and assessment of the Integrated Behavioral Health Fellowship for Children and Youth (IBHF-CY) at Saint Louis University. It was funded by a workforce development grant from the U.S. Department for Health Resources and Services Administration. The IBHF-CY is a cross-disciplinary fellowship with clinical psychology, social work, and marriage and family therapy graduate programs, and psychiatry residency. The aim of the fellowship is threefold: 1) recruit a diverse workforce into behavioral health training programs; 2) train behavioral health learners in interprofessional settings on anti-racist and LGBTQ-affirming clinical practices; and 3) provide clinical practice and supervision in delivering effective care to youth and families from diverse backgrounds. The fellowship also provided stipends to fellows for living expenses. The fellowship is in its third year with data on the outcomes of 3 cohorts. Pre and post survey data and qualitative reflections were collected from each cohort. The outcome data highlights the impact of immersive experiences in communities and with direct learning from those communities. For example, fellows took part in a day long training where the educators were transgender community leaders and parents of transgender youth. The exposure to the lived experiences of disenfranchised communities were identified as key experiences for creating consciousness of biases, increasing self-efficacy in clinical practice, and increased comfort and desire to work with these communities.

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Katie Heiden Rootes

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Educating Therapists in Trauma-Informed Care: Self-of-the-Therapist Issues Using the ACEs

Jennifer Pemberton

Short Description: A comprehensive approach to educating therapists in trauma-informed care will be discussed and linked to self-of-the-therapist development. The ACEs will be used to increase therapist awareness of how their experiences may impact therapy. Self-care strategies for vicarious trauma and compassion fatigue will be addressed.

Abstract: The WHY: Why is it important to educate our students about trauma and trauma-informed care? Worldwide, over 70% of adults experience a traumatic event (WHO, 2024). In the United States, 60% of women and 50% of men experience trauma (Vogt, 2023). Over 45% of children nationwide are exposed to traumatic experiences, including sexual abuse, physical abuse, domestic violence, community trauma, bullying, and other violence. The prevalence of child sexual abuse in the United States is approximately 1 in 4 girls and 1 in 13 boys. Self-report studies show that 20% of women and 5 to 10% of men recall child sexual abuse or sexual assault (CDC, 2021; National Child Traumatic Stress Initiative, 2021). For BIPOC and LGBTQIA+ communities, prevalence rates are even higher. Latinx and Black adolescents have higher rates of trauma exposure and polyvictimization (Lopez et al., 2016; Sacks & Murphey, 2018). LGBTQIA+ individuals are nearly four times more likely to experience violent assault (e.g., rape, sexual assault, robbery, aggravated assault) than their cisgender, heterosexual counterparts (Flores et al., 2020). Education in trauma-informed care is essential for therapists in training. When therapists lack the education and resources to identify trauma, the impact on clients can include misdiagnosis, overpathologizing, and being unprepared to provide the survivor and family appropriate care. Additionally, when working with trauma, self-of-the-therapist issues may be activated unknowingly and could result in vicarious trauma and lead to compassion fatigue and burnout. Presenters will define trauma-informed care and demonstrate how to implement SAMSHA's principles in therapeutic practice. Participants will engage in self-administration of the Adverse Childhood Experiences (ACEs) survey. Presenters will facilitate an interactive discussion to enhance the therapist's awareness and insight related to the usefulness of knowing their own ACEs score and how this information can be helpful in self-of-the-therapist development and the ways it could impact therapy. Self-care strategies for managing trauma activation and self-of-the-therapist growth will be shared.

Educating Therapists in Trauma-Informed Care: Self-of-the-Therapist Issues Using the ACEs

Dana Stone

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Faith & Friction: Exploring the Link Between Religious Disagreements and Marital Stability

Amy Lin

Short Description: This clinical study explores the relationship between religious disagreements and discussions of separation in couples. Using data from 2,223 couples and the Revised Dyadic Adjustment Scale, the study found a statistically significant correlation, indicating a measurable relationship between religious disagreements and the likelihood of discussing separation.

Abstract: This clinical study explores the correlation between religious disagreements and discussions of separation in couples, specifically examining whether religious disagreements predict the likelihood of discussions about separation. The study involved 2,223 couples from diverse backgrounds and origins, all attending therapy at the TTU Family Therapy Clinic in the southwestern United States for a variety of mental health concerns. Participants completed a self-report survey that included the Revised Dyadic Adjustment Scale (RDAS), a 14-item measure assessing three key areas of relationship dynamics: consensus (in decision-making, values, and affection), satisfaction (in terms of stability and conflict resolution), and cohesion (through shared activities and discussions) (Revised Dyadic Adjustment Scale - Relationship Institute). The questions were rated on a 6-point Likert-type scale, ranging from 0 = "always disagree" to 5 = "always agree." Two specific questions were examined: Question #1, "Religious matters," and Question #7, "How often do you discuss or consider divorce, separation, or ending your relationship?" The purpose of the correlational analysis is to "identify variables that are related to each other, such that a change in one result in a change in the other" (Formplus, 2020). A statistically significant correlation was found between couples' disagreements on religious matters and the frequency of discussions about separation, $r = .18$, $p < .001$, indicating a measurable relationship between religious disagreements and the likelihood of discussing separation. A linear regression analysis was conducted to assess whether disagreements on religious matters predicted discussions of separation. The results showed that religious disagreements significantly predicted discussions of separation $b = .22$, $p < .001$; adjusted model: $b = .18$, $p < .001$. The regression analysis also revealed statistically significant variability in the relationship between religious disagreements and discussions of separation, $F(1, 1476) = 51.20$, $r^2 = .033$, $p < .001$, indicating that 3.3% of the variance in discussions of separation can be explained by disagreements on religious matters.

Photovoice methodology: Researching marginalized populations that make a difference

Paul Springer

Short Description: Photovoice is a powerful participatory action research method that integrates photography and storytelling to empower marginalized populations. This method fosters participant empowerment, promotes dialogue, and supports social change. This approach is particularly useful for family therapy researchers when engaging vulnerable populations such as refugees, immigrants, and youth.

Abstract: Photovoice is a powerful participatory action research method that has been highly effective when engaging underserved and marginalized communities. What makes this approach so effective is its ability to elevate participants' voices in the research process through a unique blend of photos and storytelling. The adage, "a picture speaks a thousand words", was particularly relevant when choosing photovoice to engage vulnerable populations such as refugees, immigrants and youth. First, this approach allows for a wide degree of freedom of expression as the population being study, does not need to be fluent in English, be verbally expressive or even highly knowledgeable about the topic being studied. Rather, the participants only need to utilize their surroundings to find meaning about a specific topic being studied, and they can use their own smartphone or camera to participate so long as it accurately represents their experience (Rabinowitz, 2014). Thirdly, this approach only requires that the researcher is skilled in asking quality follow-up questions to explore and expand upon the participants' meaning-making while engaging other participants to react and respond to what is being shared. It is through this process that the researcher can help participants explore everyone's meaning-making around a photo and find similarities and differences in the participants' experiences around a specific process. Finally, photovoice gives agency to marginalized populations by recognizing that the population being studied are the experts of their own experiences (Wang and Burris, 1994, 1997), and that these experiences matter. This presentation provides an in-depth exploration of how to use Photovoice effectively in research, by outlining the step-by-step process of engaging participants, capturing data, and analyzing visual and narrative materials. Drawing on practical examples from research conducted with refugee youth, the presentation emphasizes the method's flexibility, cultural sensitivity, and capacity to elevate participants as co-researchers. Attendees will learn about ethical considerations and strategies to incorporate Photovoice into community-based research. The presentation highlights how this method fosters participant empowerment, promotes dialogue, and supports social change by engaging communities in research and addressing their needs.

The Stigma of Choice: Experiences of Childfree Individuals and Couples

Nikita Oberoi

Short Description: In a pronatalist society, voluntarily childfree adults face stigma - particularly women who defy the motherhood mandate. As the childfree population grows, this narrative review explores their decision-making processes and social consequences. The presentation highlights their unique challenges and offers recommendations for therapists to support childfree individuals and couples.

Abstract: In social-cultural contexts that are characterized by pronatalism, people who make the choice to not have children fall outside the margins and are prone to facing stigma. This includes outrage, disgust, and pity, as well as being perceived as emotionally troubled. While people who envisage having children are in majority and will likely continue being so, the number of people who are making the choice to remain voluntarily childless or childfree is increasing. Although parenthood is viewed as a moral imperative in society for all adults and even as a marker for adulthood, there are important differences in the experiences of and stigma faced by different genders, with childfree cis heterosexual women receiving the most backlash. This has been understood in terms of the motherhood mandate, which is the widely-held belief that all women want children and that motherhood is the paramount purpose of a woman's existence. In light of the growing phenomenon of childfree adults in myriad parts of the world, a narrative review of the existing literature from across disciplines was conducted. The presentation will shed light on the lived experiences of childfree adults and couples, with focus on the gendered nature of these experiences. The review will summarize findings related to the decision-making processes that adults engage in as a part of their journey of arriving at the childfree position, as well as the social consequences of their decisions. Historically, most studies in this area have focused on heterosexual participants. However, recent research has also included queer individuals as they navigate the question of having or not having children and will be reviewed. The unique challenges and clinical needs of childfree adults and couples will be discussed. The presentation will highlight recommendations on how mental health professionals can support and work with childfree clients who, after having experienced stigma in the world at large, may be primed to anticipate the same in the therapy room. Thus, the findings have practical implications for therapists working with this population as they construct their identities and seek to thrive against the backdrop of a pronatalist society.

Increasing Parental Collaboration and Engagement in treatment

Vivian Kannemeyer

Short Description: Increasing parental collaboration and engagement in adolescents and children's treatment is necessary to improve positive outcomes, decrease premature termination, and reduce drop-out rates. Parental collaboration is crucial in providing emotional support, building trust, strengthening family bonds, facilitating change, monitoring progress, modeling behaviors, offering consistency and structure to treatment.

Abstract: Increasing parental collaboration and engagement in adolescents and children's treatment is necessary to improve positive outcomes, decrease premature termination, and reduce drop-out rates. Parental collaboration is crucial in providing emotional support, building trust, strengthening family bonds, facilitating change, monitoring progress, modeling behaviors, and offering consistency and structure to treatment. Attendance is often conceptualized as a proxy for participation. While attendance is vital, it is not sufficient. Poor parental engagement can often lead to premature termination, high drop-out rates, and inability to achieve goals. Parental participation in treatment requires both a behavioral and an attitudinal component. A behavioral component includes attendance, demonstrating progress, completing homework, and practicing new skills in and outside sessions. It also includes talking about relevant topics, asking questions, sharing a personal perspective on the problem, and offering possible solutions. An attitudinal component involves emotional investment and commitment to treatment, evidenced by the clients' belief that treatment is worthwhile and beneficial. The perception that treatment benefits outweigh the costs—time, money, and energy—can help mitigate some challenges often encountered in the therapeutic process. The distinction between the behavioral and attitudinal components is crucial, as many clients attend sessions without ever fully investing in the therapeutic process. Despite the benefits of parental collaboration, parents usually face challenges to actively participating in treatment, such as feeling blamed or judged, not being listened to by therapists, not feeling supported, and feeling dissatisfied with their children's mental health services. Other challenges include fear of being reported to other agencies or authorities such as police, immigration, or child protective services. Also, lack of time or adequate resources, acculturation issues, not knowing how to be a parent, or having different parenting styles. Increasing parental participation involves providing an opportunity for parents to explore and overcome some of those issues, offering Psychoeducation regarding the therapeutic process, discussing expectations, clarifying misconceptions, and preparing the parents for the therapeutic endeavor. It also involves helping parents explore and resolve their ambivalent feelings toward treatment, making a commitment, and considering the existence, feasibility and costs of changing the problem behavior.

Translating the Psychotherapeutic to the Psychoeducational for Divorcing Parents

Matthew Brosi

Short Description: Calls persist for developers of psychoeducational programs to highlight their change mechanisms and reduce intervention timeframes. This workshop uses the Co-Parenting for Resilience program to illustrate how psychotherapeutic strategies and techniques can be translated into a brief psychoeducational format to promote intra and interpersonal behavior change within family systems.

Abstract: Globally, family therapists work with clients in settings beyond the traditional therapy room. Many use couple and relationship education programs to improve mental health, couple communication, co-parenting, and child well-being. However, because the majority of psychoeducational programs rely almost exclusively on information transfer to produce desired behavior changes, and because information transfer rarely results in significant, enduring change, researchers are calling for CRE programs to highlight the specific mechanisms that purport to produce the desired change and to do so more briefly. This workshop centers on the process of developing the Co-Parenting for Resilience (CPR), a program for divorcing parents, to illustrate how psychotherapeutic theories, strategies, and techniques can be translated into psychoeducational materials that promote intra- and interpersonal change within family systems. CPR is a research-based, four-hour, psychoeducational program for parents designed to promote positive adjustment among divorcing/separating parents and their children. The overarching goal of the program is to enhance healthy child adjustment to divorce by increasing parental hope and collaboration and reducing parental stress and negative parenting behaviors. To accomplish these goals, CPR draws from established theories including Family Stress Theory, the Transtheoretical Model of Change, Brief-Strategic Family Therapy, Common Factors Theory, and Hope Theory. CPR addresses substantive areas common among many divorce education programs such as, parental behaviors that place the child in the middle of parental conflict, emotion regulation and conflict reduction, collaborative parenting, father involvement, maternal gatekeeping, general parenting skills, reconciliation, and the impacts of family violence on co-parenting processes. The program innovatively uses strategically sequenced videos, activities, metaphors, and group processing of real-life scenarios to generate a facilitator-participant alliance, normalize stress-inducing situation, and create the type of cognitive dissonance and therapeutic reframes that increase self-reflection, address resistance, elicit emotional responses, and reinforces new behaviors. From a systems perspective, core components of CPR alter the parental behaviors that exacerbate the stress and trauma experienced by children whereby enhancing child adjustment and mental health. Future directions for research and the need for continued synergy between the psychotherapeutic and the psychoeducational will be discussed.

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Ronald Cox

Short Description: Calls persist for developers of psychoeducational programs to highlight their change mechanisms and reduce intervention timeframes. This workshop uses the Co-Parenting for Resilience program to illustrate how psychotherapeutic strategies and techniques can be translated into a brief psychoeducational format to promote intra and interpersonal behavior change within family systems.

Abstract: Globally, family therapists work with clients in settings beyond the traditional therapy room. Many use couple and relationship education programs to improve mental health, couple communication, co-parenting, and child well-being. However, because the majority of psychoeducational programs rely almost exclusively on information transfer to produce desired behavior changes, and because information transfer rarely results in significant, enduring change, researchers are calling for CRE programs to highlight the specific mechanisms that purport to produce the desired change and to do so more briefly. This workshop centers on the process of developing the Co-Parenting for Resilience (CPR), a program for divorcing parents, to illustrate how psychotherapeutic theories, strategies, and techniques can be translated into psychoeducational materials that promote intra- and interpersonal change within family systems. CPR is a research-based, four-hour, psychoeducational program for parents designed to promote positive adjustment among divorcing/separating parents and their children. The overarching goal of the program is to enhance healthy child adjustment to divorce by increasing parental hope and collaboration and reducing parental stress and negative parenting behaviors. To accomplish these goals, CPR draws from established theories including Family Stress Theory, the Transtheoretical Model of Change, Brief-Strategic Family Therapy, Common Factors Theory, and Hope Theory. CPR addresses substantive areas common among many divorce education programs such as, parental behaviors that place the child in the middle of parental conflict, emotion regulation and conflict reduction, collaborative parenting, father involvement, maternal gatekeeping, general parenting skills, reconciliation, and the impacts of family violence on co-parenting processes. The program innovatively uses strategically sequenced videos, activities, metaphors, and group processing of real-life scenarios to generate a facilitator-participant alliance, normalize stress-inducing situation, and create the type of cognitive dissonance and therapeutic reframes that increase self-reflection, address resistance, elicit emotional responses, and reinforces new behaviors. From a systems perspective, core components of CPR alter the parental behaviors that exacerbate the stress and trauma experienced by children whereby enhancing child adjustment and mental health. Future directions for research and the need for continued synergy between the psychotherapeutic and the psychoeducational will be discussed.

Reflective Group Supervision: Expanding Therapists' Reflective Capacities and Use of Self

Christine Reynolds

Short Description: The presentation will highlight the transformative process of Reflective Group Supervision. In these collaborative groups, participants deepen their self-awareness and expand their abilities in the use of self. This intersubjective experience increases participants' reflective capacity and cultural humility through a space of shared vulnerability, emotional attunement, and compassion.

Abstract: Reflective group supervision/consultation is an effective tool in the ongoing self-development of clinicians and other helpers. Although clinical training programs often purport to support reflective practice in life and clinical spaces, they do not come naturally and are not easy to implement. Paradoxically, a reflective stance has been trained out of us by society and academia. Our Reflective Practice and Group Supervision (RPGS) training model was developed by the Center for the Developing Child and Family at the Ackerman Institute for the Family. It is an approach that emphasizes the self of the therapist and reflective supervision practices while incorporating emotion-focused and attachment-based therapy processes. Unlike traditional supervision, RPGS does not focus on initial hypothesizing, problem-solving, or giving advice. Instead, it centers on the emotional experience of clinicians in their work with their clients. It is a collaborative process that encourages clinicians to reflect on their own social identities and experiences before addressing their clients' clinical needs. In today's world, supervisors must be able to help clinicians understand how their and their clients' experiences are embedded in and shaped by the larger systems associated with race, class, religion, sexual orientation, and gender identity, to name a few. By guiding clinicians to access their deeper emotions and lived experiences, supervisors help clinicians gain insight into the meaning they make and the actions they take. Through structured experiential exercises and role plays within a small group setting, participants engage in an intersubjective experience of being seen and held, increasing their self-awareness and self-compassion and offering more attuned interventions to their clients. Our Reflective Practice and Group Supervision Model creates an environment where we practice and internalize the skills that lead to more reflective practice. In this workshop, we will explore how cultural humility, mentalizing, systems thinking, emotion-focus, the self of the therapist, and somatic experiences can be transformative when incorporated into group supervision and clinical practice.

Work-Family Spillover, Family Functioning, and Life Satisfaction of Pastors

Marcos Rosa

Short Description: Pastors, in general, have been given little or not enough attention to the relationship between ministry work and their personal and family lives. This study shed light on the effects of pastors' professional stress on their personal, marital, and familial lives.

Abstract: The current study is quantitative research that used a web-based survey from multiple religious denominations in the United States to examine the relationships among perceptions of stress, work-family spillover, marital satisfaction, and family functioning of pastors. Emotional exhaustion, hours worked, personal accomplishment, and social support were analyzed as predictors from the work domain. Two measures of spillover were used to evaluate family stressors and enhancers. The stressors and enhancers were tested as mediators between the work domain and personal/family life. Life satisfaction, marital satisfaction, and family dysfunction were analyzed as outcome variables. The sample included 83 pastors from a convenience sample, including 62 males and 21 females, with backgrounds diverse in culture, education, and denomination. Analyses were conducted using IBM SPSS (Version 26), including Pearson's correlations and regression analysis was performed using PROCESS macro to test for mediation. It was found that social support does increase family enhancers and work-family positive spillover, but contrary to predictions, personal accomplishment appeared to impact family life by increasing emotional exhaustion, stressors, and family dysfunctions. Greater incidents of emotional exhaustion and hours worked were found to reduce the incidence of enhancers and work-family positive spillover and increase family stressors and work-family negative spillover. Greater incidents of emotional exhaustion were found to reduce marital satisfaction and increase family dysfunctions. This research has practical and clinical implications for pastors, spouses, and children of pastors, educators, family scientists, therapists, and organizations who employ pastors. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>). Keywords: emotional exhaustion, hours worked, stress, burnout, personal accomplishment, Social support, work-family positive spillover, work-family negative spillover, stressors, enhancers, life satisfaction, marital satisfaction, family functioning

When Laws Conflict with Ethical Guidelines: Gender-Affirming Care for Transgender Youth

Savannah Honarbakht

Short Description: In our session, we will discuss recent legislation that prohibits marriage and family therapists from providing affirmative care to LGBTQIA+ clients, specifically transgender youth. We provide guidelines for creating an ethical decision making process in navigating laws that interfere with standards of MFT practice as outlined by AAMFT.

Abstract: In 2023, a news report released by CNN found that nearly three-times as many anti-LGBTQIA+ bills have been introduced in legislatures across the country compared to 2022 (Choi & Mullery, 2023). Recent legislation regarding LGBTQIA + individuals and their families has posed a significant ethical dilemma for therapists who treat and advocate for clients who are part of the LGBTQIA+ community. A total of 13 states have implemented a ban on gender-affirming care; even more, in 5 of the 13 states healthcare professionals will be charged with a felony if they provide such care to their clients (Movement Advancement Project (MAP), 2023). This places marriage and family therapists working within these states in a precarious position, posing the question of: Do we abide by the AAMFT code of ethics and provide affirming care, or do we follow state laws and policies and potentially harm clients? The purpose of our workshop is to help marriage and family therapists develop a process by which they can navigate new legislation that contradicts the AAMFT code of ethics and best healthcare practices. We discuss past ethical and legal dilemmas that MFTs encountered in the past such as reporting intimate partner violence and disclosing an HIV diagnosis to at-risk clients. Our review of past challenges demonstrates how therapists have previously navigated legal issues and what forms of advocacy led to changes in standards of practice and new legislation. In our workshop, we will discuss the essential components of an ethical decision-making process (Burkemper, 2007). This process of ethical decision making is comprised of two levels of morality and conceptualization. Participants will discuss ideas with peers during the session so that following the session, they feel equipped to create their own decision-making model for when legislation prohibits adhering to ethical standards in the field of MFT.

Self Actualizing with Neurodiversity

Jessica Leith

Short Description: This lecture examines Satir's core concepts as tools to promote self actualization and vulnerability in individuals on the autism spectrum while attending to the incongruence experience of being their authentic selves in a neurotypical world in order to have fulfilling relationships.

Abstract: The Satir Human Growth Model has a reputation for enhancing one's personal growth through vulnerability and tapping into one's internal resources as a vehicle for change. However, many individuals on the autism spectrum struggle with self actualizing in a world that requires them to constantly mask in order to belong. There is a constant tension between being your authentic self and ostracization. Therapists using this model for folks on the spectrum risk doing more harm than good if they are not aware of and attending to this discrepancy when implementing. This lecture examines how to harness Satir's core concepts as tools to promote self actualization and vulnerability in individuals on the autism spectrum while simultaneously building a congruent community of support.

Entangled and Embodied: A Poetical Exploration of Trauma Disclosure in MFT

Amber Kelley

Short Description: This workshop will describe the findings of a qualitative study of pre-licensed MFTs during client trauma disclosure. Poems underscoring the embodied experiences of MFTs developed via poetical analysis and guided by agential realism will be presented. Participants will engage in poetic exploration and discuss implications for supervision and training.

Abstract: Most people (over 60% of adults in the US alone) report experiencing at least one traumatic event during their lifetime (U.S. Department of Veteran Affairs, 2021). With the spread of COVID-19, this number may be even higher in recent years (Kira et al., 2021). Given the near ubiquitous nature of traumatic experiences over the average lifespan, it is highly likely that those within helping professions, including marriage and family therapists (MFTs), will encounter clients with trauma histories and be privy to client trauma disclosure within the therapy process. While extant literature has explored the experiences of individuals as they disclose traumatic histories (e.g., Ullman, 2011), little research currently examines the experiences of those to whom trauma is disclosed, particularly within the MFT field. Thus, this brief presentation will present the findings of a study that explored the experiences of pre-licensed MFTs during moments of trauma disclosure, using Karen Barad's (2007) agential realist theory and its relational ontological perspective. The presented study explores the embodied experiences of pre-licensed marriage and family therapists during in-session instances of client trauma disclosure through poetic analysis. Informed by agential realism (Barad, 2007), interviews with novice marriage and family therapists (N = 11) were examined, considering evocative moments or moments of "aliveness" where the material-discursive body of the therapist was impacted by disclosure. Poetical analyses which highlight how pre-licensed marriage and family therapists embody and experience disclosure physiologically, emotionally, cognitively, and relationally will be presented and discussed. Applications and implications of this research will be explored, namely the importance of understanding the multiplicative experiences of therapists during trauma disclosure as a way to normalize the breadth of responses that come with relationally engaging with and holding space for trauma-affected clients. Additionally, ways in which these findings can be incorporated into supervisory and educational spaces will be discussed. Workshop participants will be invited to explore their own embodied experiences through the co-creation of poems during the session, considering how poetry may enhance and expand clinical discussions in the classroom and in supervision.

Unwrapping the Lollipop: Introducing sex communication to youth

Agnieszka Tulowiecka

Short Description: Sex talks are important in developing healthy sexuality. Some barriers to these talks are feelings of anxiety, shame, and lack of knowledge. The focus of this presentation is to offer effective strategies for helping families discuss the topic of sex and to assist therapists' self-exploration on their comfort level.

Abstract: The blueprint for people's sexual lives is created across years and experiences, starting in childhood. Effective sex communication between caregivers and their children is a critically important in preparing them for a healthy sex life. Research indicates that sexual communication from caregivers strongly influences the sexual attitudes and behaviors of their children. Sex talks: 1) delay initiation of sexual activity; 2) reduces the incidences of sexually transmitted infections (STIs); 3) promotes the importance of healthy sexual relationships; and 4) increases safer sex practices. Although sharing accurate information and conveying their beliefs about sexuality is important, there are several barriers impacting parents' ability to initiate conversations about sex. The most common barriers among families are feelings of anxiety and shame, perceived lack of knowledge about sexuality, cultural and religious traditions or taboos, and unawareness of the appropriate age to initiate these conversations. This presentation will offer strategies for marriage, couple, and family therapists to assist clients in discussing sexual topics with their children. An additional focus of this presentation is to inspire family therapists' self-exploration on their comfort level about sex talks with their clients.

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Affirming Connections: A Study of Therapeutic Outcomes for Queer Couples

Reihaneh Mahdavishahri

Short Description: The presenters will discuss their survey study examining current approaches in treating queer couples. With 100 heterosexual and 100 queer participants, this study investigated the relationship between mental health, family of origin, therapeutic alliance and therapeutic outcomes. The study highlights the need for affirming and systemic approaches for LGBTQIA+ populations.

Abstract: The prevalence of queer couples is increasing rapidly across the globe. Over the past 12 years, the number of adults identifying as LGBTQ+ has more than doubled, yet they continue to face various forms of oppression, such as homophobia, heterosexism and genderism (National Academies of Sciences, Engineering, and Medicine; 2020). Existing literature and practices in relational therapy for queer couples across the world continue to rely on heteronormative frameworks and lack the critical lens needed to address their needs. By conducting a quantitative investigation, we sought to examine the current relational approaches in treatment of queer couples as well as the relationship between variables including mental health wellbeing, family of origin dynamics, therapeutic alliance and therapeutic outcomes for queer couples. This quantitative study surveyed 100 queer identifying individuals in couple therapy as well as 100 heterosexual individuals in couple therapy, focusing on their reported experiences with depression, anxiety, relationship satisfaction, and family-of-origin dynamics, along with their perceptions of and satisfaction with their therapists. Our hypothesis was supported in that 1) queer couples experience higher rates of depression, anxiety, and family of origin conflict compared to heterosexual couples, thus needing more affirming and systemically tailored approaches. Additionally, 2) therapeutic alliance was shown to play a more significant role in perceptions of and satisfaction with therapy for queer couples. As the number of individuals identifying as LGBTQIA+ grows, the need to effectively serve this population and address their needs also grows (Pentel & Baucom, 2021). Preparing systemic therapists in gender-affirming care and effective practices when working with sexual and gender minority (SGM) populations requires integration of systemic and informed approaches within our educational programs, supervision practices, and professional development (Spengler et al., 2020). This comprehensive integration ensures that therapists not only acquire the necessary theoretical knowledge but also develop practical skills and cultural competence to effectively address the unique needs and experiences of SGM individuals and communities. Our study and presentation bridge the current gap in grounding the therapists' ongoing commitment to learning in cutting-edge research and a rigorous examination and amplification of SGM voices through our scholarly practices.

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Defining Empathy Using Microanalysis of Doctor-Patient Interactions

Hollie Allen

Short Description: This poster will provide an overview of the research conducted to identify the behaviors displayed by the practitioner when providing empathetic medical communication to/with patients (and their families). The poster will include a description of microanalysis, methods, results, further applications, and conclusions of the research.

Abstract: Microanalysis (MFD) is an open-ended, inductive methodology used for analysis of moment by moment, face-to-face dialogue and communication. Microanalysis focuses on direct observation of the functions of behavior and language in dyadic communication sequences. Using MFD in our research, we looked at observable behavior during doctor-patient interactions and identified aspects of empathy and indifference that were present. A set of rules was developed inductively to measure empathetic and non-empathetic medical dialogue. Our analysis examines each utterance within a medical dialogue between provider and patient/family member. The more utterance with displays of empathy present in the conversation, the more likely the provider is being empathetic. Empathetic medical dialogues SHOULD include questions, statements, formulations, suggestions, etc., by the medical provider that provide a) Reassurance of Care/Prognosis and/or b) Acknowledgement of emotional experience in response to patients (and/or their family members) when they (and/or family member) are experiencing a stressful event (e.g. receiving a diagnosis, injured, having a medical crisis). In addition, Empathetic medical dialogues COULD include a provider a) asking patient permission in medical care, b) inviting patient input, c) acknowledgement of challenges in medical system, d) addressing patient by name, e) greeting patient/family, and/or f) giving details in medical information in response to patients (and/or their family members) when they (and/or family members) are experiencing a stressful event (e.g. receiving a diagnosis, injured, having a medical crisis). Results from the study will be shared as well as implications for practitioners.

Examining Substance Use Disorder Treatment Language: A Delphi Study

Rebecca Lucero Jones

Short Description: In recent years, professionals who study and work with those who experience a substance use disorder have called for more sensitive language in the description and treatment of SUDs. Our presentation highlights a study that has surveyed experts in the field highlighting areas of consensus and disagreement regarding treatment language.

Abstract: Substance use and fatal overdoses in the United States continue to be a quiet epidemic increasingly impacting families, communities, and silently besieging the healthcare system (Englander, et al., 2017; Volkow, et al., 2014). From opioids alone, more than 90 Americans perish daily (Volkow & Collins, 2017). Research has shown that most individuals with an SUD will not seek out professional mental health services or peer-based recovery groups (Kulesza, et al., 2016). Even more, for individuals with an SUD that do choose psychotherapeutic treatment, an average of 30% will dropout and relapse rates consistently range between 40 and 60% (Lappan, et al., 2019). Stigmatization has been identified as a significant barrier to accessing treatment (Rey et al., 2019). Stigma is a social process that devalues individuals into marginalized populations, such as those who engage in substance use (Luoma, et al., 2013; Ashford, et al., 2019). Stigma not only informs the general public's view on substance use, but also impacts the perspectives of health care professionals working with people who have an SUD (McGinty & Barry, 2020). Our study has surveyed 26 experts in the field of substance use disorders to identify areas of consensus and disagreement regarding treatment language. We will present our quantitative findings as well as review the qualitative themes that emerged from the responses of our participants. Last, we present guidelines for clinicians regarding treatment language that reduces stigma and helps clients achieve sustained recovery.

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Sexual Communication in Sexually Diverse Couples

Rebecca Lucero Jones

Short Description: Our presentation focuses on sexual communication patterns among gender and sexual minorities and includes couples who identify as non-monogamous. To date, most sexual communication research studies have focused on heterosexual couples. In our presentation, we highlight important variables that predict sexual and relational satisfaction as well as qualitative findings.

Abstract: A couple's communication about their shared sexual relationship has been shown to predict both relational and sexual satisfaction (MacNeil & Byers, 2009; Mark & Jozkowski, 2013). The ability to speak with one's partner about sex has been regarded by researchers as a relational skill that is separate from other types of relational communication (Jones, Robinson, & Seedall, 2017; MacNeil & Byers, 1997). While sexual communication has been examined in heterosexual couples, most studies examining sexual communication in sexual minority couples has focused on sexual safety. Little research to date examining sexual communication processes has used a sample that includes sexual orientation and gender identity minorities (LGBTQIA and non-monogamous) couples. In our presentation, we will review our research study that examined important aspects of romantic relationships including sexual communication processes, sexual satisfaction, relational satisfaction, health, risks, and sexual experiences with outside partners. Also, we highlight the factors that influence sexual communication processes, the primary factors for sexual and relationship satisfaction among marginalized sexual groups, and identify how sexual minority relationships are currently managing risk and promoting sexual, physical, and mental health. Last, we will discuss implications for clinicians working with marginalized sexual groups.

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Neuro-Affirming Systemic Supervision

Anthony Pennant

Short Description: This workshop brings to light the needed and timely topic of creating an affirmative environment for neurodiverse trainees receiving systemic supervision.

Abstract: The role of the systemic supervisor continues to be a pivotal part of therapist training and development. The relationship between trainee and supervisor can be a bastion of refuge, encouragement, growth and support. The literature surrounding the needs of supervisees continue to grow, however, frameworks around tangible and concrete methods to support supervisees (and supervisors) who are neurodiverse remain an area that is rather unexplored and unsupported. This workshop will focus on providing a basic understanding of what neurodiversity is, teach supervisors on how to utilize neurodiverse language, provide methods of varied instruction of skill building and self of the therapist development for supervisees. In addition, it will assist supervisors in broaching this topic while helping them craft attuned interventions for supervisees that may be struggling in their development.

Life of an Afghan Refugee Woman in the US: A review of the phenomenon of displacement

Umainah Maryam

Short Description: This session reviews a phenomenological study that aims to explore how Afghan refugee women comprehend their experience of displacement. It discusses the process of Afghan families navigating the isolation, loneliness, cultural and language barriers, and other challenges associated with coming to the US.

Abstract: This workshop will explore the systemic nature of the phenomenon of displacement of Afghan refugee women. Afghan refugee women and their families experience a unique dynamic very different from other South Asian or Muslim populations. These women grapple with the difficulties of coming from close-knit communities that are more communal, hierarchal, and even patriarchal -to the United States- a culture more individualistic, independent, and emancipating in some, and limiting in others for a woman from Afghanistan. The researchers will share the findings of a qualitative study with a phenomenological design. Interviews were conducted in person with or without interpreters. Interviews took place with individuals or families together. The major themes of the study indicated that the most significant challenges for these women included leaving their extended families behind, worrying about never going back, and considerable financial challenges. Other themes especially for middle-aged women included cultural and language barriers and parenting problems. The resources and protective factors included the ability to be able to drive independently. The family relocating together was a big protective factor for these people that the family could stay together this time, these participants have their community through mosques and other government and non-government agencies helping them. The session will also explore the elements of cultural competency, particularly an understanding of the traumatic presentation of displacement stress, and evidence-based treatment approaches tailored to the refugee population. Finally, future research and policy areas and the need for advocacy particularly for Afghan women who are greatly underrepresented in research and in practice will be discussed.

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Adam Jones

Short Description: This session reviews a phenomenological study that aims to explore how Afghan refugee women comprehend their experience of displacement. It discusses the process of Afghan families navigating the isolation, loneliness, cultural and language barriers, and other challenges associated with coming to the US.

Abstract: This workshop will explore the systemic nature of the phenomenon of displacement of Afghan refugee women. Afghan refugee women and their families experience a unique dynamic very different from other South Asian or Muslim populations. These women grapple with the difficulties of coming from close-knit communities that are more communal, hierarchal, and even patriarchal -to the United States- a culture more individualistic, independent, and emancipating in some, and limiting in others for a woman from Afghanistan. The researchers will share the findings of a qualitative study with a phenomenological design. Interviews were conducted in person with or without interpreters. Interviews took place with individuals or families together. The major themes of the study indicated that the most significant challenges for these women included leaving their extended families behind, worrying about never going back, and considerable financial challenges. Other themes especially for middle-aged women included cultural and language barriers and parenting problems. The resources and protective factors included the ability to be able to drive independently. The family relocating together was a big protective factor for these people that the family could stay together this time, these participants have their community through mosques and other government and non-government agencies helping them. The session will also explore the elements of cultural competency, particularly an understanding of the traumatic presentation of displacement stress, and evidence-based treatment approaches tailored to the refugee population. Finally, future research and policy areas and the need for advocacy particularly for Afghan women who are greatly underrepresented in research and in practice will be discussed.

Let's Work Together: A Case for Collaboration between Black Churches and Mental Health Professionals

Samanda Bryant Hagan

Short Description: This presentation highlights a research study that explores the mental health help-seeking attitudes and preferences of Black church-going adults in the U.S. through a sociocultural lens. Findings illuminate the clinical, cultural, and social value of interprofessional collaborations. Programming strategies and considerations for effective care models are discussed.

Abstract: Black people across age groups utilize professional mental health services less frequently than White people in the United States (U.S.; Alvidrez et al., 2005; Hays, 2015; Wilkins et al., 2013). As efforts have been made to reduce this disparity, support for collaborative partnerships between Black churches and mental health professionals is on the rise (Campbell & Littleton, 2018; Hankerson & Weissman, 2012; Hays, 2015). Yet, little attention has been given to if and how the numerous barriers that Black people face to treatment utilization affects mental health help-seeking attitudes and preferences on a sociocultural level (Barksdale & Molock, 2009; Hardy, 2012). When there are negative consequences to mental health treatment utilization, either perceived or real, within every context of one's lived experience, self-concealment may be a more favorable option. Self-concealment is defined as a predisposition to actively conceal information of a highly intimate nature that one perceives as distressing or negative (Larson & Chastain, 1990). Using a quantitative, cross-sectional research design, the current study explores the relationship between self-concealment and religious and professional mental health help-seeking attitudes and preferences among Black, Christian church-going adults in the U.S. Findings reveal that intimate partners are the dominant, preferred help-seeking source among Black church-going adults in the U.S., and mental health professionals are consistently preferred over clergy. Among those high in self-concealment, however, the preferred help-seeking sources are a phone helpline or no one at all. Correlation analyses reveal associated themes between self-concealment and religious and professional mental health help-seeking attitudes. Such themes include: self-stigma, public-stigma, anticipated risks of disclosure, shame, and aversion to vulnerability. Results from this study not only validate the use of interprofessional collaborations as a promising strategy for mitigating mental health treatment barriers among Black church-going adults in the U.S., but also provide valuable insights to aid in the development of effective collaborative care models. Collaborative programming strategies and considerations for mental health professionals and clergy are discussed. Study limitations and areas for future research are presented as well.

Couple relationship and Buddhism among Israelis influenced by Buddhism

Yotam Lavie

Short Description: This qualitative study, based on in-depth interviews, examines how Buddhist principles and practice reshape perspectives and couple dynamics, alleviating tensions often associated with modern Western couplehood. It offers valuable insights by presenting a different script for couple relationships, resulting in higher relational satisfaction and sustainability.

Abstract: In recent decades, Buddhism has increasingly integrated into Western cultures, influencing various aspects of life. This study explores "Buddhist couple relationships" in Israel – relationships in which at least one partner is significantly influenced by Buddhist ideas and practice. It addresses a critical gap in the literature, namely the scarcity of phenomenological and narrative studies examining how Buddhist concepts and practice are integrated into romantic couple relationships in the West and influence them. Through a deep exploration of the lived experiences and perceptions of individuals who incorporate Buddhist teachings and practice into their relationships, the study highlights the transformative effects on their perceptions and relational dynamics. This qualitative study used in-depth, semi-structured interviews with Israelis in relationships where Buddhism plays a significant role. Participants were purposefully selected to represent a range of experiences and levels of engagement with Buddhist practice. The study illustrates how Buddhist principles such as impermanence, non-self, and the Buddhist understanding of suffering are embodied within relationships. It offers an alternative narrative to the prevailing discourse on modern Western couplehood: one that views long-term couple relationships as inherently capable of fostering personal growth, with the potential to be free from the perceived tension between self-fulfillment and relational commitment. Amidst a continuous rise in divorce rates in the West due to dissatisfaction in relationships, this study offers valuable insights by presenting a different script for couple relationships. It explores possible explanations for this alternative script, encouraging a deeper consideration of how Buddhist principles may reshape our understanding of couplehood and personal growth within relationships.

SEL as Part of the System of Wellness

Alli Cipra

Short Description: Social and emotional learning (SEL) is a lifelong process that begins in childhood and is paramount for positive development. Because of the necessity and benefit of SEL skills throughout the life course, it is recommended to employ SEL instruction in family sessions.

Abstract: Systems theorists and practitioners take a wide view of the impacts that areas of disadvantage may have on other areas of development. Social and emotional learning (SEL) is a lifelong process that begins in childhood and is paramount for positive development. The COVID pandemic influenced many developmental tasks, principally those related to SEL in children and adolescents. During mandatory and recommended quarantine periods, many children were unable to learn and practice social skills common to school and other social settings. Because individuals interact differently with family, friend, and less familiar social groups (Roth & Peng, 2024), interactions with family during quarantine were not sufficient to practice all social and emotional skills. Indeed, research has concluded that children experienced increased negative psychological impacts of COVID and quarantine (Holmes et al., 2020), including depression and anxiety (Samji et al., 2020). Social and emotional learning (SEL) has made its way into school curricula throughout the United States and numerous other countries in recent years, though the skills are not new. These skills are part of identity development, emotional management and regulation, positive interpersonal relationships, and responsibility to self and others (CASEL, 2024). Within the school system, SEL is often taught directly by classroom teachers in a curriculum model or by school counselors and social workers via individual and small group sessions. However, SEL skills building in the schools addresses only one part of the system. Because of the necessity and benefit of SEL skills throughout the life course, it is recommended to employ SEL instruction in family sessions. All members can be involved in the learning or strengthening of SEL skills to improve the wellbeing of individuals and family systems.

A measure for reasons for lack of marital differentiation

Arie Cohen

Short Description: The purpose of the present study is to review the various questionnaires for measuring differentiation in marital relationships and to offer a questionnaire for measuring reasons for not being authentic towards spouses among couples. A study based on 121 married couples partially validated the scale's internal and external validity.

Abstract: The term "differentiation of the self" refers to the individual's ability to develop a self-identity differentiated from significant others. The purpose of the present study is to review the various questionnaires for measuring differentiation in marital relationships, to offer a new questionnaire for measuring this phenomenon, and to test its validity. First, a five-faceted mapping sentence was constructed; its first facet related to the person under evaluation – self or spouse; the second, to the modality – behavioral, affective, or cognitive; the third to the reasons for giving up authenticity and differentiation as follows: (1) a tendency to place the happiness of the spouse before the happiness of the respondent (2) a desire to preserve marital harmony (3) a willingness to give up one's self-identity (4) a wish to avoid being different from the spouse (5) a desire to avoid hurting the spouse and (6) a wish to prevent the anger of the spouse. The fourth facet is related to a response set, i.e., phrasing an item affirmatively or negating. The resultant 18 statements were administered to 121 married couples with the Dyadic Revised Adjustment Scale. Smallest Space Analysis for the perception of the spouse – but not for the respondent himself - yielded a three-dimensional solution validating the mapping sentence and the scale's internal validity. At the same time, correlations with the DRAS supported the external validity of some of the sub-scales. The present study offers a new measure for marital differentiation and underscores the importance of maintaining self-identity in marital relationships as a crucial differentiation characteristic

Practice Makes Real: Rethinking Client Simulations in Therapy Education

Jason Martin

Short Description: Family Therapy education relies on training programs to provide students with safe and effective rehearsals of therapeutic skills before practicing with actual clients. This workshop will address different methods of simulation, from traditional role plays to uses of artificial intelligence, to examine the present and future of student therapist rehearsal.

Abstract: Therapy education has long struggled with how best to provide opportunities for students to learn and "rehearse" therapeutic skills before they are deemed ready to work with actual clients in real-world environments. The simplest and most common method of rehearsal is to facilitate peer role play experiences with their fellow students in controlled environments, moderated and overseen by training faculty. While that can be cost-effective and convenient, it relies on the ability of the students to safely and effectively portray realistic clients in session, a requirement that often results in non-realistic client portrayals and watered-down situations, neither of which may accurately represent the therapeutic experience. More innovative strategies have used trained actors, either in person or as computer avatars, to create more realistic scenarios, but those strategies may be expensive and still underwhelming. With the growing presence of artificial intelligence (AI) as a meaningful educational tool, future opportunities may lead to even more realistic therapeutic experiences, allowing students to truly replicate the therapy room before engaging with actual clients. The presenter has used various methods of therapy rehearsal in therapy education, and this workshop will describe those experiences and perceptions about the advantages and risks each methods, as well as the future of rehearsal in therapy education. This workshop will provide attendees with an update on common practices in therapy rehearsal and the potential of AI to contribute to the process. Discussion will address concerns that AI may present and allow the attendees to learn from each others' experiences with therapy rehearsal. Discussions will also focus on balancing effective and accurate simulation with the costs and sometimes unbalanced experiences that different methods may present.

Love in the age of rage: The impact of disinformation and conspiracy theories on couple relationships

Kara Fletcher

Short Description: This presentation will consider how disinformation and political polarization have impacted couple relationships since the beginning of the COVID-19 pandemic in 2020. We will describe results from interviews with affected partners, and a scoping review of existing literature on the impact of conspiracy theories and disinformation on interpersonal relationships.

Abstract: Conspiracy theories refer to beliefs relating to secret plots orchestrated by groups who are considered to hold power and bad intentions (Mills, 2021). The current socio-political environment has created a context for conspirational narratives about COVID-19, vaccines, election fraud and other counterfactual information (Richards, 2022). A belief in conspiracy theories has increased in since the start of the COVID-19 pandemic (McSheffrey, 2023). Conspiracy theories have undoubtedly impacted relationships. For example, in a recent study on the impact of QAnon involvement on interpersonal relationships, Mastroni & Mooney (2024) found that involvement with QAnon created a “malignant force” in relationships which caused distance and distress. Participants however, reported a desire to understand their loved one and attempt to heal the relationship. Similarly, Mousaw’s (2022) dissertation highlighted that loved ones experience emotional distress and a negative impact on their couple relationship since their “QPerson” started following the beliefs of QAnon. Anecdotally, Reddit’s forum named QAnonCasualties has over 276,000 members. Another study by Murray et al., (2023) found that romantic relationships could act as protective factor for misinformation and public skepticism about COVID-19. While a few international studies have interrogated the impact of conspiracy theories on interpersonal relationships more generally, this project is the first known study to consider the enduring impact on couple relationships. We will describe results from a completed scoping review of existing empirical and grey literature on the impact of conspiracy theories and disinformation on interpersonal relationships. We will also present preliminary results from interviews with individuals who believe their romantic relationship has been impacted by conspiracy theories and disinformation since the onset of the COVID-19 pandemic. Our results suggest that the nature of personal relationships and social interactions plays a crucial role in the acceptance and mitigation of conspiracy beliefs. Intimate relationships may serve as a buffer against conspiracy theories, where partners support each other and reduce the impact of conspiratorial thinking. While conspiratorial beliefs held by one partner can affect the relationship, close bonds can also protect against the harmful effects of such thinking. Areas for future research will be discussed.

Conversational Artificial Intelligence as a New Ethical Entity in Psychotherapy

Saša Poljak Lukek

Short Description: Conversational Artificial Intelligence (CAI) in psychotherapy brings ethical challenges, requiring its recognition as a third entity alongside therapists and clients. The poster presents the proposal for an extension of the ethical standards and responsibilities for psychotherapists and represents a new psychotherapeutic frame including CAI as a third partner.

Abstract: Conversational Artificial Intelligence (CAI) is increasingly integrated into mental health care, specifically psychotherapy, presenting significant ethical challenges. Poster postulates that CAI should be viewed as a new ethical entity within the psychotherapy process, with its own ethical considerations and responsibilities distinct from those of the therapist or client. It argues for a systematic ethical evaluation of CAI actions and decisions, emphasizing transparency, non-bias, and a human-centered approach. The potential of CAI to enhance therapeutic processes by providing real-time, personalized support is highlighted, alongside the necessity of maintaining high data security and protecting patient privacy. The poster presents the proposal for an extension of the ethical standards and responsibilities for psychotherapists described in a document entitled "Statement of Ethical Principles" by The European Association of Psychotherapy (EAP). We propose to extend the ethical standards by introducing AI as a third entity in psychotherapy. Ethical standards in psychotherapy must evolve to include AI as a third partner, ensuring AI-assisted decisions are transparent and non-biased. The integration of AI in psychotherapy should facilitate collaboration and maintain high standards of patient care. Furthermore, a new psychotherapeutic frame including CAI as a third partner will be represented. Integration of CAI is transforming psychotherapy by offering 24/7 access, personalized support, faster development of new techniques, and improved quality monitoring. By adhering to rigorous ethical standards CAI can significantly enhance the efficiency and accessibility of mental health services. This poster underscores the need for ongoing education for psychotherapists in AI technologies and the importance of legal and ethical oversight to ensure the responsible use of AI in psychotherapy. AI has the potential to transform the psychotherapy framework, making mental health services more efficient, accessible, and personalized. This Publication is a Part of the Research Program The Intersection of Virtue, Experience, and Digital Culture: Ethical and Theological Insights, financed by the University of Ljubljana.

Exploring Dimensions of Individuation in Couple Therapy: Integrating Jungian Perspectives

Sebastian Perumbilly

Short Description: This presentation explores innovative ways to facilitate couple therapy by integrating Jungian perspectives on individuation. The goal is to enrich the personal growth of the members of a couple system while preserving their connection to each other. The presentation will clarify distinctions and interrelationships across individuation, differentiation, and identity formation.

Abstract: This presentation focuses on enriching the facilitation of couple therapy with the integration of Jungian perspectives on individuation with a view to enriching the personal growth of the members of a couple system while maintaining their couple identity and connection. Carl G. Jung defined individuation as a psychospiritual process by which a person becomes a psychological individual, recognizing innermost uniqueness and becoming his/her/their true self. For Jung, individuation is the complete expression of individuality (Jung, 1954), divesting the self of its false wrappings of the persona and differentiating from the suggestive power of unconscious contents. Jung distinguished individuation from individualism and ego-centeredness. Jung believed that stunting of individuation by the individual's adherence to social norms is injurious to his/her/their vitality and disastrous for moral and psychospiritual development and relationships (Jung 1916/1928). During this presentation, the presenters will discuss a Jungian perspective on the individuation process with its rich/deep clinical dimensions, its historical evolution as a clinical construct, and inadequate adaptation in the Couple and Family Therapy fields. They will explain how the individuation process enriches and challenges couple relationships and contribute to one's journey toward the true self. More specifically, this clinically focused discussion will specifically explore: 1. How our childhood issues are formed in the family of origin. 2. How we are attracted to those who either mirror or challenge our childhood dynamics. 3. How do these childhood issues become apparent and active in the couple, and how can they complicate/challenge the current relationship? 4. How does the couple's relationship become a container to make them conscious of their childhood dynamics in the present relationship? 5. How can the therapist hold these childhood dynamics and facilitate working through these issues in the present relationship? The presenters will discuss and explore how the integration of Jungian perspectives can be used to develop a clinical framework to facilitate individuation in couple therapy with a view to enriching couple relationships as a transformation-facilitating crucible. Furthermore, the session participants will learn the distinctions between the individuation process, differentiation, and identity formation.

Meeting U.S. Rural Mental Health Needs of LGBTQ+ Youth and Families: Using Community Engagement Studios

Kristen Benson

Short Description: This presentation will describe the use of a public health model where providers of LGBTQ+ children in the Southeast United States participated in Community Engagement Studios to inform the development of an LGBTQ+ youth and family specialty clinic within a university family therapy training center.

Abstract: MFT is committed to community-engaged research and service systems change, thus this presentation describes the utilization of Community Engagement Studio (CES) public health model, to gather project-specific input from community stakeholders (Joosten et al., 2015), to plan and develop an LGBTQ+ youth and family specialty clinic within a university family therapy center in partnership with a regional health system and community organization. LGBTQ+ youth face increased risk factors related to suicide, substance use, HIV/STD transmission, victimization of violence, and trauma (CDC, 2019) and higher rates of suicidal ideation and suicide attempts (Bauer et al., 2015; Haas et al., 2011; Perez-Brummer et al., 2017; Toomey et al., 2018) compared to cisgender and heterosexual peers. LGBTQ+ youth often report feeling unwelcome and misunderstood in traditional behavioral health service organizations (Guss et al., 2019; Qureshi et al., 2018). This is not surprising given inconsistent training standards to develop clinical competencies for serving LGBTQ+ youth and families. For example, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) does not require specific training standards with LGBTQ+ populations (COAMFTE Accreditation Standards V12.5). Subsequently, when youth do present for services, practicing mental health practitioners continue to refer LGBTQ+ clients due to personal discomfort and lack of cultural clinical competency (McGeorge, 2016). Further, social and parental support protects against suicide risk (Bauer, et al., 2015); when youth have at least one supportive family member in their life, risk factors decrease (Ryan et al., 2010). Yet family treatment is limited, especially in rural areas without clinical organizations dedicated to LGBTQ+ needs. We facilitated CES with LGBTQ+ child providers to help identify the needs to improve access to LGBTQ+ family clinical services in the rural Southeast United States. Participants included DSS social workers, a pediatrician, inpatient mental health providers, private practice counselors, and foster care social workers. Findings revealed that there is a lack of affirmative family services available, a high need for crisis services, a need for safe and affirmative resource referrals, and support for a specialty clinic. We will discuss how these findings are informing the development of the clinic.

Group Emotional Regulation Interventions for Children and Adolescents: A Decade in Review

Chrystal McDowell

Short Description: This systematic review of 35 studies explored the effectiveness of cognitive-behavioral, mindfulness, and skills-based group interventions in improving emotional regulation for children and adolescents. While positive outcomes were noted, methodological inconsistencies emerged. Future research should explore systemic interventions with parental involvement to enhance generalization and long-term impact.

Abstract: Group intervention has shown effectiveness for a wide variety of populations. This systematic review aims to present findings from 35 studies examining the effectiveness of group interventions aimed at enhancing emotional regulation in children and adolescents aged 17 years and under. Using the PRISMA framework, we systematically identified, screened, and included relevant articles to provide a comprehensive overview of group-based approaches, intervention models, outcome measures, and sample characteristics. The included studies explored a variety of group interventions, such as cognitive-behavioral, mindfulness, and skills-based programs. The articles targeted children with diverse needs, including neurodiverse populations. Effectiveness was assessed using quantitative measures such as standardized emotional regulation scales, behavioral observations, and self- and parent-reported outcomes. Mixed-method studies were included if there were quantitative outcomes. Across the studies, there was consistent evidence that group interventions significantly improved participants' emotional regulation abilities. Despite these promising findings, there were notable variations across studies, particularly in sample sizes, intervention methodologies, and outcome measures. These inconsistencies underscore the need for greater standardization in future research, which could improve comparability and strengthen the evidence base for these interventions. Additional directions for future research and practice include the integration of systemic group interventions that involve greater parental participation. Incorporating parents into group-based emotional regulation interventions may enhance the generalization of skills to home and community settings, ensuring that the benefits achieved during sessions are sustained over time. This aligns with a growing recognition that parental involvement plays a crucial role in reinforcing skills and supporting the emotional growth of children beyond structured settings. Additionally, further research is recommended to refine intervention strategies to make them more accessible, culturally responsive, and effective across diverse populations. By focusing on systemic approaches that engage families and improving intervention consistency, we aim to contribute to a more robust, inclusive, and practical framework for addressing emotional regulation challenges in children and adolescents. This presentation will review these findings in detail, highlight practical implications, and discuss future research needs to optimize group interventions for emotional regulation.

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Healing Family Trauma through Restorative Justice and Narrative Family Therapy: A Path to Reconciliation and Peacemaking in Church and Social Systems

Alfredo (Freddy) Ocampo

Short Description: This lecture presentation explores how Restorative Justice and Narrative Family Therapy practices can support healing from systemic trauma in religious institutions. By integrating pastoral experiences and Couple and Family Therapy training, I offer practical insights into fostering reconciliation and repairing trust within church and family systems affected by abuse.

Abstract: The clergy abuse scandals within the Catholic Church have inflicted deep wounds not only on direct victims but also on their families and communities, creating a need for both spiritual and psychological healing. In this 45-minute lecture presentation, I will explore how Restorative Justice Practices and Narrative Family Therapy can converge to offer a path to reconciliation and peacemaking for those affected by institutional trauma. As a Roman Catholic priest with a background in pastoral care and a PhD student in Couple and Family Therapy, I am uniquely positioned to discuss the intersection of faith, trust, and healing. This presentation will highlight how therapists and pastoral leaders can support individuals and families who have experienced abuse or betrayal within institutional contexts, such as the Church. Drawing from restorative justice principles—which emphasize repairing dignity, relationships, accountability, and respectful dialogue—and narrative therapy techniques—such as externalization of problems, deconstruction of stories, alternative story development, and re-authoring new narratives—I will examine how these practices can be implemented in both church settings and therapeutic environments to promote long-term healing. Restorative justice provides a powerful framework for addressing systemic harm by focusing on reconciliation rather than punishment. It seeks to heal relationships by involving all affected parties—victims, communities, and sometimes offenders—in dialogues and healing circles that allow for truth-telling and empathy. I will explore how these practices have been successfully applied within the Church, such as through victim-survivor healing circles, and how they can be integrated into narrative family therapy to facilitate healing from systemic betrayal and trauma. This presentation will incorporate pastoral and real-life experiences of walking with communities and individuals seeking healing after abuse, reflecting on the role of faith in fostering reconciliation and peacemaking. We will discuss how family therapists can help clients rebuild trust and foster forgiveness while navigating the complexities of institutional trauma. In this presentation, participants will gain practical insights into the role of restorative justice and narrative therapy practices in healing trauma within both religious and family systems, offering pathways to reconciliation, peacemaking, and restoration of integrity.

Assisting children and families with Cancer, Death, and Grief through psychoeducation and coping strategies

Feryn Heath

Short Description: Cancer, Death, and Grief. Resource providing children with coping strategies in the form of a children's book with an included therapeutic workbook to be utilized by clinicians in grief work with children and families.

Abstract: Assisting children and families with Cancer, Death, and Grief through psychoeducation and coping strategies. Licensed therapist Feryn Heath wrote and published a children's book on cancer, death, and grief with the provision of coping strategies within the story, in addition to, within the included therapeutic workbook for the purposes of providing children with healthy behaviors so that they are less likely to turn to addictive and or self-harming behaviors. This presentation will include review of the narrative of the book and the therapeutic workbook component, in addition with, sharing by the author of personal experiences with grief/cancer/loss and addiction due to grief. Book description: this children's picture book is written from the perspective of my oldest daughter, Peighen, looking at her experience of grieving the loss of my mom, who passed away from breast cancer. The beginning of the book has me as the mom character explaining to Peighen the terms grief, cancer, and death. The story then talks about Peighen's personal experiences with grief with altered emotions and nightmares. The story concludes with coping strategies utilized by Peighen to help her through her grief while also being able to remember her grandmother. At the end of the book is an included therapeutic workbook of activities for children to utilize to assist with their experienced grief, including art/craft activities, journal/writing/poetry prompts, sand tray prompts to be done with a licensed therapist, and movement with yoga poses.

Mental Health Professionals' Experiences of Spirituality in Their Therapeutic Practice

Chandra Sekhar Potnuru

Short Description: This paper examines ways in which mental health practitioners' incorporation of spirituality improve therapeutic outcomes. Participants will comprehend the significance that spirituality plays in healing and acquire strategies for incorporating spiritual conversations into treatment. Offers insights and actionable solutions for practitioners to improve their spiritually integrated therapy approach.

Abstract: Mental health practitioners are increasingly interested in integrating spirituality into therapeutic practice (Koenig, 2012; Pargament, 2007). This workshop or paper presentation on "Mental Health Professionals' Experiences of Spirituality in Their Therapeutic Practice" provides an in-depth look at how spirituality affects the course and results of therapy (Captari et al., 2018). This session inspires participants to consider how their spiritual experiences might improve their practice and create stronger relationships with their clients by drawing on case studies, research, and real-world experiences (Richards & Bergin, 2014). Attendees at IFTA will gain knowledge of the various ways spirituality appears in therapeutic contexts and how it affects the well-being of clients (Post & Wade, 2009). This workshop or paper presentation examined the potential and obstacles of incorporating spiritual activities into treatment and provide doable, ethical, and practical ways (Vieten et al., 2016). Topics to be covered include how spirituality plays a part in one's professional life, how to incorporate spiritual conversations with clients, and how spirituality affects healing and recovery in general and family and couples therapy in particular (Smith, Bartz, & Richards, 2007). Whether a participant is new to incorporating spirituality into therapy or seeking to refine their approach, this session offers actionable takeaways that they can immediately use in their work, emphasizing relevance and replicability (Shafranske & Cummings, 2013). The intention is to pique interest and offer resources to support additional research into this potent therapeutic dimension. After attending, participants will feel inspired to consider how their spiritual convictions might inform their therapy practice and ultimately push them to take action in their careers

Exploring Client Adverse Childhood Experiences and Therapeutic Outcomes

Dylann Lowery

Short Description: Adverse Childhood Experiences (ACEs) can affect intra- and interpersonal contexts, and manifest as mental health symptoms, physical health symptoms, or insecurity in romantic relationships. This poster presentation will show results of a study testing associations between a client's adverse childhood experiences (ACEs), therapeutic outcomes, and dropout.

Abstract: Adverse Childhood Experiences (ACEs) can affect both intra and interpersonal contexts. One's ACEs may manifest in the forms of mental health symptoms, physical health symptoms, or insecurity in romantic relationships (Khalifian et al., 2022; Monnat & Chandler, 2015; Sheffler et al., 2020). Despite the growing research on ACEs, we know considerably less about how ACEs affect the therapy process. This is an important gap because researchers have shown that, in work with children, when therapists are not attuned to a child's ACEs score, the therapeutic process can be hindered, creating barriers to effective trauma processing (Frawley & Dillman Taylor, 2024). When providing therapeutic services, it is important for therapists to have an understanding of how, if unaddressed, ACEs can create lasting mental health challenges. Behavioral responses to ACEs can be activated when interpersonal conflict exists within an important relationship (Poole et al., 2018). This conflict may resemble an unresolved experience they had as a child. Acknowledging ACEs may lead to more understanding of other experiences that may have not been processed (Shapiro, 2014). Moreover, some suggest that ACEs may be difficult to treat due to higher rates of dropout in therapy services – specifically when treating couples (Anderson et al., 2020). To increase our understanding, several theoretical orientations can be applied. For the purpose of this study, attachment theory was used to understand the processes that can occur between a client with ACEs and the therapist. This theory, which has been examined in relation to ACEs, can relate that the therapist may help model a healthy attachment schema to counteract these individuals' primary caregiver attachment (Bowlby, 1977, Hiles Howard et al., 2017). This poster presentation will discuss study results on the associations between ACEs, therapeutic outcomes, and dropout rates. This study filled an important empirical gap by examining these variable's associations with one another. We anticipate that the results will highlight the importance of the assessment of ACEs and the implications they have on therapeutic outcomes. Results may be used to support the therapeutic alliance and further understanding of treatment for those who have experienced an adverse childhood experience.

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Reflexive Leadership: Leading through Self and Systems

Jennifer Sampson

Short Description: This presentation introduces the Person of the Leader framework, blending systemic therapy, self-reflection, and decolonization practices to empower leaders in creating just, liberated organizations.

Abstract: This session presents the Person of the Leader (POTL) framework, a leadership model rooted in systemic therapy and social justice principles, with an emphasis on decolonization and liberation practices. In today's complex, multicultural world, effective leadership demands more than technical expertise—it requires deep self-awareness, cultural humility, and a commitment to dismantling oppressive systems. Building on the Person of the Therapist (POTT) model, POTL shifts the focus to leadership, exploring how leaders' own life experiences, identities, and values impact their ability to lead authentically and equitably. Participants will learn how to develop a reflexive leadership practice that prioritizes the well-being of their teams and communities. Drawing on theories of liberation, decolonization, and relational leadership, this approach moves beyond traditional hierarchies, positioning leaders as collaborators who co-create just, inclusive environments. Leaders will be guided through key concepts like signature themes (deep-seated personal patterns that influence leadership styles) and how their personal histories intersect with their leadership roles. This presentation includes didactic content and interactive discussions designed to help leaders examine their biases, challenge colonial frameworks, and embrace leadership practices rooted in equity and liberation.

Evolution of Virginia Satir

Darya Haitoglou

Short Description: This presentation explores the evolution of Virginia Satir's groundbreaking family therapy models. From her early systemic insights to modern applications in diverse therapeutic contexts, we will examine how Satir's legacy continues to shape fields like family therapy, trauma healing, and communication-based interventions.

Abstract: Virginia Satir, often hailed as the “Mother of Family Therapy,” revolutionized the field with her focus on congruent communication, self-worth, and systemic change. Over the years, Satir's models have evolved, impacting various therapeutic modalities such as Internal Family Systems (IFS), Emotionally Focused Therapy (EFT), and Narrative Therapy. This keynote presentation will trace the historical development of Satir's work, highlighting key principles and tools of the model, such as the Iceberg Model and Family Sculpting (Stasis-Kinesis Integrative Systemic Therapy). These foundational tools remain relevant in contemporary practice, providing insight into both individual and relational healing. Satir's systemic approach, which prioritizes understanding family dynamics through a humanistic and empathic lens, continues to guide therapeutic interventions today. We will explore how Satir's philosophy has influenced modern therapeutic contexts across education, healthcare, and legal systems, with particular focus on the integration of somatic practices, trauma-informed care, and culturally responsive therapy. Through case studies and research-backed examples, this session will demonstrate the ongoing relevance of Satir's work in addressing issues such as intergenerational trauma, relational disconnect, and emotional regulation. Attendees will gain practical insights into how Satir's methods can be adapted for use in diverse environments, including working with immigrant families, blended families, and individuals navigating identity conflicts. Moreover, we will explore how digital communication tools and virtual therapy settings can still embody Satir's core values of empathy, presence, and congruent communication. This session is ideal for therapists, counselors, and educators looking to deepen their understanding of Satir's legacy and apply her transformative methods to contemporary challenges. Together, we will honor and evolve Satir's vision of fostering peace through family transformation.

Global Perspectives on Childhood Trauma: Integrating Cultural Competence in Family Therapy

Jacqueline Fonseca de Abreu

Short Description: This presentation explores childhood trauma through a global lens, delivered by a mother-daughter duo from different cultures! Discover how integrating cultural competence can transform family therapy practices, fostering deeper connections and more effective healing tools for diverse populations. Don't miss this great opportunity to enhance your skills!

Abstract: Experience an engaging presentation delivered by a mother-daughter duo from different cultures, exploring childhood trauma through a global lens. This unique perspective highlights the critical importance of cultural competence in family therapy, especially in addressing the diverse experiences of children. With nearly one in five children worldwide experiencing trauma, it is vital for therapists to understand how cultural contexts shape these experiences. We will share groundbreaking research, demonstrating how cultural perspectives influence trauma narratives and therapeutic needs. Participants will also learn practical strategies and techniques for conducting culturally responsive assessments and fostering trust through sensitive language. Training in cultural competence is essential for effective practice. Therapists equipped with these skills feel more confident and capable in addressing the diverse needs of their clients. Don't miss this opportunity to enhance your therapeutic practice and deepen your understanding of childhood trauma in a multicultural world. Join us for a dynamic discussion that promises to inspire and equip you with the tools needed to help children heal, and support families on their healing journeys. Together, let's create a more inclusive and effective approach to family therapy!

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The Silent Struggle: Helping Clients Confront Menopause, Sexuality, and the Healing Power of Touch

Jacqueline Fonseca de Abreu

Short Description: Join us as we explore "The Silent Struggle," a deep dive into the challenges women face during menopause. Discover effective strategies for family therapists to facilitate conversations about sexuality and the transformative power of touch, fostering connection and healing for clients navigating this significant life transition.

Abstract: In "The Silent Struggle: Helping Clients Confront Menopause, Sexuality, and the Healing Power of Touch," we delve into the often-overlooked complexities that women encounter during menopause. This transformative life stage can significantly impact emotional well-being, relationships, and sexual health, yet many women suffer in silence, feeling isolated and misunderstood. As mental health professionals, our role is crucial in providing a safe space for women to express their concerns and experiences. This presentation will equip you with effective communication strategies to address sensitive topics around menopause and sexuality. Attendees will learn how to create an open dialogue that empowers clients to share their struggles and desires, fostering a deeper understanding of their emotional landscape. We will also explore the profound impact of touch in therapy—how it can serve as a tool for connection, healing, and intimacy. By understanding the psychological and physiological changes that accompany menopause, therapists can guide clients in reclaiming their sexuality and enhancing their relationships. We will examine the intersection of cultural beliefs, societal expectations, and personal narratives that shape women's experiences, emphasizing the importance of a holistic approach to therapy.

The Application of Korean Integrative Family Therapy Model on Three Multicultural Couples Experiencing Marital Conflict in South Korea: Three Korean Husbands and Japanese, Chinese, Cambodian Wives

Tai-Young Park

Short Description: This study explores the factors that contributed to the conflict of three multicultural couples, and examines therapeutic intervention and effectiveness of Korean Integrative Family Therapy Model

Abstract: This study explores the factors contributing to marital conflict among three multicultural couples in South Korea, comprising Korean husbands and Japanese, Chinese, and Cambodian wives. The research examines both the application and efficacy of the Korean Integrative Family Therapy Model, which is based on a combination of family life cycle theory, object relations theory, MRI theory, Murray Bowen's family systems theory, and Korean family culture. Drawing on insights from approximately 1,500 cases of couple and family therapy over the past 30 years, this study identifies key underlying issues in Korean families, notably transference, communication patterns, and filial piety (undifferentiation of self) within Korean cultural contexts. The analysis focuses on three specific cases of multicultural couples, categorizing both the immediate triggering factors (such as events or crises within the family life cycle) and the deeper underlying factors (transference, communication patterns, and filial piety) that contributed to marital conflict. The contributing factors are categorized into psychological factors, in-law dynamics, communication, family of origin influences, transference issues, and cultural dimensions. Findings from the study suggest that the interplay among these factors significantly impacted the marital dynamics of the couples involved. Moreover, the Korean Integrative Family Therapy Model evidenced effective in addressing and resolving the conflicts within these multicultural marriages.

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Person of the Therapist Across the Career Stages

Margaret MacLeod

Short Description: The POTT model's evolution through different MFT career stages. First, we'll review Aponte's (2009) work, next, examine self-reflection and needs across the span of the career, and end with activity to help clinicians adapt their practices to meet their own and their clients' needs over time.

Abstract: This year's presentation builds on last year's discussion in Toyama regarding Person of the Therapist as an antiracist training model and Person of the Educator, turning the focus to the evolving role of the Person of the Therapist (POTT) model throughout the career stages of marriage and family therapists. This four-person panel will explore how therapists' engagement with the POTT model changes as they move from early career to more seasoned stages of practice. The presentation will begin with an overview of Aponte's (2009) foundational work on the Person of the Therapist model, highlighting its relevance across the span of a clinician's professional journey. Panelists will then examine the intersections between personal development, career stage, and therapeutic effectiveness, offering insight into how the continuous exploration of self remains essential at every stage. Finally, the panel will engage the audience in experiential activity, demonstrating ways clinicians can adapt their self-reflective practices over time to remain attuned to the evolving needs of their clients and themselves.

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Client Way of Being: Facilitating I-thou Relational Stances Externally and Internally

Douglas McPhee

Short Description: A therapist's way of being may be the foundation of therapeutic effectiveness (Fife et al., 2014). In this presentation, we propose and illustrate how contextual therapy and IFS can be used to help clients facilitate and enhance I-thou ways of being externally (interpersonal) and internally (intrapsychic).

Abstract: A therapist's way of being may be the foundation of therapeutic effectiveness (Fife et al., 2014). Client way of being, however, has received scant overt attention in systemic family therapy (SFT) literature. In this presentation, we propose that clients' capacity to foster I-thou relational stances externally (interpersonal) and internally (intrapsychic) may be at the heart of therapeutic healing and growth. We identify contextual therapy and IFS as two models of therapy that naturally facilitate I-thou ways of being. We illustrate how constructs and interventions from both models may be used to support clients in enhancing I-thou ways of being—with others and with self.

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How Imagination can invite future change. A socio-neurobiological narrative of change.

Jon Winek

Short Description: A postmodern, four stage model of psychotherapy is presented (Winek 2023) so participants can identify client's state of mind providing insight into how a client's brain is activated. Through active listening and inviting clients to access their imagination, clients are invited to develop new self-narration and mantras.

Abstract: A postmodern narrative theory of therapeutic change is a useful theory of mind, allowing one to map our client's neurobiology. Integrating a theory of mind with basic neurobiology, we can better time our interventions by provoking second order change (Watzlawick et al 1974). A postmodern four stage model of psychotherapy is presented (Winek 2023) so participants can assess a client's mind state giving us insight into how a client's brain is activated. Specifically paying attention to how clients frame each of the four stages of therapy: joining, diagnostic/construction, intervention, and reinforcement. First, joining is focused on co-constructing a positive therapeutic relationship. As a therapeutic relationship is established, attention turns to the diagnostic/construction stage of therapy with a focus on deconstructing problems. Deconstructing as listening allows the therapist and client awareness of how clients place themselves in their internal narrative. In the diagnostic/construction stage of therapy a shift occurs, as clients shift from describing their past to setting goals into their future. Inviting clients to access their imagination helps them move from the past to their future as therapy enters the intervention stage. In the intervention stage the focus is on awareness and acceptance. Here the client is invited to imagine a different self-narrative that allows them to change their present. In therapy clients practice new self-narration and mantras. It is a change in the present that allows clients to change in ways that are more likely to produce the desired outcome in their future. The final state is reinforcement in which the client discusses the benefits for the changed self-narration. We focus on how clients can continue to practice more healthy/desirable narration to keep their imagination open to future change. References Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. Norton. Winek, J. (2023). *Invitations to Change: How Therapy, Meditation and Shape your Future*. Cognella

Sex on the Brain

Anita Mehta

Short Description: This presentation will discuss working with neurodivergency within systems. The challenges of assessing and understanding intimacy and sexuality will be explored. We emphasize the importance of integrating sexuality and psycho-sexual education into couple/family therapy. Clinical cases will illustrate evidence-based recommendations for navigating challenges to support optimal outcomes.

Abstract: Background: While the definitions and understanding of what neurodiversity is and isn't are expanding, the impact on couple and family relationships remains an area where more clarity is needed. It is becoming increasingly important to understand how being identifying as part of this spectrum influences how people create, manage, and sustain relationships. Couples may seek support when it becomes complex and challenging to navigate intimacy and sexuality dimensions in a relationship. Families and caregivers may look for guidance when their adolescent or young adult children begin expressing curiosity around their sexuality and sexual behaviours. Method: This presentation will discuss working with neurodivergent individuals within systems. The challenges of assessing and understanding intimacy and sexuality will be explored. We will emphasize the importance of integrating sexuality and psycho-sexual education into couple and family therapy. Clinical case studies will illustrate evidence-based strategies and recommendations for navigating challenges to support optimal outcomes. Discussion: Family therapists need to be aware that miscommunication, challenges with expressing emotions, and differing ways of processing sensory stimuli can make connection in relationships difficult. In addition, social stigma and misconceptions about neurodiversity tend to exacerbate these difficulties. Family therapy can focus on approaching neurodiverse relationships modelling and basing interventions on empathy, patience, normalization and psychoeducation. Outcomes: It is critical to have a greater awareness and appreciation about neurodiversity to be able to understand the differences among those with neurodivergent identities and functioning. With this knowledge it then becomes possible to support clients and their partners in creating and maintaining healthy, mutually beneficial, and sexually satisfying relationships. In order to address this, strategies for intervention are suggested to address the information and psychological health needs of these couples and implications for family therapists will be discussed.

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The Occurrence of and Recovery from Depression of a Chinese International Student in South Korea: A Family Therapy Case Study

Tai-Young Park

Short Description: Using a family therapy case study, this study uncovered the factors associated with a Chinese international student in South Korea and the process of recovering from depression.

Abstract: This study explores the factors influencing the onset and recovery from depression in a Chinese international student through family therapy, employing a case study approach and thematic data analysis. The findings are presented in a network model. The research identifies three primary categories of factors contributing to the occurrence of depression: personal, familial, and sociocultural. Personal factors include a high-anxiety temperament, difficulty in emotional expression, poor Korean language skills, and emotional transference. Familial factors comprise dysfunctional parental communication, separation from the mother, parental divorce, the father's remarriage and cohabitation with a stepmother, and beliefs in shamanism (e.g., family experiences with spirits). Sociocultural factors encompass cultural differences between Han Chinese and Chinese Koreans, discrimination from high school teachers, obsessive jealousy and violence from an ex-boyfriend, challenging study-abroad experiences (such as dealing with an oppressive academic advisor), isolation during the COVID-19 pandemic, and lack of empathy from a current boyfriend. Regarding recovery, therapeutic, familial, and client factors were identified as key contributors. Therapeutic factors involved insights into emotional transference and interventions targeting dysfunctional communication patterns. Familial factors included the parents' more accepting attitudes, particularly the mother's shift towards empathy. Client factors highlighted the student's recognition of transference and the ability to express negative emotions. The significance of this study lies in its systemic family approach to understanding depression and its examination of the factors affecting both the onset and recovery processes in a Chinese international student.

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A Case Study of Family Therapy for an Adult Child with Obsessive-Compulsive Disorder

Tai-Young Park

Short Description: This is a family therapy case analysis for an Adult Child with Obsessive-Compulsive Disorder.

Abstract: Objectives: This case study in family therapy aims to identify the factors contributing to the development of obsessive-compulsive disorder (OCD), the therapeutic interventions employed, and the effectiveness of the treatment. Method: The study utilized a case study approach, incorporating thematic analysis and a matrix framework for data analysis. Results: The development of OCD was influenced by a combination of triggering, individual, familial, and environmental factors. Therapeutic interventions focused on examining familial influences, raising awareness of dysfunctional communication patterns inherited from the family of origin, facilitating the client's expression of repressed emotions, resolving misunderstandings within the family, and promoting effective communication strategies. Conclusion: This study provides insight into the factors contributing to OCD from a family systems perspective, highlighting specific therapeutic interventions used in family therapy to address these factors.

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Applying attachment theory to teaching and supervision pedagogy

Wendy Cortes

Short Description: The use of attachment theory is expanding as its value is recognized as the basis for high quality human interactions, especially learning. This presentation explores how attachment theory provides a foundation for teaching and supervision. Participants will consider how attachment theory integrates with their personal teaching or supervision pedagogy.

Abstract: Since the 1960s attachment theory has been developing and expanding in its application to the clinical world. Only recently has its application included an increased focus on the impact of non-traditional caregiving relationships, such as professors and supervisors. Attachment theory in teaching and supervising pedagogy emphasizes the importance of building secure relationships between professors and students, and supervisors and supervisees, that foster a positive learning environment. It posits that students who feel emotionally safe and supported are more likely to engage, participate, and take risks in their learning. This presentation will explore a postmodern application of attachment theory to the practices of teaching and supervising. By understanding attachment, educators can tailor their approaches to meet diverse emotional needs, promote resilience, and enhance student motivation. Attachment theory is important in supervision because it highlights the dynamics of relationships between supervisors and supervisees, influencing trust, communication, and overall effectiveness of the supervision. When supervisors cultivate secure attachments, they create an environment where supervisees feel safe to express concerns, seek guidance, and explore new ideas. This fosters professional growth and development. With a focus on attachment, professors and supervisors can recognize how their approach impacts learner performance and well-being, and enhance their practices, leading to more effective teaching and supervision. This framework encourages practices that prioritize empathy, consistency, and supportive interactions, ultimately leading to improved academic outcomes and personal growth. In this presentation participants will first learn how attachment theory provides a foundation for teaching and supervision pedagogy. Then real-world examples of the application of attachment theory within teaching and supervision pedagogy will be noted. Finally, participants will be guided to consider how attachment theory integrates with their personal teaching or supervision pedagogy.

Oh, Who Invited You? - Exploring Narratives of Smell and Identity within Systemic Practice.

Shakira Nkanang

Short Description: This workshop examines intricate family dynamics stemming from bodily smell issues that result in conflict, misunderstanding, and avoidance. The poem *Invitations* serves as a reflective centrepiece, highlighting key aspects of the systemic therapeutic journey and the role of smell in shaping relationships and emotional experiences.

Abstract: This workshop invites participants to explore the complex family dynamics that arise when bodily smell issues lead to conflict, misunderstanding, and avoidance. It centres on a case where family members are at odds over hygiene due to a child's attachment to their 'animal-like' scent, investigating therapeutic strategies and methods for addressing smell in order to navigate these relational difficulties. The child, who identifies with their scent and dresses as a canine, sees it as integral to their identity following experiences of trauma. Conversely, the carer and professionals perceive it as a barrier to social acceptance, resulting in power struggles, visceral repulsion, and avoidance. Participants will delve into these tensions. As therapists, we may sometimes face challenges posed by socially normative ideas about smell and hygiene, alongside power dynamics influenced by concepts of choice, imposed smells, and societal or professional norms concerning the acceptance of various odours. A central component of the workshop will be the poem *'Invitations'*, which serves as a reflective account of the therapeutic journey, highlighting relational experiences within the case. The poem encapsulates a therapeutic journey from a place of exclusion and discomfort—"Who invited you?"—to one of self-recognition and integration—"You invited you!" Participants will explore how systemic and somatic approaches can enhance therapeutic processes, leading to shifts in relational narratives concerning smell. Participants are encouraged to examine how intergenerational and relational smells can be explored through somatic and narrative positioning, as well as the dynamics of power, biases, discomforts, and assumptions related to smell, and how these can be integrated into systemic practice.

Using Cognitive Behavioral Therapy (CBT) Techniques to Train Exceptional Athletes to Elite Success and Research Their Family Support Systems

Mary Christine Ward

Short Description: This presentation analyzes using Cognitive Behavioral Therapy techniques to coach exceptional athletes to exemplary performances. A qualitative research project is included examining how family behaviors impact athletes. Mary Ward, gymnastics coach (50 years), and therapist (30 years), combines both roles to explore navigation of the pressures of competition.

Abstract: Using Cognitive Behavioral Therapy (CBT) Techniques to Train Exceptional Athletes to Elite Success and Research Their Family Support Systems Mary Christine Ward - USA Cognitive Behavioral Therapy (CBT) is instrumental in training athletes for tremendous improvements. There are visual, auditory, and tactile learners. Through CBT, each type can adapt techniques that assist them in thinking differently, which moves them toward more optimistic feelings, and powerful behavioral modifications that promote amazing performances. This therapy is a type of cognitive restructuring designed to eliminate unhelpful thinking, ruinous thought patterns, and other cognitive distortions. Athletes can decrease their anxieties with deep breathing, meditation, insightful new ideas for training, and effective communication. Many athletes suffer from anxiety and stress. Talk therapy helps develop quick mental images that change how they approach practicing sports skills. A qualitative research included interviews with ten excellent athletes about how CBT changed the outcomes of their competitions. The interviews also surveyed how parents influenced their success through positive or negative involvement. Supportive parents who attended meets or games without compulsively reviewing routines, or critiquing performances, promoted better mental health for the athletes. Parents who have lived vicariously through their children may do so because they were athletes themselves or were not athletic at all. This overwhelming type of parent can also learn to use Cognitive Behavioral Therapy techniques to change their harmful behaviors. In conclusion, athletes enjoy the sports experiences, become more resilient competitors, and flourish. The athletic pressures of competition have been difficult to navigate throughout history in every country of the world. Athletes taught to embrace Cognitive Behavioral Therapy have succeeded at much higher levels. Testimonies from athletes with similar theoretical family supports in CBT thrive psychologically with healthier family relationships throughout their careers.

Sharpening Systemic Skills: Teaching and Learning with the FSIS Framework

Adam Jones

Short Description: This workshop focuses on the Facilitative Systemic Intervention Skills (FSIS) measure, designed to assess systemic therapists' skills. The FSIS evaluates therapists who complete a task - responding to simulated couples and families with relational interventions. Attendees will learn how FSIS aids therapist training and feedback, fostering self-reflection and skill improvement.

Abstract: After graduation, therapists presently spend thousands of hours across their careers focused on improving their content knowledge of different treatments and populations, while never translating to consistently improved client outcomes (Goldberg et al., 2016). However, researchers have recently begun to identify practical pathways for improving our therapeutic outcomes by focusing on therapists' relationship skills. Recently, a paradigm shift in therapist research has begun with Anderson et al.'s (2009) Facilitative Interpersonal Skills (FIS) measure, the first standardized assessment protocol that can predict therapist effectiveness (Anderson et al., 2016). In this workshop, we will present a new tool for evaluating facilitative systemic intervention skills (FSIS) of systemic therapists. Inspired by the FIS measure, the FSIS measure represents the first effort to operationalize and evaluate the unique skillset of therapists working with couples and families. The measure rates the effectiveness of therapists on various skills (e.g., navigating disparate goals and framing client problems in relational terms). This assessment measure opens many doors for advancing therapist training systems with empirical support. In this presentation the authors will review the newly developed rating manual and discuss its use in individual clinical research, practice, and supervision. We'll give practical tools for researchers and supervisors to understand development of the systemic therapist's skillset. Then we'll present a framework for pairing the FSIS measure with principle-based feedback to bolster a therapist's self-reflection and growth. Lastly, we provide a demonstration of the framework's by engaging participants in the process of responding to one of these challenging therapy vignettes, using the framework to promote self-reflection, and identifying pathways by which they may be able to continue developing their skills. This demonstration will prepare attendees to use the measure in their own research, supervision, and clinical work.

KinkTok: What Do People Learn About Kink from TikTok

Victoria Angulo

Short Description: This poster will summarize our content analysis on kink-related education and behaviors from TikTok. The poster will include a description of methods, results, and implications for practitioners.

Abstract: Historically, education on topics related to sex occurred within schools, religious organizations, libraries, families, word of mouth, etc. Due to the popularity of social media in our society, researchers are beginning to utilize various platforms to better understand how individuals are educated about topics on sex and sexual behaviors. Content analysis has been used with social media platforms to study sexual behaviors such as sex work, BDSM, and other practices. Our study examines the use, and education, of kink and kink related terms in social media, specifically TikTok. Kink, a term that defines unconventional sexual behaviors, includes sex play such as BDSM and fetishistic behaviors. Following Webber's (1990) procedure, a content analysis was conducted on Kink related materials from TikTok. One month of kink related materials were identified and categorized to determine themes about kink materials presented in social media. The following hashtags were used to gather the data: #kink #kinky #kinkeducation #kinkeducator #kinktok #kinkcommunity #k1nk #k1nky #k1nkeducation #k1nkeducator #k1nktok #k1nkcommunity #qink #qinky #qinkeducation #qinkeducator #qinktok #qinkcommunity. Note: the search terms for kink related material often used leet/obfuscation (i.e. substituting letters with numbers to avoid detection) language so that the content wasn't flagged. Detailed transcripts were created for our content analysis. Results from the study will be shared as well as implications for practitioners.

KinkTok: What Do People Learn About Kink from TikTok

Brandi Jacks

Short Description: This poster will summarize our content analysis on kink-related education and behaviors from TikTok. The poster will include a description of methods, results, and implications for practitioners.

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Cross-Gender Case Examination Activity in Supervision

Kristy Soloski

Short Description: This interactive supervision experience helps supervisees examine how gender roles and biases affect their therapeutic work. Through case coding and self-reflection, they explore power dynamics, gender norms, and implicit biases. Participants will gain awareness of their gender-related assumptions, enhancing sensitivity to gender dynamics within cross-gender therapeutic relationships.

Abstract: This presentation trains you in an interactive supervision experience designed to help students and supervisees explore how their own gender roles and biases correspond to their therapeutic alliance, interventions, and clients' progress. Practicing from a gender-informed perspective includes being attentive to the power differentials between clients and making efforts to facilitate shared power and equality in relationships (Haddock et al., 2000). As additional evidence for gender-related bias, multiple studies have also suggested that therapists put the responsibility of change more on women, viewing men as less committed to therapeutic change (Goldner 1985; Wheeler, 1985). Gender norms, assumptions, and biases influence how a therapist speaks, interrupts, and challenges those with various gender identities. This can be especially complicated for clinicians who work with cross-gender and cross-sex couples and families, trying to manage various gender roles, identities, and power differentials. Therefore, this gender case examination activity encourages supervisees to code and process various themes of gender bias, gender roles, family of origin assumptions, and clinician self-reflection on the dynamics of gender and power in their own sessions. By engaging in this activity, supervisees will increase in self-awareness around how their own gender and its accompanying implicit and explicit biases interrelate to their therapeutic work. To illustrate this activity, we present two examples from the authors when they were in their graduate training program completing the activity under their supervisor. These examples are divided into three sections: (a) the authors' own experience of this activity when assigned in their clinical program; (b) the supervisor's response and reflection to the activity; and (c) the authors' current assessment of how this activity has shaped their perspectives overtime, with the benefit of additional clinical experience and training as supervisors themselves. Although clients and therapists may have diverse gender identities, this activity's aims are exploring cross-gender relationships within the therapeutic relationship. This is an important activity because therapist implicit biases can: impact how they conduct therapy (Werner-Wilson et al., 1997), impact the therapeutic alliance (Owen et al., 2014), and impact fidelity to their therapeutic approach.

Cross-Gender Case Examination Activity in Supervision

Emma Allen

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A Qualitative Study on Couple-Therapy Needs of Adults After Natural Disaster Trauma

Ayşegül Bakir

Short Description: This study focused on couples' relationships after natural disasters. It explored the individual and relational experiences, traumatic symptoms, and mental health needs of couples after natural disasters. It proposed a short-term couple-therapy-based intervention program model to address these needs.

Abstract: Traumatic experiences can pose a threat to individuals' personal lives as well as the quality of their romantic relationships. A close relationship can protect against mental and physical illnesses in the face of stress and trauma. However, some couples may have difficulty responding to traumatic stress symptoms or coping with PTSD symptoms. Furthermore, in experiences such as natural disasters, relationship members may be traumatized together. In such cases, it may be more effective for relationship satisfaction and quality for both partners to receive psychological support. Through a multi-stakeholder view, this research investigates adult romantic relationships after the Türkiye earthquake disaster. In the study, it aims to develop a trauma-intervention model based on couple therapy. Using grounded theory, interviews were conducted with fifteen earthquake survivors who directly experienced the Kahramanmaraş earthquake, were between the ages of 22 and 40, and had been in a romantic relationship for at least 6 months at the time of the earthquake. In addition to the earthquake victim couples, twelve therapists who provided therapy on romantic relationship problems, relationship problems, and traumatic symptoms that emerged or worsened after the Kahramanmaraş earthquake were interviewed. The findings highlight the model "Traumatic Symptoms after the Earthquake," "Positive/Negative Effects of the Earthquake on the Relationship," "Migration Context," "Effective and Non-effective Strategies," "Intervening Conditions," and "Recommendations." An eight-week skill-based post-disaster couple relationship strengthening model created in line with these findings is included in the study.

The Role of Empathy in Clinical Supervision

Barbara Simonc

Short Description: The supervisory relationship includes the perspectives of supervisor, supervisee, and client, with empathy as a crucial skill. Empathy fosters respectful connections, helping supervisors relate to supervisees and understand clients through parallel processes. A pilot study confirmed empathy's role in enhancing supervisee satisfaction and supervision effectiveness.

Abstract: In relationally oriented psychotherapy, the supervisory relationship represents the fundamental aspect of effective supervision, irrespective of the supervisee's level of experience. It is of the utmost importance that supervisors are able to foster a safe and respectful environment, thus enabling supervisees to engage openly, learn, and evolve. The supervisory relationship is inherently complex, encompassing multiple interconnecting dynamics: the client-therapist relationship, the therapist-supervisor relationship, and the supervisor-organisation relationship. The role of the supervisor is to form a mental representation of the client through interaction with the supervisee, thereby facilitating a more profound understanding. A crucial element of effective supervision is empathy, which enables supervisors to establish a connection with supervisees on an emotional and intellectual level. Empathy enables supervisors to comprehend and empathise with the supervisee's experience, thereby facilitating a connection between the therapist-client and supervisor-supervisee relationships. This alignment is particularly evident in the parallel process, whereby supervisors gain insights into the client's world by recognising dynamics that are reflected in the supervisory relationship. The capacity to empathise, defined as the ability to share another's emotions and thoughts, facilitates the supervisor's comprehension of the supervisee's responses to therapeutic challenges. Genuine empathy, extending beyond mere intellectual comprehension, necessitates a sensitive and responsive engagement, whereby the supervisor is able to anticipate behavioural responses and foster meaningful connections. This aspect was examined in a study that involved 45 supervisor-supervisee dyads participating in Relational Family Therapy supervision. The results demonstrated a positive correlation between supervisors' empathy and supervisees' satisfaction and perceived supervision effectiveness. Empathy represents a fundamental aspect of the supervisory process, functioning as a conduit that facilitates communication and understanding between the client, the therapist/supervisee and the supervisor. It is the foundation upon which the supervisor's comprehension of the client is built, and it constitutes an indispensable element of the supervisory relationship between supervisor and supervisee.

The Role of Empathy in Clinical Supervision

Tanja Valenta

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The Use of Touch in Virginia Satir's Human Validation Process Model

Crystal Marroquin

Short Description: The aim of the current study was to explore how therapists who utilize Virginia Satir's Human Validation Process Model use and perceive touch as a therapeutic intervention. A reflexive thematic analysis was conducted to offer an evolved conceptualization of this intervention to meet the needs of modern-day clients.

Abstract: The field of systemic family therapy offers a variety of treatment approaches that provide therapists with a multitude of methods for clinical intervention to choose from. Virginia Satir's Human Validation Process Model (HVPM) includes dynamic interventions spanning from creating a family sculpture to utilizing ropes to physically demonstrate familial bonds. In addition, one of the model's most controversial interventions is touch. The use of touch in therapy is a nuanced but important topic that is especially relevant for experiential therapists. Historically, research has shown that touch can be a useful tool in therapy if used intentionally and with the client's consent, but little is known about how touch is utilized or facilitated in the context of the HVPM with present day clients. Therefore, the current study aimed to explore the role and use of touch in Virginia Satir's Human Validation Process Model (HVPM). 15 experiential therapists who use this model were interviewed and asked about their perspective and use of touch in the HVPM. Using qualitative data from expert interviews, the researchers aim to offer best-practice considerations and examples of if and how touch can be incorporated into experiential therapy by answering the following research questions: (1) How do experiential therapists use or facilitate touch in therapy, and (2) Among therapists who use the HVPM, what considerations should be made when using touch with clients? The results of this study can inform therapeutic practice and provide ways to utilize safe, consensual touch for healing in therapy.

The Use of Touch in Virginia Satir's Human Validation Process Model

Carson Outler

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Perceived Benefits and Challenges of Family Member Involvement in Women's Opioid Treatment

Jessica Chou

Short Description: This presentation explores perceived benefits and challenges of involving family members in women's opioid use treatment. Qualitative findings highlight experiences with family involvement in outpatient treatment, reasons for non-involvement, and perceived benefits and challenges of family member involvement. Clinical considerations for engaging family members will be discussed.

Abstract: Substance misuse impacts about half of all families living in the United States. In 2023, 8.9 million individuals misused opioids and 81,083 people fatally overdosed. Women have been increasingly impacted by the opioid epidemic as their rate of opioid overdose deaths increased by 642% since 1999. Opioid use among women is linked to higher rates of mental and physical health problems, legal problems, abuse, neglect, and risk of partner misuse. Family approaches to treating addiction have demonstrated efficacy for treatment initiation, engagement, and wrap-around services, and engaging family members benefits both individuals with substance use disorders (SUDs) and their family member. Yet, family-based treatment is highly underutilized in opioid use disorder (OUD) treatment. Family involvement can be especially valuable for women, as research continues to highlight the positive impact of social support for recovery. However, recruiting family members to participate in SUD treatment continues to be a critical challenge. Compared to men, women experience more shame related to opioid use that can lead to ruptured relationships, resulting in loss of family support that can influence family member participation in OUD services. Identifying and implementing ways to facilitate family involvement in services remains understudied. This presentation will examine women's perceived barriers and facilitators to involving family members in OUD treatment. Qualitative findings will be presented from an original research study of 28 women enrolled in OUD outpatient treatment. Women's ages ranged from 29-54 ($M = 39.7$, $SD 6.8$), majority of the women identified as White ($n = 15$) or Black ($n = 10$), reported using MOUD ($n = 20$; 74.1%) and identified that a family member was the person most supportive their recovery ($n = 13$; 48.1%). Participants discussed knowledge and experiences with family involvement in treatment or reasons for non-involvement, and perceived benefits and challenges to having family members involved. The learner will identify clinical considerations for involving family members in OUD treatment and considerations to address barriers to involvement. Potential opportunities for family member outreach and engagement will be discussed.

The Mediating Role of Informal Support for Parents Impacted by the Child Welfare System

Carson Outler

Short Description: This poster will highlight findings from a study that examined the relationship between hardships and stress, along with the mediating role of informal support for parents impacted by the child welfare system. Drawing from a longitudinal study, our sample includes 112 parents who recently entered the child welfare system.

Abstract: The current study examined the relationship between hardships and stress, along with the mediating role of informal support for parents impacted by the child welfare system. Given the existing research support for the link between hardship and stress, we predicted that more hardship would be associated with higher levels of stress. The Stress-Buffer Model (Wheaton, 1985), which proposes that social support mitigates the effects of stressors, is the theoretical basis for this study. Conceptually, this model suggests that stressors in the environment inspire individuals to seek social support, which in turn reduces the impact of said stressors (Carlson & Perrewé, 1999). Further, most social support research examines perceptions instead of actual receipt of social support (Harknett, 2006; Radey, 2018; Turner & Turner, 1999; Wethington & Kessler, 1986). Because we are interested in exploring how informal support may buffer the effects of hardship on stress, we looked at parents' perceptions of their informal support. We hypothesized that informal support would mediate the association between stress and hardship. In sum, this study hypothesized that parents impacted by the child welfare system are at risk of experiencing high levels of material hardship and that their perceptions of informal support can lessen how those stressors contribute to their perceived stress.

The Mediating Role of Informal Support for Parents Impacted by the Child Welfare System

Lenore McWey

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Defining anger and aggression: A qualitative comparison of youth experiences

Tatjana Farley

Short Description: While anger and aggression are among the most clinically pressing symptoms of those with complex trauma histories, limited research exists from the youths' perspective about definitions and differentiation. This phenomenological qualitative study with semi-structured interviews addresses experiences of youth with a comparative sample at low-risk and high-risk.

Abstract: Anger and aggression are among the most clinically pressing symptoms of those with complex trauma histories. There has been minimal agreement within the literature about how anger and aggression are defined and differentiated, and limited research exists from the youths' perspective. A sample of 27 youth was recruited with an average age of 14.1 years, average ACEs score of 2.1, with nearly equal males and females. Using social constructionism and developmental trauma frameworks, a phenomenological qualitative approach with semi-structured interviews was conducted to address experiences of anger and aggression with a comparative sample of youth at low-risk and youth at-risk. Themes that emerged included definition, innate vs learned, upbringing, and limitations. Results suggested there were some major differences in how youth at low risk and those at-risk defined and experienced anger and aggression.

Building the Therapeutic Alliance in Online Couple Therapy: An Observational Analysis

Esin Eryuksel

Short Description: The current study explores how therapeutic alliance is formed in couple sessions by behaviors of both clients and therapists and makes meaning of what facilitates alliance in an online therapy context. Observational analysis of session recordings was conducted using the System for Observing Family Therapy Alliances (SOFTA).

Abstract: The integral role of the therapeutic alliance has been consistently demonstrated in various therapeutic approaches, emphasizing its correlation with positive therapy outcomes both in individual psychotherapy (Baldwin et al., 2007; Finsrud et al., 2022) and couple psychotherapy (Garfield, 2004). In couple therapy, the therapist should establish separate alliances with each partner while also considering the relationship between them and tracking the alliance between the partners. Given the complexities, the construction of therapeutic alliance in an online couple therapy context is a wide concern for therapists (Machluf et al., 2021), which requires a focus on the field to be investigated. Extending prior research, which indicates the therapeutic alliance's pivotal role, this presentation specifically focuses on couple therapy, recognizing its increased complexity in relationships due to the involvement of multiple relationships. It addresses the unique challenges posed by the COVID-19 pandemic, highlighting the transition from face-to-face to online therapy. Studies have shown the importance of the therapeutic alliance, but very little research has explored “how” the therapeutic alliance is built, especially within the context of online therapy. Therefore, in line with this transition mentioned, this presentation observes and analyzes the formation of therapeutic alliances in online couple therapy sessions through the behavioral analysis of both clients and therapists. Drawing from data collected over the initial sessions of therapy, the analysis revealed significant correlations within the therapeutic alliance dimensions. For clients, Emotional Connection was positively linked with both Engagement and Safety, suggesting that as clients feel more emotionally connected, they also engage more and feel safer in therapy. While there were no significant session-to-session changes, the stable perceptions across sessions suggest consistency in alliance quality. Significant differences in engagement, emotional connection, and safety between clients point to the influence of individual dynamics and varying therapeutic needs. Furthermore, regression analysis demonstrated that therapists' focus on emotional connection significantly predicts client engagement, underscoring the importance of this dimension in fostering a solid therapeutic alliance in online couple therapy. This presentation provides an in-depth exploration of the mentioned dimensions, enriched with qualitative analyses of the observed dimensions.

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MI CVLTVRE: A cross-cultural systemic approach

Deisy Amorin-Woods

Short Description: This presentation explores 'MI CVLTVRE' approach&its clinical applications when working with people from different cultures. It originated from the pervasive tendency using irrelevant western approaches across all cultural groups. Through a humble, curious and attuned stance MI CVLTVRE is respectful, and responsive to the person's specific cultural-dimension

Abstract: We have an imperative responsibility, as practitioners, educators, researchers, and clinical supervisors, to be mindful of being culturally sensitive, respectful & humble to the diverse needs of people from different backgrounds. Added to this is the need to apply a gentle sense of curiosity to the stories we are being told, to the lived-experiences and to the meaning given to those experiences. This is important as a) gives us a chance to step out of our own reality and perception (our own biases) and transcend to the other's reality, ensuring we are not contaminating the other person or group with assumptions such as "because I see it, feel this way about it and do it this way it does not mean the other does as well b) it also prevents us from making generalizations about a whole culture or a cultural group. To this end, as a cross-cultural systemic therapist, I developed a model with the acronym; 'MI CVLTVRE. While this was developed as a model with clinical applications, this has relevant applications in academia, clinical supervision and research. The MI CVLTVRE model incorporates key themes relevant to working with people from diverse cultural backgrounds. These themes include: 'meaning', 'identity', 'community', 'views', 'language', traditions', 'values', 'roles', écology'.

The Family Ecology and Spirituality

Randy Braley

Short Description: Parents provide instruction for the development of their children's existential identity. This instruction takes place through the dialectic of parental beliefs regarding spirituality and the exploration of their children's developing belief system. Responsibility for the nurturance of holistic health is incumbent upon the parent or care provider.

Abstract: The Family Ecology and Spirituality Parents provide instruction for the development of their children's existential identity. This instruction takes place through the dialectic of parental beliefs about spirituality and the exploration of their child's or adolescent's developing belief system. Responsibility for the nurturance of holistic health, inclusive of spirituality, lies with the parent or care provider. Webster defines spirituality as a person's search for meaning and purpose in life, and a sense of connection to something greater than themselves. In *Man's Search for Meaning*, Victor Frankl wrote, "When we are no longer able to change a situation, we are challenged to change ourselves." What guides us in these times of necessary change? Do we have a belief system that allows us to place our faith in something or someone outside of ourselves? Again, where do we place this faith, in relationships within the family structure? Has our family ecology nurtured us psychosocially to experience the security of attachments to depend on? Do we believe there is predictability in the trustworthiness of safe "others." (Erikson, E. Stage 1 of Psychosocial Development) When our intellectual resources are insufficient, do we do as Voltaire, the prominent French philosopher admonished, turn to faith, as "Faith consists in believing beyond the power of reasoning." Additionally, he offered that, "If God didn't exist it would be necessary to invent Him." Going beyond the family ecology, does our upbringing emphasize a sense of connection and responsibility for sharing in the well-being of others. Do we believe that we are our brother's keeper? What is the existential benefit of prosocial values in the instruction of our children? The inculcation of moral values in children derives from parents or care providers who model and teach holistic health. What does a parent instruct a child about the uniqueness of their person and their influence on the world around them? When this cultivation of existential awareness happens in the family intergenerationally, grandparents, parents and children alike experience a broader, more well-balanced identity, and sense of security.

Psychotherapeutic Approaches to Fostering Cognitive Empathy in Adolescents Using VR in Schools

Tanja Valenta

Short Description: This study explores virtual reality (VR) to enhance cognitive empathy and motivation in adolescents within schools. Integrating psychotherapeutic and systemic approaches, it addresses adolescents' developmental needs and includes qualitative and quantitative research on VR's ethical and developmental impacts. Solutions support safe, effective VR use, fostering empathic, educational growth.

Abstract: This study, part of an international research initiative, examines the potential of virtual reality (VR) to foster cognitive empathy and motivation for learning among adolescents within the school environment. Recognizing that adolescence is a critical developmental period marked by substantial brain reorganization, our project integrates psychotherapeutic and systemic perspectives to ensure VR content aligns with adolescents' developmental needs and vulnerabilities. By embedding these perspectives, we aim to provide adolescents with a safe, positive, and comprehensive VR experience within the educational system, facilitating both cognitive and emotional growth. To inform our approach, we conducted a qualitative study on the needs of adolescents and teachers, alongside quantitative research assessing their concerns about VR in education. These findings guide content development, ensuring it is both supportive and responsive to users' needs. We will present both the scientific evidence advocating for VR use - highlighting its potential to increase environmental empathy and learning motivation (Ataş, 2023; Ślószarz et al., 2022) - and evidence raising ethical and developmental concerns, such as overstimulation risks and privacy issues (Skulmowski, 2023). Our findings will include proposed solutions to balance these perspectives. Our VR content strategy balances positive experiences (e.g., environmental conservation) with carefully framed exposure to complex social issues (e.g., refugee crises) that foster cognitive empathy without overwhelming users emotionally. Adolescence's unique neuroplasticity and emotional reactivity (Castaneda et al., 2017) make this balance crucial, as emotionally charged media can impact young users' experiences strongly (Konrad, 2013; Crone, 2018). Through psychotherapeutic supervision, teachers and parents will be equipped to support adolescents in processing VR experiences, a vital element for fostering empathy and creating a positive, secure environment for VR in education. Our study underscores the importance of systemic and psychotherapeutic perspectives in VR integration within schools, recognizing the essential role of support networks in promoting a comprehensive, empathic learning experience. Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Project Number 101132844.

Psychotherapeutic Approaches to Fostering Cognitive Empathy in Adolescents Using VR in Schools

Barbara Simonič

Short Description: This study explores virtual reality (VR) to enhance cognitive empathy and motivation in adolescents within schools. Integrating psychotherapeutic and systemic approaches, it addresses adolescents' developmental needs and includes qualitative and quantitative research on VR's ethical and developmental impacts. Solutions support safe, effective VR use, fostering empathic, educational growth.

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Infant Sleep Patterns and Cosleeping: Impact on Coparenting and Marital Satisfaction

Alda Portugal

Short Description: The transition to parenthood can challenge marital satisfaction as coparenting relationships form, influenced by infant sleep patterns and cosleeping arrangements. Reviewing 13 studies, we found disrupted sleep and cosleeping may decrease marital satisfaction and coparenting quality. Further research is needed to guide interventions for healthier family dynamics.

Abstract: The transition to parenthood is a critical period for couples, particularly when they are having their first child. It is during this period that the coparenting relationship emerges, and some couples report a decline in their marital satisfaction due to the profound physical, emotional, and social changes that accompany the arrival of the new baby. Existing studies suggest that infant sleep patterns and cosleeping arrangements may influence marital satisfaction and coparenting quality. However, the relationship between these variables remains unclear and no systematic review has been conducted on the topic before. Following PRISMA guidelines, we reviewed the literature on coparenting, marital satisfaction, infant sleep, and cosleeping during the transition to parenthood in the infant's first year of life. Of the 7152 publications reviewed, we selected 13 that specifically considered infant sleep patterns and/or cosleeping arrangements to understand their impact in couples' marital satisfaction and/or coparenting quality. Our results suggest that disrupted sleep patterns and cosleeping may be linked to lower marital satisfaction and coparenting quality. Our review also highlights a significant gap in research and the need for further studies. Understanding how infant-related factors affect marital and coparenting dynamics is important for developing interventions that promote healthier family relationships.

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Learning Disconnected: Linking Problematic Internet Use, Parent-Child Communication and Academics

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Short Description: Emerging adulthood requires adapting parent-child communication as academic performance and ICT use intersect. This study examines ICT use and its impact on academic performance and communication in 201 university students. Problematic internet use relates to poorer communication with parents, especially fathers, highlighting relational and academic risks

Abstract: Emerging adulthood is a stage of individual and family development marked by communicational adjustments in the parent-child relationship. At this stage, academic performance is highly valued and has to be managed with the widespread use of Information and Communication Technologies (ICT), which can lead to problematic use of the internet. This cross-sectional study aims to describe the use of ICT in academic context and analyse differences between groups considering the problematic use of the internet, the perception of academic performance and parent-child communication in a sample of university students (N = 201, aged between 18 to 29). In addition to instruments for sociodemographic characterisation and of ICT use, Generalized Problematic Internet Use Scale-2 and Perception Scale of Parenting Communication-Emerging Adults were used. The results suggest that young people with problematic use of internet for non-academic purposes tend to report worse communication with their parents, especially with their father. It is also observed that half of the sample have a moderate problematic use of the internet. These results are relevant for professionals working with young adults (e.g. teachers) and for the young adults themselves, alerting them to the harmful consequences, in relational and academic terms, of the problematic use of the internet.

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Love and Money: Developing an interdisciplinary curriculum in financial therapy

Jennifer Gonyea

Short Description: This session describes goals, benefits, and challenges of developing an interdisciplinary financial therapy university training program. In a world where finances are a major source of stress for individuals, couples, and families, this program bridges clinical and curriculum cross-training efforts for couple and family therapy and financial planning students.

Abstract: This presentation describes the development of an interdisciplinary training program to contribute to the emerging discipline of financial therapy—a relatively new field of study and practice. Specifically, the aim of this presentation is to identify the goals, benefits, and challenges of creating an interdisciplinary program across two complementary programs in different university departments: Couple and Family Therapy and Financial Planning. This program is designed to elevate the preparation of financial therapists and enhance couple and family therapists' ability to treat love and money issues. The interdisciplinary financial therapy training program bridges a gap in training for both couple and family therapists and financial planners. For instance, finances continue to be a top source of stress for individuals (APA, 2023) and for couple conflict (Meyer & Sledge, 2022), simultaneously, financial stress is consistently linked to couple distress (Hill et al., 2017; Totenhagen et al., 2018). While some couples may seek solutions to financial stress and conflict from a financial planner via a budget or financial plan, others seek out therapists to help them resolve the relational impacts. Regardless, practitioners in both camps tend to feel inadequate or ineffective in addressing these overlapping love and money concerns. Very few education programs in financial planning require training in relational dynamics, conflict, trauma, or intervention. Similarly, couple therapists often lack financial knowledge and skills that might significantly impact their ability to effectively intervene in common issues surrounding money. Recent research illustrates the benefits of an interdisciplinary financial therapy approach to couple communication, in general, as well as specific financial intervention including seeking additional help (Ford et al., 2022). In this presentation, we will introduce the audience to financial therapy and discuss the gaps for both couple and family therapists and financial planners in existing training programs. Next, we will describe the coalescence of this training program with the focus refinement of the university training clinic. Then, we will discuss the process for identifying the critical components of an interdisciplinary financial therapy curriculum through the combination of two stackable graduate certificates in relational therapy practice and behavioral financial planning and financial therapy.

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Unlocking the Intrapsychic Chain in Boundary Setting: Working with Difficult Emotions and Cognitions

Özge Alkanat

Short Description: In this presentation, a step-by-step intervention method for working with mixed emotions and conflicting cognitions in the boundary-setting process will be explained. The details of the process will be supported with case examples.

Abstract: According to Minuchin (1974), clear and flexible boundaries in family interactions keep individuals safe and encourage healthy personal development. In clinical settings, we are often faced with cases where boundaries are not clear, with clients who struggle to free themselves from enmeshed relationships. Focusing on the psychoeducational aspect of the problem and helping clients change their behavioral patterns in interactions is a functional approach, but it usually pertains to a first-order change. Boundary setting involves more complex internal processes, including mixed emotions and negative cognitions rooted in family relationship patterns. A second-order change is only possible when the underlying associations between conflicting emotions, negative cognitions, and expectations are addressed simultaneously with a safe and accepting therapeutic approach. This therapeutic approach should involve analyzing, acknowledging, and eventually replacing dysfunctional components with functional alternatives, leading to healthier relationship patterns and clearer boundaries. In this presentation, a step-by-step intervention method for working with mixed emotions and conflicting cognitions in the boundary-setting process will be explained. The details of the process will be supported with case examples. Minuchin, S. (1974), *Family and family therapy*, Cambridge, MA: Harvard University Press.

Links Between Parents' Validation of Emotions, Teen Emotion Regulation, and Reflective Functioning

Arika Moody

Short Description: This poster utilizes original research to examine associations between risk factors for adolescent suicide (emotion regulation, adolescent reflective functioning) and the emotional quality of the family environment, characterized by parental invalidation/validation of youth emotions. The learner will identify individual and family-level risk and protective factors for youth suicide.

Abstract: Suicide is the second leading cause of death for U.S. teens. Individual and family risk factors are important for conceptualizing youth suicide. At the individual level, teens at risk for suicide may have deficits in social understanding operationalized as reflective functioning (RF). Well-developed RF is the ability to accurately reflect on mental states (emotions, thoughts, behaviors) of self and others. Difficulties with RF may present as hypo-RF or hyper-RF with either the “inability to consider complex models of the mental state of self and others” or “the tendency to over-attribute mental states to others where there is no objective data to support such attributions” (Lund et al., 2023). RF difficulties contribute to negative self-perception and increase feelings of social isolation, threats, loss, and despair. (Lund et al., 2023; McNeil & Zeman, 2020). Thus, there are clear connections between RF and difficulties with emotion regulation. Emotion regulation, or the ability to utilize skills, tools, or strategies to modulate emotions and prevent internalizing (i.e. self-harm, suicide attempts) or externalizing behaviors (i.e., aggression), was shown to mediate the relationship between youth RF and psychopathology (Kahya and Munguldar, 2023). Youth difficulties with RF and emotion regulation are theorized to be partially rooted in family-level factors, including parental responsiveness to emotions. Family environments characterized by high levels of parental invalidation of emotions (e.g., inconsistent, harsh parental responses to emotions) may pose a risk to youth RF and emotion regulation development. Parental invalidation has also been identified as a risk factor in Linehan’s biosocial theory of youth self-harm and suicide. Despite theoretical links between RF, emotion regulation, and parental emotional invalidation/validation, no empirical studies have examined associations between these three constructs within a sample of youth at high risk for suicide. Utilizing secondary data from a previously completed clinical trial examining treatments for youth suicide risk (N = 129 parent-teen dyads), this study examines associations between observed parental validation, adolescent RF, and emotion regulation. Findings will further our understanding of relationships among these variables and contribute to the refinement of family-focused interventions.

Differential Diagnosis: Sexual dissatisfaction, low sexual desire, or sexual boredom?

Leonor de Oliveira

Short Description: This workshop will explore conceptualizations of sexual dissatisfaction, low sexual desire, and sexual boredom, including individual, sexual, and relationships factors. Scientific research, theory, and case studies will be combined to facilitate differential diagnosis and intervention.

Abstract: In this workshop we will discuss different conceptualizations of what may be termed low sexual desire, including individual contributions such as a tendency towards sexual aversion, boredom and/or ADHD, and sexual and relational contributions such as loss of novelty in long term relationships, relationship conflicts, and others. Sexuality is a common topic in couples therapy, in particular when two members of the couple have a discrepancy in desire levels. There are a multitude of conceptual frameworks that can provide an understanding of what has created this concern. Often each member of the couple will have their own discordant conceptualizations of what has led to the problem, which may also be at odds with the systemic therapist's conceptualization. We will examine ways to assess for individual factors, relational factors, sociocultural factors. In addition, we propose that for some individuals/couples, differences in conceptualizations may be integrated rather than be in opposition. We will use a combination of lecture material that focuses on academic research and experiential activities that use case studies to explore what each conceptualization highlights and what it obscures. We will present research data on sexual boredom collected by the presenters. We will explore how the social positionality of the client (e.g., gender, ethnicity, age) may influence their own conceptualization and therapeutic goals. Finally, we will discuss how educators can use this information in the classroom when training future therapists.

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Cross-Cultural Couple Relationship Flourishing: Implications for Prevention, Intervention, and Measurement

Sarah Griffes

Short Description: Couple relationship prevention, intervention, and measurement often lack cultural adaptation or sensitivity due to the lack of knowledge about differences between and within cultures. The study of couple relationship flourishing could shed light on couples' cultural expectations for fulfilling relationships and inform both research and practice.

Abstract: Couple relationship prevention and intervention efforts are often created for and by white, middle-class, heterosexual Western individuals and groups (Carlson et al., 2020) with strong assumptions related to individuality, even within the couple context (Tseng et al., 2019). Further, many cross-cultural studies of couples use the same measures from group to group, though expectations for relationship health, stability, and satisfaction are likely different from culture to culture (Kanth et al., 2024). Understanding what different cultures and peoples expect, want, or hope for from fulfilling relationships could impact both couple interventions and the measures used to study outcomes from these interventions. Studies of couple relationship flourishing could help researchers and practitioners better understand and attune to cultural differences in intervention creation and adaptation, measurement, and practice. Couple relationship flourishing is a small but growing field within relationship science that focuses on ways that couples can experience relationships that are fulfilling to both partners, rather than simply stable or satisfying (Fincham & Beach, 2010). There is limited but expanding global research on couple flourishing. The creation of measures on flourishing has expanded research on flourishing into new domains and in different countries. New domains include research on the impact of finances (Okamoto et al., 2024) and sexual intimacy (Leavitt et al., 2021; Leavitt et al., 2024) on relationship flourishing. Research in countries such as Pakistan (Fahd & Hanif, 2019; Fahd et al., 2020; Fahd et al., 2021), the United Arab Emirates (AlHammadi et al., 2024), Indonesia (Edwina et al., 2022; Insan & Rodiyati, 2022; Kusumawardhani et al., 2024), and Iran (Rezaee et al., 2023) have used these measures and others to see how couple flourishing is impacted in their unique cultures and contexts. Expanded cross-cultural research on couple flourishing could identify differences and similarities between and within cultural groups and could provide further understanding of sub-cultures (e.g., LGBTQIA+ couples). Better understanding of cross-cultural couple relationship flourishing has the opportunity to influence prevention, intervention, measurement of couple relationships, and therapy practice.

Using A Person of the Therapist Model to Increase Engagement with Human Sexuality Education

Sar Surmick

Short Description: People have a hard time talking about sex. For the therapist, the Person of the Therapist Model builds a more personal understanding, retention, and connection with the material. This workshop will explore POTT concepts and discuss how to apply them working with students and clients.

Abstract: The purpose of the workshop is to introduce participants to the POTT Model, offer personal experience with the model, and direct that learning towards teaching and working therapeutically around human sexuality topics, education, and exploration. Engagement is a primary difficulty in working with human sexuality. Barriers include: • Sex-Negative Bias & Social Oppression of Sexual Identities • Internalized Sexual Shame • Dissociation around Material • And others. Using the Person of the Therapist Model is a way to manage some of these barriers and increase engagement with the topic. POTT tenets include: • The ability to make purposeful and skillful use of the personal self and life experiences. • Using one's personal/emotional woundedness to create empathy and understanding. • Recognition of the self, one's current state, and vulnerability. • Comfort with one's authenticity. • Active use of the self during professional and personal work. By understanding and using these tenets, therapists can better engage in and connect with the material. The workshop will collaboratively engage participants through the following exercises: • Identifying connected life experiences – (Peer Sharing) • Identifying a personal wound – (Personal Reflection) • Authenticity scaling – (Personal Reflection) • Vulnerability exploration – (Peer Sharing) • Using the above to build a moment of personal skill – (Peer Sharing) Finally, the workshop will discuss how to apply these skills to discussing sex with clients and teaching the subject to students: • A Brief discussion of a study currently underway to study this and student testimonials. • Examples of current class work. Closing will include a robust Q&A.

Utilizing schemas as a window into therapists' signature themes in clinical training

Rebecca Kenyon

Short Description: This workshop explores how the Young Schema Questionnaire (YSQ) informs the identification of one's signature theme, as described in the Person of the Therapist Training (POTT) Model. By examining insights from the YSQ, supervisees will better understand how their signature theme shapes the therapeutic process.

Abstract: The Person of the Therapist Training (POTT) model provides a valuable and transformative framework for couple and family therapy training by encouraging therapists to embrace their identity as wounded healers. This approach promotes the integration of therapists' full selves, including emotional vulnerabilities, into the therapeutic process. In clinical training, the POTT model aids Marriage and Family Therapy (MFT) Trainees in identifying their signature theme—a core issue that can enhance their ability to connect with and support clients. Influenced by Henry Nouwen's concept of the Wounded Healer, Harry Aponte developed this approach to help therapists use their own woundedness to attune more deeply to clients and improve clinical judgment. Greater awareness and use of one's signature theme acts as a “superpower” to enhance the therapeutic process, rather than allowing the therapist's own struggles to cause derailment. However, despite extensive research supporting the model, there are limited opportunities for formal training in the POTT model, and trainees often face challenges in identifying their own signature theme. Schemas, which are cognitive frameworks that help individuals organize and interpret information, are a central focus in Cognitive Behavioral Therapy (CBT). Gaining insight into one's maladaptive schemas can provide valuable therapeutic benefits and enhance supervision processes. Research supports the notion that understanding personal schemas can be particularly useful in the supervision of MFT Trainees. A key tool from the CBT field that facilitates schema identification is the Young Schema Questionnaire (YSQ), which comprises 232 questions designed to help individuals identify their predominant maladaptive schemas. This presentation will synthesize research on use of signature themes and the YSQ in clinical training, aiming to bridge the gap between these concepts. It will offer an overview of the POTT model's philosophy and benefits for clinical training, followed by a conceptualization of how the YSQ can serve as a tool to aid in the development of a therapist's signature theme.

Couple/Marriage and Family Therapists Training for Families Impacted by Racial Trauma

Deepa Sai Avula

Short Description: The poster utilizes original research to examine educational training and workforce development among couple/marital family therapists (C/MFT) for individuals and families impacted by racial trauma. The learner will identify gaps in C/MFT racial trauma training and educational considerations for working with people impacted by racial trauma.

Abstract: Racism and discrimination have a negative impact on psychological health, physical health, and overall well-being and life satisfaction. Racism-related stress refers to the chronic and acute experiences of racism and discrimination. Racial trauma refers to the impact or pain from the experiences of racism, discrimination, and/or structural prejudice. For couple/marriage and family therapists (C/MFT) to respond effectively to racism-related stress and racial trauma, an inclusion in academic training is essential. Research on multicultural training among C/MFTs has yielded mixed results as one study indicated an increase in multicultural competencies among masters level C/MFT students after completing a diversity course, while another study noted a lack of cultural lens in case conceptualizations. Further, no studies examined multiculturalism specific to race-related stress and trauma, although it is an important prerequisite to examining impact on clinical outcomes. This presentation will examine C/MFT training and workforce development for working with individuals and families experiencing racial stress and/or trauma. Quantitative findings will be presented from original research of 71 individuals who graduated from C/MFT programs. Participants ages from 20 to 62 years old ($M = 36$, $SD = 9.5$). Majority of participants identified as cisgender women ($n = 54$, 76.1%), and White ($n = 42$, 59.2%), Black ($n = 15$, 21.1%), or Asian ($n = 6$, 8.5%). Results indicated 45.1% ($n = 32$) of participants reported taking one course in their department that addressed racial stress and/or trauma, with 22.5% ($n = 16$) taking zero courses focusing on racial trauma and stress. There was a significant difference in mean scores of satisfaction with education based on number of racial trauma courses taken, $F(3, 58) = 2.5$, $p = .02$. The learner will identify gaps in C/MFT racial trauma training and educational considerations for working with individuals impacted by racial trauma.

Couple/Marriage and Family Therapists Training for Families Impacted by Racial Trauma

Jessica Chou

Short Description: The poster utilizes original research to examine educational training and workforce development among couple/marital family therapists (C/MFT) for individuals and families impacted by racial trauma. The learner will identify gaps in C/MFT racial trauma training and educational considerations for working with people impacted by racial trauma.

Abstract: Racism and discrimination have a negative impact on psychological health, physical health, and overall well-being and life satisfaction. Racism-related stress refers to the chronic and acute experiences of racism and discrimination. Racial trauma refers to the impact or pain from the experiences of racism, discrimination, and/or structural prejudice. For couple/marriage and family therapists (C/MFT) to respond effectively to racism-related stress and racial trauma, an inclusion in academic training is essential. Research on multicultural training among C/MFTs has yielded mixed results as one study indicated an increase in multicultural competencies among masters level C/MFT students after completing a diversity course, while another study noted a lack of cultural lens in case conceptualizations. Further, no studies examined multiculturalism specific to race-related stress and trauma, although it is an important prerequisite to examining impact on clinical outcomes. This presentation will examine C/MFT training and workforce development for working with individuals and families experiencing racial stress and/or trauma. Quantitative findings will be presented from original research of 71 individuals who graduated from C/MFT programs. Participants ages from 20 to 62 years old ($M = 36$, $SD = 9.5$). Majority of participants identified as cisgender women ($n = 54$, 76.1%), and White ($n = 42$, 59.2%), Black ($n = 15$, 21.1%), or Asian ($n = 6$, 8.5%). Results indicated 45.1% ($n = 32$) of participants reported taking one course in their department that addressed racial stress and/or trauma, with 22.5% ($n = 16$) taking zero courses focusing on racial trauma and stress. There was a significant difference in mean scores of satisfaction with education based on number of racial trauma courses taken, $F(3, 58) = 2.5$, $p = .02$. The learner will identify gaps in C/MFT racial trauma training and educational considerations for working with individuals impacted by racial trauma.

Body-based experientials in Couples Therapy – insights from a Dance/Movement Therapist

Deepa Sai Avula

Short Description: This presentation introduces a dance/movement therapy framework for working with couples. Through didactic sharing and experientials, the participants will explore some ways to utilize body-based methods when working with couples to aid relational connection, co-regulation, and conflict management.

Abstract: People in close and romantic relationships primarily communicate nonverbally, yet most couples therapy models only use verbal techniques. Couples' therapists often witness relational conflict fraught with emotional dysregulation and physiological flooding that disrupts the couple's ability to listen and comprehend. This limits the usefulness of verbal communication in regulating a couple unit. Some therapists use breathwork and mindfulness to aid physiological regulation, however, mostly after the dysregulation has already occurred. The body presents itself in the couples therapy space from early on as the couples' way of occupying space and seating; through non-verbal glances, gestures, and facial expressions; and changing heart rate and turning away towards a shut down. Given that the body can be the site of experiencing stress and trauma, as well as the vehicle to recovery, there is a need to intentionally integrate body awareness and regulation into therapeutic work. Based on the presenter's decade long experiences with dance/movement therapy, and budding systemic research learnings, this presentation gives insights for integrating body/movement into couples therapy. Dance/movement therapy (DMT) is the psychotherapeutic use of movement for psychological health. It has been practiced since the 1950s and originated as a healing profession in the United States in response to post-war veterans' trauma. Over seventy years, DMT grew as a primary therapy framework that centers the body/movement-mind interconnectedness and change mechanisms. DMT is practiced worldwide across ages and abilities with individuals, couples, families, and in group settings. The clinical use of DMT for couples includes facilitating non-verbal synchrony, mirroring, kinesthetic empathy etc. and limited research studies proposed unique intervention protocols over the years. Therefore, this presenter aims to bridge the clinical gap for talk therapists interested in using body-based tools with couples, as well as advance DMT's applicability to diverse couple unit systems. This workshop and lecture shares dance/movement therapy insights and interventions for couples' relational connection, co-regulation, and conflict handling.

Eliciting Psychotherapeutic Change Using Experiential and Emotional Techniques

Aida Jimenez

Short Description: This workshop promotes an emotion-based approach to enhance the emotional, physical, and psychological well-being of individuals attending couples therapy. Techniques used to process emotions and generate therapeutic changes will be presented. Participants will engage in experiential exercises to facilitate therapeutic change.

Abstract: The purpose of this workshop is to familiarize participants with experiential therapy models focused on emotions. A brief presentation will cover the importance of emotions in constructing identity and fostering relational connections. Techniques used to process emotions and generate therapeutic changes will also be presented. Participants will engage in experiential exercises to facilitate therapeutic change. This workshop promotes an emotion-based approach to enhance the emotional, physical, and psychological well-being of individuals attending couples therapy. At the end of this workshop, participants will be able to: 1) name and identify various emotional techniques, and 2) practice techniques to evoke and process emotions.

The Differences in Perceived Therapeutic Change by Clients in Couple Therapy

Arzu Coskun

Short Description: The current study explores the differences in perceived therapeutic change by females and males during the 16-week therapy process in couple therapy by examining change interviews conducted every four sessions. Thematic analysis of change interviews was conducted using the MAXQDA software program.

Abstract: Studies on perceptions of therapeutic change in couple therapy show that experiences between men and women on communication, behavioral changes, and emotional acceptance may differ (Doss et al., 2005). According to research, while men benefit more from treatment when they feel understood and validated, women express that they benefit from learning new skills, gaining insight, and becoming aware of their needs (Arora & Bhatia, 2022). Also, Knobloch-Fedders et al. (2015) found that women progress in relational adjustment while men develop more individual functioning. Although only some studies in the literature address these differences, information on the content of these differences is narrow, which may limit therapy in practice. Therefore, more research is needed to understand the differences and integrate them into therapies comprehensively. To fill the gap in the literature, this study aimed to deeply examine couples' experiences regarding gender differences by focusing on change mechanisms in couple therapy. The participants are heterosexual couples in long-term relationships, and thematic analysis was used to create themes based on their change interviews. Drawing from data collected over the 16 therapy sessions, the analysis revealed essential differences in clients' perceived therapeutic change in couple therapy. According to the study, males need to be understood and heard more; they express these themes more than women. Conversely, women state that they need to hear and talk about their feelings more. Also, while men talk more about communication, women mention emotional concepts more. Men mention objectivity in the therapeutic relationship more than women and state that it is an essential part of therapeutic change. While women mention the concepts of attention and time allocation in therapy more, men talk about the need for time alone more. These changes reveal that women and men have significant differences in their perspectives on the therapeutic process. By understanding these differences, therapists can tailor their approaches, improving engagement and outcomes for both men and women. This gender-aware approach can lead to more effective therapy, fostering stronger therapeutic alliances and better relationship results, ultimately improving the romantic and family lives of couples undergoing therapy.

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Deliberate Practice for Sexual Assessment with Couples (part 2 of 2)

Sheila Addison

Short Description: The sexual relationship is valuable for understanding couples' dysfunctional patterns, developmental challenges, and gridlocked issues. Deliberate Practice, iterative skill practice with immediate feedback, can enhance clinical skills needed for sexual assessment. This workshop will provide attendees with a brief experience of the application of DP to sex assessment skills.

Abstract: Many couple therapists receive little training on when and how to gather sexual information from their clients, and how to use this information to inform treatment. Research shows a direct relationship between clinicians' comfort level with sexual vocabulary and concepts, and their willingness to gather sexual information from couple therapy clients. While many of the skills needed for taking an effective sexual history overlap with skills for effective couple therapy, even experienced couple therapists can benefit from training focused on building the skills and knowledge needed for sex assessments such as taking a sexual history. Training in sex therapy most often takes place via lecture, group discussion, and individual or group supervision. However, didactic training appears to have little effect on the skills of physicians, and research on common factors suggests that the same may be true for psychotherapy. Learning the theoretical underpinnings of interventions aids cognitive understanding, but does not increase the ability to carry out an intervention effectively during a therapy session. Case presentation and note review may use a combination of didactic and self-reflection skills but still focus on either the past (recalling clinical impasses, reactions to clients, etc.) or the future (discussing how a subsequent session might proceed), rather than the essential skill of producing effective interventions in the moment. Deliberate Practice (DP) helps bridge this gap between theory and practice. By identifying a specific process skill, clinicians can engage in focused practice targeting the skill, receive immediate feedback from a practice partner or supervisor, and then adapt subsequent rehearsals accordingly. This workshop will demonstrate use of DP in developing skills for gathering sexual information during the course of couple therapy as introduced in Part 1 of the workshop. Participants will understand core skills needed for assessing sexual history and functioning in a culturally-sensitive manner, and then engage in real-time practice using written and video prompts. Participants will also practice giving and receiving constructive feedback during DP rehearsal. Collaborative discussions will reinforce learning, allowing attendees to gain insights from diverse perspectives and experiences.

Supervision across the seas: A review of cross-cultural and remote supervision

Katheryn Whittaker

Short Description: Cross-cultural supervision involves the supervisor and supervisee originating from different cultural backgrounds. Working cross-culturally is complex, presenting several challenges for the supervisor and the supervisee, impacting the supervisory process. This workshop explores the professional experience of two systemic therapists through a cross-cultural and remote lens.

Abstract: Cross-cultural supervision involves the supervisor and supervisee originating from different cultural backgrounds. Working cross-culturally is complex. It presents a number of challenges for both the supervisor and the supervisee, impacting their relationship and the supervisory process itself. This workshop explores the professional experience of two systemic therapists through a cross-cultural and remote lens. Drawing from their own experience within their contexts, using the MI CVLTVRE model as a guide, and through vignettes, this workshop attempts to stimulate thought, reflection, and discussion about cross-cultural supervision looking into the relationship between supervisor and supervisee and the supervision process itself. Challenges, opportunities, and insights will be explored in designing an appropriate and effective supervision approach, which fosters a safe shared space for cultural understanding and responsiveness.

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Guardians of Solitude: Rilke and the Poetry of Partnering

Anthony Mielke

Short Description: This presentation will integrate couple's therapy theory with a selection from Letter to a Young Poet (Rilke, 1929) on marriage to explore the use of poetic expression within couple's therapy. Themes of common humanity, paradox, eros, and wholeness will be examined while engaging with Rilke's poetic imagination.

Abstract: The role of language in shaping and maintaining a shared reality for individuals in relationship is foundational to the theory and practice of systemic therapy. Despite the descriptive ability of systemic therapy models, technical and theoretical language often falls short in its ability to communicate the full spectrum of experience within a romantic partnership. This limitation invites both therapist and client to access the imaginative, artistic expression of experience available through symbols, metaphor, embodied expression i.e. poetry. In Letters to a Young Poet, Rilke (1929) offers a vision of romantic partnership in which each partner "appoints the other to be the guardian of [their] solitude". Rilke includes additional descriptions of relationship that, when seen through the lens of systemic theory, describe a partnership with elements of secure attachment, differentiation, and eros. This presentation will integrate these pillars of couple's therapy with the poetic vision of Rilke to highlight the role of poetic expression in creating shared meaning and connection within the couple relationship. To this end, 4 distinct themes will be identified and applied to the couple's therapy context. These themes include the limits and possibilities of humans in relationship, the paradox of intimacy, eros and the "space-between", and wholeness. Literature from leading couple's therapy theories and clinical examples of concept application will be provided by the presenters. Participants will also participate in reflective exercises throughout the presentation.

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Metacognition in MFT Education: Fueling Growth through Reflective Practice and Feedback

Elaine Willerton Acosta

Short Description: Metacognitive tools effectively boost student engagement and performance. We implemented end-of-course assessments for both students and faculty, analyzing score discrepancies. This workshop will cover the tool itself, its benefits for students, and key study findings.

Abstract: Graduate studies in Marriage and Family Therapy (MFT) foster growth in both knowledge and cognition. With many adult learners turning to online education, it's essential that they not only acquire clinical and scholarly skills but also engage with their own learning processes. Metacognition, or "thinking about learning," is positively linked to student outcomes and can deepen graduate education in MFT. This study introduced a metacognitive tool, the Student Progress Evaluation (SPE), implemented during the final week of each online master's and doctoral MFT course. Through the JotForm platform, students completed a brief self-reflection with both scaled and open-ended questions about their learning. Faculty then reviewed and responded to the same questions, enabling a comparative reflection on student progress. To understand the effectiveness of the SPE, we conducted a discrepancy analysis of student and faculty scores, as well as a thematic analysis of open-ended responses. This approach provided insights into how closely student self-assessments aligned with faculty perceptions, highlighting areas where students recognized growth and where they underestimated or overestimated their progress. In this presentation, we'll discuss the significance of metacognition in graduate education, introduce the SPE tool, and share the findings from our analysis. We will also offer practical strategies for integrating metacognition into MFT education, supporting both students' professional and personal development. This workshop will be particularly valuable for educators seeking to enhance reflective learning practices in clinical training programs.

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Intragenerational support for gender-questioning and trans youth: centering the sibling subsystem in Affirmative Systemic Therapy

Marjorie Rabiau

Short Description: Affirmative systemic therapy is an emerging trend in family therapy for accompanying families with a gender questioning or trans child. Simultaneously, research consistently calls for increased attention to the sibling subsystem. The presenters will discuss the importance of the inclusion of siblings of gender diverse young people in family therapy.

Abstract: Affirmative systemic therapy (AST) is an emerging trend in family therapy for accompanying families with a gender questioning or trans child. Simultaneously, research consistently calls for increased attention to the sibling subsystem. The presenters will share a Canadian perspective towards expanding the inclusion of siblings of gender diverse young people in family therapy and implications for professionals in the field. Siblings may serve as early sources of self-disclosure and exploration surrounding gender identity for young gender questioning and trans individuals. Siblings may also play important roles as mediators, educators and advocates among peers and family given their shared generational zeitgeist. The presenters will exemplify the importance of involving the sibling subsystem while working with gender diverse families through a case study. The presenters will discuss strategies towards better inclusion and integration, namely, systemic approaches and techniques for working with the sibling subsystem with a focus on the theme of gender creativity, transition or questioning. Siblings can be strong allies or on the contrary, make life particularly difficult for one another— making their inclusion in sessions all the more important. We advocate for the greater inclusion of siblings in family therapy generally, and hope to contribute to an ongoing conversation, by illustrating some techniques for working with the sibling subsystem, in AST more specifically.

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Black Youth Suicidality: Increasing Our Understanding of Culture, Context, and Identity

Leslie Anderson

Short Description: This presentation will highlight the increasing concerns for the mental health of Black American youth, particularly the alarming rise of suicide. There is an urgent need for theories and approaches that adequately acknowledge the influence of culture, context, and identity for this population, which is needed to combat this issue.

Abstract: Historically, Black American adolescents have reported lower incidents of mental health challenges such as anxiety, depression, and other related disorders than their White counterparts. However, in recent years, concerns for the mental health of Black adolescents have become increasingly more alarming (Rennie, 2022). Multiple reports highlight the fact that suicide among Black adolescents is growing more rapidly than any other demographic, which has led to a major public health concern in the United States (Congressional Black Caucus, 2019; Gordon, 2020; Vandiver, 2023). Between 2018 and 2021, there was a 36.6% increase in suicide rates among Black youth and young adults between the ages of 10 and 24 (Stone et al., 2023). Sociocultural factors, such as anti-Black racism, prejudice, and other stressful life events that many Black youth commonly face directly and vicariously have a profound effect on their mental health. One of the predominant theoretical perspectives that illuminate motivating factors for suicidality is the Interpersonal-Psychological Theory of Suicide (IPTs). The IPTs was first introduced by Joiner (2005) and further developed by Van Orden and colleagues (2010). A primary tenet of the IPTs is that the motivation for suicide is the result of the two interpersonal-psychological factors co-occurring: (1) thwarted belongingness and (2) perceived burdensomeness. Thwarted belongingness refers to individuals experiencing a sense of disconnection from others and a belief that one does not belong (e.g., “I am unwanted” or “I am alone”). While research studies have provided some support for IPTs, in recent years, the model has faced some criticism because the majority of empirical studies have included White, non-Hispanic participants. During this brief presentation, the speaker will explain the increasing mental health disparities that exist for Black youth in the U.S., specifically as it relates to suicidality. The presentation will highlight the sociocultural nuances that should be considered when working with Black youths and their families that are missing from mainstream theoretical perspectives about motivations for suicide. There are crucial implications for clinicians committed to delivering systemic approaches that adequately acknowledge culture, context, and identity of Black American youth.

Navigating Grief and Stigma: Challenges Facing African American Survivors of Suicide Loss

Tiffany Hall

Short Description: This presentation explores the cultural and social challenges many African American suicide loss survivors face such as stigma, mental health barriers, and religious influence. It emphasizes the role of family and community in healing, highlighting the need for culturally sensitive interventions to support open discussions, shared grief, and community resilience.

Abstract: This presentation explores the cultural and social challenges many African American suicide loss survivors face. Informed by the contemporary literature, this presentation will engage participants in exploring and gaining a better understanding of the stigmas and beliefs surrounding suicide and grief within the African American community, the barriers to accessing mental health support for suicide loss survivors, coping strategies for grief and trauma among suicide loss survivors, and the influence of religious beliefs on grief and support systems. Additionally, participants will consider the role of systemic therapy approaches in leveraging family and community in the healing journey of suicide loss survivors. Last, participants will engage in small group discussions about how they can engage in culturally sensitive interventions to support open discussions, shared grief, and community resilience.

Self-of-the-Supervisor: When Therapist Trainees Lose a Client to Suicide

Joanna Mendez-Pounds

Short Description: Beyond considerations of ethical protocols, there are limited discussions on supervisor's response for when a trainee loses a client to suicide. Through a literature review and a case study, this presentation offers recommendations for how to navigate this situation that impacts both the student therapist and the supervisor.

Abstract: Mental health clinicians in graduate training programs receive ethical protocols and instructions on how to respond to a client who reports suicidal ideation. Ethical responses to client suicidal ideation are formulated through trainings, ethics classes, supervision, discussions about exceptions to confidentiality, development of safety plans, and compilations of 24-hour suicide prevention hotlines and resources for graduate students to access. Yet, there are limited discussions or protocols on how to proceed when a student therapist loses a client to suicide and how the therapists' supervisor should proceed in these instances. There is a delicate balance of managing the ethical responsibilities and procedures while also navigating the shock and potential trauma that the student therapist may experience when they learn of their client's death by suicide. Existing literature shows the efficacy of clinical training programs on how to navigate varying high risk client scenarios, but there is limited literature regarding how supervisors in mental health graduate training programs balance responding to the immediate emotional needs of their supervisee, appropriately following ethical guidelines set by codes of ethics, and utilizing this scenario as a teaching opportunity for student therapist. This review of the literature highlights how helping professionals navigate the experience of losing clients who died by suicide and offers insight and recommendations on how supervisors can support their supervisees through these types of clinical situations. Discussion includes a case study and deconstructing the self-of-the-supervisor experience.

The Racial Socialization Family Therapy Model: Dynamic Dialogues and Black Families

Leslie Anderson

Short Description: This presentation will elucidate the intricate process of racial socialization that often occurs in Black American families. The presenter will explain how racial socialization can also be integrated into therapy and support critical dialogues about race with Black individuals and families.

Abstract: Racial socialization refers to a process in which individuals learn about the values, customs, and traditions related to their racial and/or ethnic background, typically in a familial context (Lesane-Brown, 2006). In their integrative model, García-Coll and colleagues (1996) posited that it is imperative to situate the experiences of racially minoritized families within their larger societal contexts to appropriately understand their experiences and developmental processes. The integrative model identifies specific contexts and characteristics that are unique to ethnic and racially minoritized families, communities, and developing youth. One such predictor of positive developmental outcomes for youth is racial socialization. To help ensure optimal development in racially minoritized youth, it is crucial that they learn how to traverse a world that often dismisses their inherent worth through racially oppressive systems and practices (García-Coll et al., 1996). Although examinations of racial socialization and ethnic-racial identity development have primarily focused on youth and emerging adults, identity formation occurs well into adulthood and across the lifespan. For many Black Americans, the topic of race and racism is unfortunately a consistently relevant issue impacting their daily experiences. In recent years, scholar-practitioners have begun to acknowledge the potential benefits of integrating aspects of racial socialization into therapeutic approaches (Clark et al., 2023). Engaging in generative dialogues about race is a cultural custom that many Black Americans are familiar with, but it is unfortunately not a topic that many expect to have in therapeutic spaces. The scholarship dedicated to incorporating racial socialization dialogues in the therapy context is scant with many providers lacking the necessary skills and confidence to broach these conversations in an efficacious way. The Racial Socialization Family Therapy Model provides a conceptual framework to help guide the clinical work of systemic practitioners committed to reimagining what dialogues about race with Black families in therapy might encompass. In this presentation, the author will explain the key tenets of the model, provide clinical examples that demonstrate the model's utility, and provide suggestions for how racial socialization dialogues might be integrated with clients from various ethnic and racial backgrounds.

Confronting Relative Deprivation: Towards Revaluing and Transformation in Therapy

Wendell Scanterbury

Short Description: Utilizing a socioculturally attuned lens, this workshop focuses on valuing the minimized in clients' internal and relational functioning. The role of Relative Deprivation as internalized stigma will be explored to examine its operation in activating and perpetuating minimizing, and engage intervention that facilitates revaluing. A case example will facilitate demonstration.

Abstract: Clients' views of self, other, and the world are shaped in the context of experiencing and internalizing a sense of value. When value has either not been conferred or has been eroded, the resulting devaluation can be internalized and subsequently become a defining factor in clients' functioning. Relative Deprivation (RD) is conceptualized as the resulting internalized stigma to frame an understanding of systemic devaluation in clients. This workshop session takes a socioculturally attuned approach to re-centering value in clients by deconstructing the unconscious commitment to internalized stigma, and realigning the client with a new narrative of self, other, and the world. Participants will engage in exploring the concept of relative deprivation as driving the loss of relational value, and will utilize a case study to identify and critique interventions that expose unknown or unconsidered reinforcement of devaluation, redefine symptoms as protective factors, and promote a restorative and affirming encounter with self and system. Cultural humility will be employed to heighten appreciation for encultured narratives that may apply in various familial and social settings. Implications for practice and systemic research will be discussed.

Unravelling Autism and Psychosis: An Integrative Interactional Approach in Therapy

Adél Ras-Coetzee

Short Description: This case-based presentation explores how the Integrative Interactional Approach can be applied to a complex case of adult autism with psychosis. We will illustrate key therapeutic strategies that address communication, relational dynamics, and the unique challenges of working systemically with neurodivergent clients.

Abstract: This discussion showcases the practical application of the Integrative Interactional Approach to an adult diagnosed with Autism and Intellectual Disability, presenting with psychosis. Autism is a neurocognitive developmental difficulty presenting with great social functional challenges and is conceptualised to be a spectrum disorder ranging from severe to less severe impairments (American Psychiatric Association, 2013). This case considers an adult with severe Autism Spectrum Disorder and moderate Intellectual Disability who presents with psychotic symptomology residing in a care facility. The Integrative Interactional Approach is an integration of the Humanistic, Communication, Interactional and Systems Theory based on the research of Professor Charl Vorster (2011) and provides a psychological conceptualisation framework informing therapeutic direction. The application of the Integrative Interactional Approach to this complex case of adult Autism presenting with psychosis, not only provides a formulation of the psychotic symptomology, but also gives direction to behavioural management and treatment strategies. References: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed). Arlington, VA: Author Vorster, C. (2011). Impact: the story of Interactional Therapy. Pretoria: Satori Publishers

Unravelling Autism and Psychosis: An Integrative Interactional Approach in Therapy

Warwick Phipps

Short Description: This case-based presentation explores how the Integrative Interactional Approach can be applied to a complex case of adult autism with psychosis. We will illustrate key therapeutic strategies that address communication, relational dynamics, and the unique challenges of working systemically with neurodivergent clients.

Abstract: This discussion showcases the practical application of the Integrative Interactional Approach to an adult diagnosed with Autism and Intellectual Disability, presenting with psychosis. Autism is a neurocognitive developmental difficulty presenting with great social functional challenges and is conceptualised to be a spectrum disorder ranging from severe to less severe impairments (American Psychiatric Association, 2013). This case considers an adult with severe Autism Spectrum Disorder and moderate Intellectual Disability who presents with psychotic symptomology residing in a care facility. The Integrative Interactional Approach is an integration of the Humanistic, Communication, Interactional and Systems Theory based on the research of Professor Charl Vorster (2011) and provides a psychological conceptualisation framework informing therapeutic direction. The application of the Integrative Interactional Approach to this complex case of adult Autism presenting with psychosis, not only provides a formulation of the psychotic symptomology, but also gives direction to behavioural management and treatment strategies. References: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed). Arlington, VA: Author Vorster, C. (2011). Impact: the story of Interactional Therapy. Pretoria: Satori Publishers

The Critical Relational Model: A meta-theory for socially just clinical supervision

Priscila Llamosa

Short Description: This poster presents the Critical Relational Model (CRM), a dynamic supervisory model informed by critical theories, critical pedagogy, a relational approach, and an anti-oppressive and decolonizing framework. The CRM is an innovative systemic approach to supervision that promotes socially just clinical practice by encouraging third-order thinking and critical practical engagement with sociocultural experiences.

Abstract: The modernist developmental models of supervision typically used in the training and professional development of novice psychotherapists typically follow a developmental approach and assume supervisees to be *cart blanche* in their learning. Hence, these models are deficit-based and patriarchal in their framing of the supervisory relationship as an expert-trainee dynamic (Kahn & Monk, 2017). Additionally, although supervisor training programs and models offer cultural competence components aimed at integrating culture in the client's narrative, the supervisee's cultural and intersectional identities are often ignored or, at best, dimmed. Further, a focus on individual and familial-level problems tends to neglect the influence of system-level issues, such as oppression, discrimination, and marginalization on clinical presentations. Because a commitment to systemic therapeutic approaches requires understanding individuals through their subjective experiences and a critical analysis of the systemic and cultural (social, economic, environmental, and political) influences on them, the centering of hegemonic Western modernism in supervision continues to be arguably inadequate. Arguably, these models may also serve as a form of epistemic oppression (Fricker, 2007) by subjugating and excluding the voices and lived experiences of supervisees while enforcing the supervisor's epistemic power. This is particularly problematic when working with supervisees of marginalized, minoritized, and intersectional identities. To address these deficits in clinical supervision, this poster provides an overview of the Critical Relational Model (CRM), a supervisory meta-theory informed by five conceptual bodies of ideas: (1) critical theories, (2) critical pedagogy, (3) a relational approach, (4) anti-oppressive framework, and (5) decolonizing framework. The CRM is an innovative approach to supervision that encourages professionals to apply third-order thinking within the supervisory dynamic, promote critical conceptual understanding and practical engagement with sociocultural experiences in the supervisory and therapeutic encounters, and deliver ethical, socially just clinical supervision.

The application of a technological approach in the training of couple and family therapists

Tatiana Melendez-Rhodes

Short Description: This presentation aims to describe the use of mixed reality simulation therapy in a couple and family therapy program. The presenter will discuss the pedagogical components, as well as the benefits and challenges of using this technological tool. The presenter will offer recommendations for the successful implementation of this tool.

Abstract: In recent years, the development of new technological tools has enabled many health programs in the United States to incorporate more advanced, technology-driven teaching methods into their training. For example, the use of simulated virtual clients through avatars has been used by different mental health fields including psychiatry, nursing and social work (Albright et al., 2018; Jefferies et al., 2023; Satter et al., 2012; Tortorelli et al., 2021). Some programs have implemented this type of training to enhance students' competencies in key areas essential to effective clinical practice. These include developing interviewing skills, refining diagnostic abilities, strengthening decision-making processes, and practicing intervention techniques with clients who present a wide range of issues in therapy sessions. By practicing diverse scenarios during simulation sessions, students gain experience and increase their confidence within a safe, controlled environment. According to Gehart (2018), mixed simulation, “merges real and virtual worlds to produce an environment where physical and digital objects coexist and interact in real time, providing a realistic simulation that cannot currently be replicated by purely virtual systems” (Gehart, 2018, p.9). In other words, the simulation combines elements of artificial intelligence with live assistance, allowing therapists in training to experience realistic therapy sessions without concern for the consequences of potential clinical errors. Mixed-reality simulation enables clinical supervisors and faculty to provide in-depth training in practical clinical skills. By incorporating this technology, training programs can enhance their curricula, develop students' clinical abilities, and build competence in a safe, realistic, therapy-like environment. Through mixed-reality simulation, faculty and supervisors can focus on cultivating essential skills in students, including self-awareness and therapist presence. This presentation aims to describe the use of mixed reality simulation therapy in a marriage and family therapy program. The presenter will discuss the pedagogical components, as well as the benefits and challenges of using this technological tool. Furthermore, the presenter will offer recommendations for the successful implementation of this tool.

Coparenting Experiences in the Context of Shared Custody: Perceived Challenges, Adopted Strategies, and Their Clinical Implications in Puerto Rico.

Angela Rodrigues

Short Description: This study explores coparenting within shared custody in Puerto Rico, focusing on challenges, strategies, and clinical implications. Using systemic theory, it examines how family structures affect emotional well-being. Qualitative methods, including interviews and collages, capture experiences to inform policies and interventions for a supportive, equitable environment for families.

Abstract: This research examines coparenting within the context of shared custody in Puerto Rico, focusing on perceived challenges, adopted strategies, and clinical implications for those involved. Using the theoretical framework of systemic theory, especially as applied in family therapy, the study analyzes how family structures and interaction patterns impact emotional and psychological well-being in shared custody situations. The research is based on the understanding that family dynamics have evolved in response to social and legislative changes, particularly following the enactment of Law No. 223 in Puerto Rico, which promotes shared custody as the preferred model. This approach aims to foster parental co-responsibility and equal participation of both parents in their children's lives. However, the law presents practical implementation challenges, and cultural, social, and economic differences significantly influence coparenting experiences. The qualitative methodology includes semi-structured interviews and collage activities to capture the experiences of five families (father, mother, and child). These techniques are used to explore the emotional, logistical, and communicative challenges in coparenting under shared custody and to identify effective strategies that support a healthy co-parenting environment. The use of collage with the child encourages the expression of complex experiences, particularly for minors, allowing for a deeper insight into their perspectives. The results of this research have the potential to enrich both academic dialogue and clinical practice in Puerto Rico by providing a contextualized understanding of coparenting. Additionally, the findings could inform the development of public policies and intervention strategies tailored to the needs of families on the island, with the goal of promoting an emotionally safe and equitable environment for children and their parents.

Supervising layers of paradox: systemic supervision with Peer Mentors'

Mark Rivett

Short Description: This presentation will explore the complexities of supervising Peer Mentors within mental health teams. We will argue that a systemic perspective has much to offer in this task.

Abstract: Peer Mentors and Experts by Experience are increasingly joining mental health multi disciplinary teams. Their role and position in teams, which include various professionals with clinical training, poses a range of paradoxes. One paradox is implied in their title: they are both peers to patients/ clients but also mentors. With their wealth of experience they bring a corrective to clinical practice and even language. They offer a challenge to professional knowledge and yet they hold, often, the least well paid posts in the teams they join. With their role and experience they hold a 'boundary' position in mental health teams: being both 'inside' but also 'outside'. In their 'outside' role, they draw on the experience of their peers while having to balance this with a commitment to further the effectiveness of the teams they join. Because of these complexities, systemic family psychotherapy can offer a unique understanding in the supervision of Peer Mentors. In this presentation these paradoxes will be explored by drawing on the experience of supervising a Peer Mentor in an Adolescent Eating Disorder team. Peer Mentors will contribute.

The CARE-FAM-NET in Germany - Results of the health economic evaluation of an psychodynamic family oriented intervention

Silke Wiegand-Grefe

Short Description: Parents of children with rare diseases experience greater mental health challenges. To address the psychological gap, the study examines the cost-benefit analysis to assess the effectiveness of two family interventions in a multicenter, randomized controlled trial.

Abstract: Objectives: Parents of children with rare diseases experience greater mental health challenges compared to healthy control groups and normative data. To address the gap in psychological support for these parents, this study examines the cost-benefit analysis to assess the effectiveness of two family-based interventions. Methods: The CARE-FAM-NETwork is a multicenter, randomized controlled 2x2 factorial trial for families with children (ages 0–21) affected by a rare disease. This paper examines the impact of two interventions on parents' mental health, as well as their cost-benefit analysis to assess efficiency: CARE-FAM as an face to face intervention and WEB-CARE as an online intervention. Data from a total of 1,165 parents were collected at four time points over an 18-month period (baseline, and 6, 12, and 18 months post-baseline). Data collection included questionnaires (primary data from study participants and EQ-5D), interviews, and routine data from participating health insurance providers. The analysis was conducted using QALYs and ICER (cost-effectiveness ratio). Results: Overall, the CARE-FAM intervention group shows a stronger dominance compared to the control group, while the control group is only rarely superior. The WEB-CARE group is also more effective than the control group, but to a slightly lower degree. The combined intervention of CARE-FAM and WEB-CARE shows the greatest dominance and thus the highest cost-benefit compared to the control group. Conclusions: The combined application of CARE-FAM and WEB-CARE shows the clearest superiority over the control group, particularly with regard to quality of life gains. Initial indications also suggest that the interventions are partly associated with lower costs, although there is further potential in determining acceptable costs.

Embodying Systemic Wisdom: Honoring the Roots of Family Therapy to Foster the Emerging Generation

Jana McCloud

Short Description: Inviting family therapists to more deeply inhabit their roles as functional wise elders - through reflective and experiential practices, we explore the foundational roots of the family therapy movement to nourish our systemic wisdom, tend our way-of-being, cultivate relational resilience, and fortify ourselves as we nurture the emerging generation.

Abstract: In this interactive workshop, family therapists are invited to more deeply inhabit their roles as functional wise elders, grounding themselves in the foundational roots of the family therapy movement. This session emphasizes the importance of systemic wisdom, relational resilience, and the therapist's "way of being" as essential qualities for nurturing the emerging generation of therapists in a complex and rapidly changing world. Through a blend of reflective and experiential practices, we'll revisit the passionate origins of family therapy as a movement that honored the family as the cornerstone of society across cultures. As the field of family therapy has evolved, so too has the need for therapists to embrace the role of cultural elders—figures of resilience and guidance who embody the wisdom gained through lived experience. This workshop will explore how inhabiting this elder role helps family therapists provide a steady, relational anchor for both their clients and their professional communities. Participants will engage in practices designed to foster an embodied connection to systemic principles, moving beyond technical skills to cultivate an enduring "way of being" that supports both personal and professional growth. Key topics will include: 1. The Role of Trouble in Transformation: Embracing the challenges inherent in the therapeutic journey as opportunities for growth and relational resilience. 2. Cultivating Elder Qualities: Fostering humility, patience, and the capacity to hold complexity, qualities essential to supporting the next generation. 3. Embodying Systemic Thinking: Engaging in exercises that bring systemic principles into the therapist's body and presence. 4. Supporting Learning in Community: Exploring how relational learning communities can reinforce both individual development and collective wisdom. By the end of the workshop, participants will have deepened their understanding of how to honor the roots of family therapy in their teaching and supervision, supporting future therapists in developing the resilience, wisdom, and relational awareness needed to thrive. This workshop offers a space for family therapists to fortify themselves and find renewed inspiration, ensuring that the legacy of systemic thinking remains alive and responsive to today's challenges.

Trustworthiness: Psychotherapy and the Challenges of Relational Fairness and Justice

Manijeh Daneshpour

Short Description: Building Trust & Fairness: This presentation explores relational ethics to empower couples in reclaiming responsibility and accountability. Discover clinical strategies for nurturing trust through fair exchanges, reciprocity, and balanced give-and-take.

Abstract: Trustworthiness is seen as the core value in couple and family life. 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 trustworthiness and relational justice are the critical and central element in relationships. 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 family 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 families reappropriate individual responsibility and accountability within a systemic context of couple and family therapy. It will highlight several clinical strategies and discusses how trust accrues for couples and families if there is the fairness of exchange, reciprocity, and equitable give and take for all relationships, especially for marginalized communities and their members.

Arranged Marriages and Sexual Satisfaction in India: A Multi-contextual Perspective

Malavi Madhusudan

Short Description: This presentation will cover issues, contexts, interventions and case studies around sexual satisfaction in arranged marriages in heterosexual Indian couples. Interactive discussions and aids for therapist to help work with this population will further be included.

Abstract: India currently has the world's highest population, with a staggering 1.42 billion people. The Indian diaspora further increases this statistic. One of the age old practices prevalent in India from centuries, is one of Arranged marriages. In fact, a union emanating from an "arranged" setup today is still far more common than one evolving from a "love" selection. The involvement and kinship of the extended family largely determine what the couple expect out of a marriage. Commonly sex, sexual intimacy and expectation is often left out of the conversation in Indian families. It is vastly discouraged and often thought out as "anti-cultural," for a couple to engage in a discourse related to sex. Pre-marital sex is openly shunned in society despite certain Bollywood movies now showcasing the changing urban Indian relationship landscape. As a result, both partners largely remain virgins until marriage without the insight of how it may affect the relationship or of the challenges of marriage. This presentation will cover the various factors and dimensions that affect a couples understanding of sexual satisfaction, intimacy and expectation amongst heterosexual arranged married couples in India. It will incorporate issues, contexts, interventions and case studies from the presenters clinical practise. An interactive discussion will be further included. Additionally, aids that can help therapists work better with this population will be explored.

Sexual Health, Trauma and Families within the I/DD Community

William Hutter

Short Description: This workshop explores sexual education and sexual trauma with the intellectual/developmentally disabled community engaging parents, guardians and providers in the teaching of relationships and sexuality.

Abstract: Historically, people with disabilities have often been perceived as either asexual or sexually uninhibited, and sex education has generally been considered unnecessary or even harmful. Only a few countries have moved forward to implement the human rights of young people living with disabilities as established at the Convention of the Rights of Persons with Disabilities. Research suggests that disabled people are disproportionately affected by sexual violence and may be more vulnerable to HIV infection. Existing education for young people with disabilities often depicts sex as dangerous, echoing past constructions of disabled people's sexuality as problematic. Young people living with either mental, physical or emotional disabilities are all sexual beings and have the same right to enjoy their sexuality within the highest attainable standard of health, including pleasurable and safe sexual experiences that are free of coercion and violence; and to access quality sexuality education.

Psychology of Motherhood from a Theory to Practice

Nihan Tezer

Short Description: This session focuses on psychological facets that can intensify motherhood challenges, highlighting the individual, couple, and contextual factors that mothers experiencing from a systematic perspective. The impact of contemporary technological contextual factors on mothers' psychological well-being, cultural differences; and the supportive roles of family therapists will be discussed.

Abstract: The transition to motherhood is a key phase in the human lifecycle: one that requires movement of an individual from independence, towards interdependence with others as parents. As mothers traverse the terrain of bringing up, nurturing and at the same time developing themselves it leaves lasting impressions on familial structures as well emotional health. This session is designed to provide an in-depth look at psychological facets of motherhood, highlighting the individual, couple, and contextual factors that mothers experiencing from a systematic perspective. A significant portion of the session will be focused on common mental health challenges, recognizing contextual and cultural factors that can intensify motherhood challenges from systemic perspective. The session aims to explore with participants the kinds of awareness needed in transitioning from theory to practice amidst the rise of online therapy services driven by advancing technology, and the shifts in contextual influences shaped by the effects of social media. The session will also cover the topics; the impact of contemporary contextual factors on mothers' psychological well-being and pursuit of psychological support; cultural differences in support systems; recent research findings of psychology of motherhood; and the supportive roles of family therapists in promoting psychological well-being within individual and couple systems. Participants will engage in a discussion on distinguishing the limitations and benefits of individual support and family therapy and developing support systems when working with mothers, primary caregivers, and partners. It is aimed at leaving this session for the family therapists with practical strategies and a renewed understanding of the challenges of motherhood, better prepared to support mothers in achieving mental well-being while navigating this profound role.

Therapy that Works: A Unifying Framework for Family Therapy

Diane Gehart

Short Description: The Therapy that Works Unifying Framework is a comprehensive, evidence-informed framework that synthesizes the field's theoretical and research knowledge base. This framework provides a streamlined system for doing therapy that can be used with every client and seamlessly integrated with the practitioner's preferred theory.

Abstract: The Therapy that Works Unifying Framework is a comprehensive framework that synthesizes the theoretical and research knowledge base of the field. This framework is not a theory that explains why or how psychological or relational problems develop and are resolved. Instead, it is a system for doing that provides an easy-to-use roadmap for how to do therapy well. The system involves six key components: 1. Self-of-the-therapist development: Cultivating personal wellness and clear, reflective states of mind 2. Collaborative connecting: Entering the client's meaning-making system with minimal bias 3. 4-level conceptualization of the problem: Assessment of problem patterns at the behavioral, emotional, cognitive/Identity, and societal levels 4. Evidence-informed treatment planning: Using the evidence-base to inform treatment options 5. Evidence-informed intervention: Identifying interventions that align with client needs and preferences 6. 4-level conceptualization of solutions: Assessment of "what works," solidifying preferred identities within larger relational and community systems, and fostering long-term whole-person wellness

The Role of Social Support in Parents' Psychological Disorders after Child's Bone Marrow Transplantation

Aysel Ozercan

Short Description: Bone marrow transplantation (BMT) is a serious health problem imposing significant financial and moral burdens on families that may lead anxiety, depression, and post-traumatic stress disorder for parents. This study aims to identify the key factors influencing anxiety, depression, and PTSD levels of the parents, after child's BMT.

Abstract: Bone marrow transplantation is an extremely serious health problem imposing significant financial and moral burdens on families that may lead anxiety, depression, and post-traumatic stress disorder (PTSD) for parents. The purpose of this study is to identify the key factors influencing anxiety, depression, and PTSD levels of the parents, after child's bone marrow transplantation. A quantitative, descriptive research method was employed for this study. Data collection was carried out using a set of questionnaires, which consists of Demographic form, received social support questions, Multidimensional Scale of Perceived Social Support, Depression-Anxiety-Stress Scale, Post Traumatic Stress Disorder Scale and Social Network Scale. Data were collected from volunteered 67 parents (48 mother, 19 father) residing in Antalya-Turkey, whose children underwent bone marrow transplantation. The CHAID analysis technique, a decision tree method, was used separately for each dependent variable (Depression, Anxiety, Stress and PTSD) to determine which of the independent variables hold significant effects and provide a model of predictor factors. The independent variables included diagnosis, treatment status, presence of repeated hospitalization, GVHD status, length of stay, child's gender, parental education level, parental employment status, spouse's employment status, relocation for treatment, number of children, total perceived social support, and social network. The findings indicated that the variables were not significantly effecting of anxiety and stress levels. For total PTSD and depression scores, social network emerged as the most significant predictor. Depression levels were significantly lower for increased received social support group. The findings of this study is discussed according to its contribution to the development and implementation of a preventive and protective support system aimed at helping families navigate the challenging treatment process for critical conditions, such as bone marrow transplantation.

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Parents' safety nets, child welfare system involvement, and child outcomes

Lenore McWey

Short Description: Child maltreatment is a serious problem. Strong support networks, or safety nets, are protective factors; however, we know less about the safety nets of families already involved with the child welfare system. This presentation will reveal results showing families' needs, outcomes, and the implications of these findings for the therapists.

Abstract: Child maltreatment is a serious problem worldwide. An estimated 1 in 7 children are maltreated each year (CDC, 2016), and most recent annual U.S. data suggest that over 618,000 child maltreatment cases were substantiated (Child Trends, 2020). The long-term adverse outcomes for children involved with the child welfare system (CWS) are a significant concern. Despite the documented importance of safety nets for vulnerable families, we know much less about the safety nets of families involved with the CWS. The aims of this study were to identify (a) parents' safety nets; and (b) linkages between parents' safety nets and children's mental health among a U.S. nationally representative sample of parents involved with the CWS. Research shows that, among low-income vulnerable families in the general population, strong safety nets, including formal and informal supports, are important because they protect against a host of risks and benefit parental health, parenting practices, child development, and child mental health (Huang et al., 2014; Prelow et al., 2010; Ryan et al., 2009). Despite the known importance of safety nets for vulnerable families, research on safety nets of families involved with CPS is limited. Plus, the effectiveness of CWS-related services is often modest and inconsistent across programs. Not understanding how formal and informal safety nets potentially complement or clash with one another, or if there is a threshold effect, may contribute to less than desirable outcomes (e.g., inconsistent parental participation in services, child removal from the home). Given the potential protective power of safety nets, the lack of research on safety nets of families involved with the CWS is a significant gap. It is important to identify how safety nets work for families involved with CWS to better align services aimed at promoting family and child wellbeing. This poster will display trajectories of parents' formal and informal safety nets and demonstrate linkages between parents' safety nets and children's mental health outcomes among a U.S. nationally representative sample of parents involved with the CWS. Implications for therapists working with families involved with the CWS system will be provided.

Examining the Impact of Historical Trauma on African American Romantic Attachment

Mialauni Griggs

Short Description: The formation of African American families in the United States have been institutionally disrupted by the prolonged historical trauma of chattel slavery. This presentation will discuss the impact of racial socialization and identity concept on romantic attachment and emotion regulation in African Americans.

Abstract: The formation of African American families in the United States have been institutionally disrupted by the prolonged historical trauma of chattel slavery. From the Transatlantic Slave Trade, Black Codes, and Jim Crow laws to present day systemic challenges. African Americans have endured a multitude of systemic ruptures (e.g., slave auctions, incarceration, high mortality rates) leading to an insecure attachment dynamic within the family. This presentation will discuss the impact of racial socialization and identity concept on romantic attachment and emotion regulation in African Americans.

The Impact of Family Cut-Offs on Older Parents: A Bowen Family Systems Perspective

Karen Zurlo

Short Description: Family cut-offs, characterized by emotional disengagement or physical separation, are under-explored in the context of aging. Using Bowen's theory as a framework, the presentation examines how older adults manage family cut-offs and the impact these dynamics have on individual well-being and the family system.

Abstract: This presentation explores the intersection of family cut-offs, aging, and Bowen Family Systems Theory, focusing on how family dynamics evolve as individuals age and how older adults navigate emotional distance within family systems. Family cut-offs, characterized by emotional disengagement or physical separation, are a common yet under-explored phenomenon in the context of aging. Using Bowen's theory as a framework, the presentation examines how older adults manage cut-offs with adult children, siblings, and extended family members, and the impact these dynamics have on both individual well-being and the larger family system. Drawing on case studies and research, we will explore the role of differentiation of self in managing these cut-offs, how patterns of intergenerational transmission of family roles and behaviors shape relationships over time, and strategies for therapists to address these issues in clinical practice. This session aims to provide attendees with a deeper understanding of the emotional challenges that older adults face within their family systems, and practical insights for fostering healthier family connections as individuals navigate later life.

Family Reflecting Process in Physician Education

Barbara Hernandez

Short Description: Reflecting teams are a useful tool to help families who become “stuck” in therapy. This methodology has been adapted for physician trainees as they learn how to interact with families after a patient death in medical simulations. A video demonstrates this intervention led by family therapists.

Abstract: Reflecting teams have long been used in family therapy to increase awareness of clients who may be locked in unproductive interactive patterns. As families listen to observers reflect, speculate, and offer multiple perspectives about their dynamics, they are able to connect what they hear to their lived experience and consider alternative ways of relating to one another. The insights that are gained through hearing the reflections of others often bypass their natural resistance because while listening, they are not in a performative role, but an active listening space. Since 2010 family therapists have been utilizing a modified reflection process in medical simulations with physicians and physician trainees at Loma Linda University Health as they learn how to notify families regarding the death of a loved one. This approach has included simulations that feature physician consultations with parents whose unborn baby has severe genetic or chromosomal abnormalities, unexpected deaths during medical procedures, mass casualty death notifications, and explaining patient brain death to family members. It has also been used to help medical students conduct sexual histories and address spiritual concerns of patients. Much of early medical education consists of learning algorithms, skills, and treatment best practices. However, checklists and algorithms for death notifications fall short, as families may respond with sobbing, angry outbursts and threats, shock, or even somatic events such as collapsing. The trainee’s personal history may negatively influence their ability to conduct these conversations as they consider their own losses or receiving devastating news themselves. Reflecting team observations allow medical trainees to consider their experiential history, identify their strengths and limitations, and learn about grieving families in real time, and in a psychologically safe environment. This presentation will consist of a brief summary of typical medical education around grief, loss, and family dynamics, followed by instruction for use of reflecting teams in clinician education. With audience participation, a brief reflecting team will be conducted, followed by viewing a demonstration video of a medical simulation that included family therapists and emergency medicine team of a large trauma center.

The position of the therapist's video guidance

Odd Kenneth Hillesund

Short Description: This workshop will describe a video supervision method developed for skills training with students. The method provides students with a framework and structure for linking theoretical knowledge and practical skills. It facilitates socialization into professional interaction by requiring students to engage with each other's work through observation and dialogue.

Abstract: The position of the therapist's video guidance This workshop will describe a video supervision method developed for skills training with family therapy students. Video counseling provides students with a framework and structure for linking theoretical knowledge and practical skills. As a way of working, it also facilitates socialization into professional interaction by requiring students to engage with each other's work through observation and dialogue. The method also invites the individual student to reflect on their own current practice and decide who they are and who they want to be as a therapist. This approach encourages students to reflect on their current practices and envision their future as therapists. The structured nature of this method allows both students and supervisors to slow down and examine their practices from various perspectives. During the workshop, we will delve into the development context and the educational theories underpinning this method. We will compare it with other video counseling techniques in family therapy, highlighting its unique advantages and potential drawbacks. Additionally, we will discuss how this method can be adapted and expanded for use in different settings.

The position of the therapist's video guidance

Bård Bertelsen

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Trauma Coping Self Efficacy and Depression Symptoms in Couples during the COVID-19 Pandemic: A Longitudinal Cross-Lagged Model

Emma Allen

Short Description: Using a longitudinal dyadic cross-lagged model, this study was designed to understand bi-directional associations between trauma self-efficacy coping and depression in the early months of COVID-19 (April 2020, July 2020, October 2020, and December 2021).

Abstract: Using a longitudinal dyadic cross-lagged model, this study was designed to understand bi-directional associations between trauma self-efficacy coping and depression in the early months of COVID-19. The dyadic sample included 535 heterosexual couples from several U.S. states who responded to a survey in April, July, and October of 2020—with a follow up survey in December of 2021. Results from the constrained model showed higher depression at Wave 1 significantly, negatively predicted trauma coping self-efficacy at Wave 2 within partners. Cross lag partner effects from Wave 1 to Wave 2 resulted in an association between male depression and female depression ($b = 0.14, p < 0.05$), female depression and male depression ($b = 0.16, p < 0.05$), and female trauma history and male depression ($b = -0.05, p < 0.05$). From Wave 2 to Wave 3, partner effects included male depression and female depression ($b = 0.16, p < 0.05$) and female coping self-efficacy and male coping self-efficacy ($b = 0.18, p < 0.05$). Lastly, from Wave 3 to Wave 4, there were significant between partner effects with male depression and female coping ($b = 0.16, p < 0.05$), Female depression and male coping ($b = 0.16, p < 0.05$), male coping and female depression ($b = -0.25, p < 0.05$), and male coping and female coping ($b = 0.34, p < 0.05$). Greater trauma coping self-efficacy and depression symptoms within partners was a predictor of greater depression symptoms and coping over time in this study. In April 2020, those with greater depression symptoms predicted higher depression in their partners. Interestingly, in December 2021, higher depression for both male and females predicted higher coping for their partners. On the other hand, less coping for men predicted higher depression for females during the same period. In order to help their partner manage depression symptoms, perhaps couples engage in more trauma coping self-efficacy behaviors (i.e., being supportive of others, managing emotions, and being optimistic, etc.).

Self of the Ethicist: A Systemic-Relational Model of Ethics

Kay Bradford

Short Description: We propose a pyramidal model of ethics. Seeing the humanity in others (and training thusly) is the foundation. This view then guides the use of ethical principles, at the model's mid-level. Finally, laws and codes of ethics are operationalized at the top of the pyramid.

Abstract: In ethics, it matters who we are and how we see others – both personally and professionally. In training and practicing systemic therapy, our way of being, and our understanding of ethical principles can positively influence sound ethical practice. Our view is Aristotelian: that ethics flows from characteristics such as allocentrism and generosity. To that end, we propose a pyramidal model of ethics that integrates systemic and relational views. At the pyramid's base is our way of seeing others. Buber (1958) proposed two basic ways of relating to others: I-It (as an object) or as I-Thou (as fully human). Seeing others as I-Thou (and training therapists thusly) is the pyramid's foundation. As we relate to the wholeness of others and are alive to their humanity, this view invites us to emphasize the principle of human dignity – to honor the humanity of others. This view then guides the use of ethical principles, which are at the model's mid-level (i.e., beneficence, non-maleficence) – important in systemic, multi-person therapy. Finally, laws and codes of ethics are operationalized at the top of the pyramid. Similar to the common factors movement in psychotherapy, which highlights core mechanisms of change across therapy models, we distill commonalities across ethical codes (D'Aniello & Fife, 2020). Our ethical model suggests that enacting ethics from a systemically relational stance (I-Thou; Fife et al., 2014) will help psychotherapists think, feel, and act in ways that have increasingly positive impact on client and therapist needs and wellbeing (Davis et al., 2021). In this pyramidal model, the success of any layer rests on the quality of the immediately underlying layer. Pragmatically, an ethical approach of seeing the humanity of others as I-Thou may facilitate our ability to conduct systemic therapy in ways that maximize benefit for all family members. This approach can help therapists navigate complex ethical domains as they consider how codes of conduct flow from deeper relational realities. A brief clinical case study will be discussed to help participants operationalize the model.

“We’ve been burned before”: Helping clients heal from past negative therapy experiences

Megan Allcock

Short Description: This presentation will examine the impact of negative therapy experiences on families’ future decisions to participate in therapy. It will discuss ways clinicians can assist clients in processing and healing from past negative therapy experiences and develop a strong therapeutic alliance with all family members.

Abstract: Clients with previous negative therapy experiences often are more skeptical of the process of therapy. When dealing with couples or families, it can be a barrier to building a strong therapeutic alliance if one had a negative experience either in individual, couple or family therapy. When this occurs, there can be an imbalance of power within the therapeutic relationship due to one or more members being invested and trusting, while the individual who has previous negative experiences in therapy tends to be more hesitant. This reluctance when starting therapy again is an emotion that needs to be explored early in the therapeutic process. Bowie et al. (2016) found that clients struggle to complain about therapy to their therapist despite knowing that it was negatively impactful and delayed their ability to deal with issues that had brought them to therapy. Clients with past negative experiences had initially perceived their therapist as being qualified but eventually noticed warning signs of their needs being dismissed or mismanaged (Vybíral et al., 2023). Recognizing this issue with client systems is important for clinicians to be aware of and to address immediately. It is crucial to explore the depth of these past experiences to better understand any potential damage that could have been done. Bowie et al. (2016) found that clients believe their negative experiences in therapy are due to the therapist failing to engage collaboratively and instead being uncaring and focusing on their own agenda. By focusing on the specific needs of the client, the new therapist can help heal wounds inflicted by past therapists. This presentation will identify and introduce various ways for therapists to take an attachment and trauma-informed approach to clients with past negative therapeutic experiences. It will include questions to consider using during the intake session to assess past negative therapy experiences, as well as ways to approach healing attachment wounds associated

Prevention for parents of youths - from daily manager to consultant

Ragnhild Risholm

Short Description: Innovation of a universal preventive program for parents with young people. Adapting a method based on systemic and humanistic therapy, already implemented by many service providers. Consulting with clinicians about what works and what is needed, and applied elemental research on parenting programs to create a new sustainable preventive approach.

Abstract: Normal parenting experiences when parenting youths is to be rejected by the young person. Parents become restless and worried, parental stress increases in this period. We say that parents lose their job as general manager of the child when it reaches puberty and can hope to be hired again as a consultant. In Norway, there is a negative trend with high level of mental health problems among young people, record high school absenteeism and drop-out problems. The authorities have not invested in preventive interventions with a systemic family focus on the parent-adolescent relationship. There are only treatment programs for adolescents with serious disorders where the parents are also involved at present. Since 2018, our team are commissioned by the Directorate for Children, Youth and Family Affairs to develop a universal prevention program for parents who have adolescents. This has been developed based on the norwegian made program called "International Child development program" (ICDP), a dialogical humanistic method used in group counseling. ICDP is based upon humanistic psychology, and the supervisors don't teach or train parents in parent-skills, but meet parents with the goal to create a space for reflections and community building. ICDP is a community based approach, where parents meet in groups to discuss parent-child interactional themes. The goal of the intervention is for parents to understand their importance for their child's development, to feel more secure and competent as a parent and to provide more empathy and love between parents and their children. There's more 244 municipalities that provide ICDP in Norway today, and more than 60 supervisors has taken part in developing and adjust the intervention. Inspired by research on effective elements in parenting programs and human centered design, the method was adapted to fit parents of adolescents and their specific needs. The changes met the needs of experienced professionals and clinicians about what works and what is needed. The result is a new prevention program that can be implemented broadly across the country, is cost-efficient and easily sustained in the community services.

Remembering Insoo Kim Berg and Steve de Shazer: Solution Focused Brief Therapy

Kevin Garrett

Short Description: This workshop will highlight the history, work, and contributions of two key pioneers to the development of Solution Focused Brief Therapy (SFBT) -- Insoo Kim Berg and Steve de Shazer. An overview and discussion of this important theoretical model, including interventions used in SFBT, will also be presented in this workshop.

Abstract: In this 45-minute workshop, the presenter will provide an overview of the history, work, and contributions to the field of Family Therapy made by two iconic pioneers -- Insoo Kim Berg and Steve de Shazer. These pioneers' belief that not focusing on the problem, but rather on "what's working", is a more effective way to assist clients, and provided a paradigm shift to treatment approaches in the mental health field. Their theoretical model is well known as Solution Focused Brief Therapy (SFBT). This workshop will further highlight the assumptions that comprise the foundation of SFBT and interventions used in this approach. Brief video and/or audio clips will be shared as part of this presentation, to illustrate the work of these two pioneers and their contributions to SFBT and the field of MFT. At two times in this workshop, the author will utilize small group and large group discussions about these pioneers, the theoretical model of SFBT, and application of SFBT clinical interventions.

The professional Training Program "Tidlig Inn" - an Early Intervention program aiming the child's first 1000 days

Marianne Zetterstrøm Gulliksen

Short Description: Tidlig Inn focuses on the crucial first 1000 days. It aims to make staff confident in identifying emerging problems and offering adequate help to parents who struggle with complex problems. It's publicly funded and owned by the Norwegian Directorate of Health and the Directorate for Children, Youth and Family Affairs.

Abstract: Early Inn is a publicly funded training program owned by the Norwegian Directorate of Health and the Norwegian Directorate for Children, Youth and Family Affairs, with a particular focus on the importance of the child's first 1000 days. The program aims to increase the competence of professionals working with pregnant women and parents of young children in the areas of substance abuse, mental health, and domestic violence. The goal is to safeguard the child's health by systematically asking pregnant women and parents of young children about these topics, further contributing to making staff more confident in identifying emerging problems and offering adequate help, as well as developing procedures to ensure systematic services. A systematic approach permeates the whole training. Key aspects of the training: - Dialogue about sensitive topics - Use of Motivational Interviewing (MI), empathetic communication, and support conversations - Screening and discussions about alcohol use during pregnancy - Screening and discussions about mental health issues during pregnancy and the early years of a child's life - Screening and discussions about domestic violence - Inter-agency collaboration on serious and complex issues The training program is modular and is carried out over six days by a regional training team. These seven regional teams consist of professionals from four Norwegian Competence Centers: - Competence center for Substance Abuse (KORUS) - Centre for Child and Adolescent Mental Health (RBUP/RKBUS), - Regional Resource Centres for Violence, Traumatic Stress and Suicide Prevention (RVTS) - The Office for Children, Youth and Family Affairs (Bufetat). An important element of the program is regular coaching for the professionals for a minimum of two years, as well as support throughout the entire implementation process. Coaching with the primary target group is carried out shortly after each training module, together with a representative from the regional training team. The supervision continues during the implementation period following the training days. The regional training teams ensure the follow-up of the supervisors, both individually and in group processes. The implementation framework was adjusted and improved after an evaluation in 2016, and this has led to more tailored training for the municipalities in Norway.

The professional Training Program "Tidlig Inn" - an Early Intervention program aiming the child's first 1000 days

Gro Vatne Brean

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Teaching Systemic Principles in Applied Behavior Analysis When Working with Autism

Janessa Dominguez

Short Description: Applied Behavior Analysis (ABA) is one of the most common therapies for individuals with autism. Often, these individuals and families have many components to navigate. While ABA focuses on implementing behavioral principles to work towards desired goals, additional emphasis on systems can help to enhance service delivery, collaboration, and rapport.

Abstract: Applied Behavior Analysis (ABA) is one of the most common therapies for individuals with Autism Spectrum Disorder (ASD). Often, individuals and families with ASD are navigating multiple components within their systems in order to access support. These systems can range from multiple therapies and providers to specialized classroom settings and various caregivers. Applied Behavior Analysis focuses on utilizing behavioral principles to design treatment plans to work towards desired goals. Emphasis is placed on collaboration and assessment to identify needs. While information on various systemic factors is gathered through assessment, teaching systemic principles to those working in ABA can further enhance service delivery and rapport. Systemic principles look at the parts and the whole, identifying interactions and influential considerations. In the presenter's experience, both as a student and ABA instructor, teaching and training on how to incorporate systemic principles and engage individuals and families with ASD outside of the specific treatment goals is needed. The current autism prevalence in the United States is 1 in 36 children and 1 in 45 adults (Centers for Disease Control and Prevention [CDC], 2023), and the worldwide prevalence is 1 in 100 children (World Health Organization [WHO], 2023). With such high prevalence, it is likely more and more individuals and families are seeking ABA therapy, demonstrating the importance to teach systemic principles to those working from a behavior analytic lens, leading to a both/and perspective. References Centers for Disease Control and Prevention. (2022, March 23). Prevalence and characteristics of autism spectrum disorder among children aged 8 years - autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2020. Centers for Disease Control and Prevention.

https://www.cdc.gov/mmwr/volumes/72/ss/ss7202a1.htm?s_cid=ss7202a1_w World Health Organization. (2023). Autism. World Health Organization.

<https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>

South Asian Americans and Healthcare Access: Survey Results on Barriers and Facilitators

Sebastian Perumbilly

Short Description: There is a significant paucity of literature on the prevalence of mental health (MH) problems and utilization of services among South Asian Americans (SAAs). With a culturally sensitive and anonymous nationwide survey, this study identifies MH problems and proposes ways to overcome barriers and enhance facilitators to improve service utilization.

Abstract: Inadequate healthcare access and utilization are severely impacting mental health burden (Kavanah et al., 2023). Common reasons for accessing healthcare services include the severity of illness and the urgency of the situation (Mubeen et al., 2024). When it comes to mental health services, there are significant barriers (to access and service utilization), which include stigma, insufficient culturally sensitive practices, and lack of awareness about the availability of services (Kavanah et al., 2023; Mubeen et al., 2024). **Research Problem:** Despite steadily rising rates of mental illness and the availability of services, there is a dearth of information on the prevalence of mental health problems and utilization of healthcare services among SAAs. The purposes of this research are: (1) To identify MH problems among SAAs; (2) To classify and study the relationship between barriers and facilitators associated with treatment-seeking and utilization of services among SAAs; (3) To propose mechanisms and recommendations to reduce stigma associated with barriers and to enhance treatment-seeking and utilization of services from the perspective of SAAs; and (4) To create a descriptive synthesis with an intent to highlight similarities and differences among SAAs between urban and rural communities. **Results:** Generally, SAAs access healthcare services for general medical conditions much more than for mental health challenges. Primary mental health problems experienced by the SAAs are substance use disorders, anxiety disorders, and mood disorders. Barriers to seeking mental healthcare services include shame, stigma, and embarrassment in discussing mental health problems; worries related to facing biases; transportation challenges; and lack of awareness about the availability of services in the community. Facilitating factors to enhance treatment-seeking include the need for more community conversations facilitated by experts about mental health and services (to lift stigma), improving mental health education among SAAs, and having access to culturally sensitive mental healthcare providers who can provide information on local services. **Discussion and conclusion:** This study represents an initial step toward identifying barriers and facilitators to healthcare access and developing focused resources designed with stakeholder input from SAAs to better inform the SAA community about MH issues, prevalence, and treatment options.

‘How Indigenous Are You? Re-connecting with Everything, Everywhere, All at Once.’

Tracey Jane Johnston

Short Description: Whilst there are differences, our view is that Systemic Psychotherapy has much in common with the Kinship (Indigenous Worldview) and perhaps together they can forge better ways forward. Our aim in this experiential workshop is to explore how we might expand and deepen these connections.

Abstract: The workshop focus: Whilst there are obvious differences, our view is that Systemic Psychotherapy (decolonized) has much in common with the Kinship (Indigenous Worldview) and perhaps together they can forge better ways forward. The Kinship (Indigenous Worldview) considers the world and all life forms as sacred, interconnected, unified, relational, mutually interdependent, reciprocal, belonging, responsible and accountable in a sentient Earth. We also perceive Indigenization as all about sacred relationships and connections: with ourselves, each other, our more than human kin, the land, water and air, culture, and our ideas and practices. There is an epidemic of loneliness, disconnection and lack of belonging in many of our societies around the world. We believe that systemic practice can be greatly enhanced with Kinship (Indigenous worldview) ideas and practices. We are Guest Editors for the forthcoming Australian and New Zealand JFT Special Issue on Indigenous practice. This has been a deep learning process for us as we’ve explored our own indigenusness and surrounding controversies. We are in an iterative process of learning and would like participants to join us in this process by reflecting on their own indigenusness and ideas. We will outline the story, so far, of our exploration, including how our Western culture and language objectify nature and separate us from it. In the workshop, we will deconstruct ‘indigenusness’ and explore your ideas about what it means to be Indigenous and associated issues. We will explore the Kinship (Indigenous worldview) and its connections with systemic practice and how it might bring a heart and soul into systemic practice, to the sacredness of Nature and our mutual belonging. Reconnecting us to everything, everywhere all at once. We hope that participants will be able to explore the similarities and differences between their initial perspectives and the Kinship (indigenous worldview) and the implications for the evolution of systemic practice.

‘How Indigenous Are You? Re-connecting with Everything, Everywhere, All at Once.’

Peter Robinson

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Family-based Intervention on Adolescents with Scoliosis: Parents'/Caregivers' Perspectives

Mei-chun Cheung

Short Description: This study explored the perspectives of parents/caregivers on the effectiveness of family-based intervention for adolescents with scoliosis in improving their brace compliance and strengthening parent-child relationships. Positive effects were identified, advocating for the importance of clinical social workers in multidisciplinary teams to manage adolescents with scoliosis.

Abstract: Adolescent idiopathic scoliosis (AIS) is characterized by curvature of the spine and uneven shoulders and hips. Bracing remains the most effective non-operative treatment modality to slow down the progression of spinal curvature in AIS with a Cobb angle between 20° and 40°. Nevertheless, treatment compliance is often poor because of physical discomfort and psychosocial problems. Additionally, families of adolescents with AIS may face conflicts due to differing attitudes and perceptions, treatment expectations, and the potential consequences of trunk deformity. Aims: To investigate the perspectives of parents/caregivers of adolescents with AIS on the effectiveness of the family-based intervention in enhancing their children's compliance with brace treatment and improving the parent-child relationship. Methods: Fifteen adolescents with a clinical AIS diagnosis, having a primary spinal curvature angle between 20° and 40°, who were either about to begin brace treatment within six months or had been undergoing it for less than a year, along with their parents or caregivers, were recruited to participate in a 6-session multifamily group intervention. After that, the parents and caregivers attended an in-depth interview to share their perspectives on the intervention. Thematic analysis was conducted to examine the impact of the intervention on the adolescents' brace compliance and/or the parent-child relationship. Results: Family-based intervention has been found to have positive effects on adolescents with AIS and their families. These effects include: 1) enhanced understanding and acceptance of AIS and brace treatment among the adolescents, fostered by mutual support and inspiration from peers facing similar situations; and 2) increased family time, which facilitated non-judgmental communication, mutual understanding and support not only in the context of AIS and bracing but also beyond, leading to improved parent-child relationships. Discussion/Conclusion: The family-based intervention created a "we-ness" in the AIS community, which empowered adolescents and their families to proactively minimize the progression of spinal curvature while maintaining family harmony during treatment. This advocates for the active role of clinical or medical social workers in multi-disciplinary teams for the clinical management of AIS to facilitate better treatment outcomes.

Going Meta in Supervision: A Dialog

William Northey

Short Description: In this interactive session, we will explore the implications of AI, Web3, and the metaverse for systemic supervision. These advancing technologies are already impacting clients and clinical practice and as supervisors, we need to position ourselves to understand such effects better and consider the practical and ethical challenges.

Abstract: In this interactive session, we will explore the implications of AI, Web3, and the metaverse for systemic supervision after hearing a presentation by Marianne Le Coyte Grinney. These advancing technologies are already impacting clients and clinical practice and as supervisors, we need to position ourselves to understand such effects better and consider the practical and ethical challenges. Participants will explore how AI can enhance reflective practice, data-driven insights, and decision-making in supervision, while also considering the ethical boundaries and challenges that come with virtual platforms. We will delve into how the metaverse and Web3 technologies can reshape the landscape of therapeutic spaces, offering immersive, decentralized environments for both clients and practitioners. We aim to provide a comprehensive view of the future of supervision, equipping professionals with knowledge to navigate these technological advances while maintaining the core values of family therapy.

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What resources may help families to deal with childhood cancer?

Lesley Verhofstadt

Short Description: The current research focuses on resources that may help families to adapt to the stressful circumstances resulting from childhood cancer. Two systematic reviews, 1 meta-analysis, 3 survey studies, and 3 qualitative studies were conducted. Findings will be integrated and clinical implications for couple and family practitioners will be discussed.

Abstract: **BACKGROUND - AIM** The turmoil and disruption resulting from childhood cancer reaches beyond the ill child and impacts other family members, the family as a whole, and the parents' intimate relationship. However, there is considerable variability and inconsistency in findings regarding the impact of childhood cancer on individuals and families, ranging from resilience to severe adjustment problems. Therefore, the current research tried to understand why some parents, siblings, families, and couples adjust better than others, investigating the role of potential resources. **METHOD** 2 systematic reviews – 1 meta-analysis cross-sectional questionnaire study: 60 children with cancer, 172 parents, 78 siblings cross-sectional questionnaire study: 81 siblings of children with cancer longitudinal questionnaire study: 70 mothers & 53 fathers of children with cancer qualitative study - multi-family member interview with 10 couples parenting a child diagnosed with cancer qualitative study – interview study (IPA) with 10 siblings of a child with cancer qualitative study – multi-family member interview with 4 mothers, 3 fathers, and 5 siblings of a child with cancer **RESULTS - CONCLUSION** Across our studies we found evidence for resources situated at the individual level, intrafamilial level, and contextual level. Moreover, three resources in particular helped families and their members to best cope with the illness: cohesion/emotional closeness, expressiveness, and network support. In other words, the more one feels connected within and loved by the family, the more one can share cancer-related thoughts and emotions within the family, and the more support from the external network, the better the adaptation post-diagnosis. **CLINICAL IMPLICATIONS** Families facing childhood cancer should be screened for maladjustment, distress & care needs. Clinicians may foster adaptation of all family members and the family as a whole by: family-level interventions promoting family communication; practical arrangements enhancing togetherness (e.g., flexible visiting hours for siblings and rooming in possibilities for parents); couple-level interventions aimed at enhancing dyadic coping; mobilizing network support

In memory of Fatma Torun Reid

Özge Alkanat

Short Description: This special workshop is to honor and remember the life and contributions of Fatma Torun Reid, a former president of the International Family Therapy Association (IFTA), who passed away in 2024. Participants will be encouraged to share personal experiences and insights from their work with Fatma.

Abstract: The session will offer a platform to reflect on Fatma Torun Reid's work and contributions to the field of marriage and family therapy. This gathering will also celebrate her efforts as a leader in IFTA, where she helped build a community of professionals working across cultural and geographical divides. It is also aimed to create a space where participants can share their personal experiences with Fatma.

Exploring Virginia Satir's Approach: Strengths, Challenges, and Relevance in Modern Therapy

Scott Chrobak

Short Description: An honest exploration of Virginia Satir's way of being and working with people, and the promises and potential pitfalls of her style in the modern therapeutic arena.

Abstract: This presentation explores Virginia Satir's therapeutic approach, emphasizing her way of being with people and her methods. Known for her humanistic and empathetic style, Satir focused on building self-esteem, fostering effective communication, and creating deep emotional connections. She prioritized recognizing each individual's intrinsic worth and fostering a safe, nurturing space for change. Her techniques, such as experiential exercises, family sculpting, and reframing negative beliefs, helped clients transform their relationships with themselves and others. Satir's approach remains highly relevant in modern therapy, offering valuable insights into human behavior and interaction. Her style promotes trust, self-awareness, and personal growth. However, her methods, developed in a different cultural and societal context, face challenges in today's diverse and rapidly changing world. To be effective across varied populations, Satir's techniques must be adapted to consider cultural differences, societal shifts, and evolving attitudes toward therapy. The impact of the COVID-19 pandemic further complicates these challenges. The pandemic's emotional toll, including isolation, anxiety, and disrupted relationships, has created a need for therapy that emphasizes resilience, emotional support, and adaptability. Satir's focus on love, connection, and validation aligns with the needs of individuals navigating post-pandemic realities, but her emphasis on physical touch may be viewed as inappropriate in an increasingly self-protective and individualistic world. Touch, though a valuable tool, must be used with great discretion and consideration for personal boundaries. Central to Satir's work is the transformative power of love—unconditional, affirming, and empathetic. In an uncertain world, love is an essential tool for healing, rebuilding relationships, and fostering resilience. However, therapists must balance this ideal with the practical realities of modern therapy, ensuring that emotional connections don't become idealized or difficult to achieve. Considerations of culture, race, sexual orientation, and individual preferences must be integrated into therapeutic interventions to ensure that they reflect what is important to and appropriate for the individuals or families being served.

Integration The Newborn Behavioral Observations system (NBO) with elements of Relational Family Therapy (RFT)

Metka Skubic

Short Description: The Newborn Behavioural Observations System is an instrument for observing newborns and was developed for clinical use. The birth of a child signifies the creation of a family system in which the concepts and mechanisms on which Relational Family Therapy is based are reflected on systemic, interpersonal and intrapsychic level.

Abstract: The Newborn Behavioural Observation System (NBO) is an instrument for observing newborns that was developed in the USA primarily for clinical use. Its correct application has positive effects on many areas of family life. The birth of the first child signifies the establishment of a family system in which the concepts and mechanisms on which Relational Family Therapy (RFT) is based are reflected at the systemic, interpersonal and intrapsychic levels and which can find a way to resolve painful psychological problems and lead to systemic relief. Method: The research was methodologically designed as a case study and is partly based on quantitative research principles. We used multiple ways of collecting empirical material, research methods and analyses because we followed the principle of triangulation, which in methodology and empirical research means using different methods to investigate a particular research problem. Results: The Research shows that observing a newborn's behaviour with the NBO method is more effective when conducted with a therapeutic approach with RFT content. The research findings suggest that integrating elements of RFT into the NBO method has helped parents more in the areas of recognising the child's uniqueness, connecting and interacting with the child, responding appropriately to the child's distress, understanding, opening up and finding the causes of various dysfunctions and blockages in relationships, their own distress and the power to shape a confident parenting role. At birth, the child is equipped with everything it needs to tell the world (the parents) how to care for it. It is a person with its own character who can only express its feelings and wishes in a non-verbal way. Nevertheless, he is a competent person who wants to communicate with his parents and it is up to them to read, understand and respond to his messages in the most appropriate way. The results of the survey are an important reminder that the treatment of the newborn should not be done without the treatment of the whole family. The child is part of the family, and the family and child interact developmentally, personally and behaviourally.

From Theory to Practice: Utilizing Systemic Theory as a Roadmap for Effective Therapy

Cindy McIntire

Short Description: This presentation clearly explains systemic theory, emphasizing its role in shaping effective therapeutic practices. Learn how to apply systemic theory as a practical guide, turning theoretical concepts into actionable tools for guiding therapy.

Abstract: Systemic theory provides a foundation for understanding the complex dynamics of relationships. However, many clinicians face difficulties translating theoretical knowledge into practical tools for therapy. This presentation focuses on systemic theory's purpose and its critical role in shaping effective, research-based therapeutic practices. The session aims to demystify systemic theory by breaking it into clear, accessible concepts that therapists can confidently grasp and apply. Attendees will deepen their understanding of how systemic principles provide a framework for conceptualizing cases and guiding interventions that align with empirical research. By emphasizing real-world application, this presentation highlights systemic thinking as a practical, actionable tool rather than an abstract concept. Participants will explore how systemic theory can serve as a roadmap for effective therapy, and learning strategies to apply its principles in diverse clinical contexts. This session is ideal for therapists looking to bridge the gap between theory and practice, empowering them to deliver research-informed, impactful interventions to their clients.

Supervising Difference: A Moderated Discussion

William Northey

Short Description: In this closing workshop for the supervision track, we will consider how the differences that permeate the systemic supervision experience inform practice internationally. This interactive session will allow participants to explore the impact of the ideas presented will influence their supervisory practice and dive deeper into the ideas posed.

Abstract: This workshop will explore how "news that makes a difference" relative to the supervision track presentations can and will impact the supervisory practices of the participants. With presentations focused on the microcosm of supervision to those considering the expanse of the metaverse and beyond, this workshop will allow participants to explore and advance ideas about the future of clinical systemic supervision and the ways that the concepts presented will and can inform clinical supervisors. The Supervision Track aims to not only advance the competence of systemic supervisors, but will also expand the traditional frame to explore the role of peer mentors, considerations when working with neuro-diverse supervisees, cultural attunement, and how AI can enhance reflective practice, data-driven insights, and decision-making in supervision. Given the range of topics covered on the Supervision Track, this moderated discussion will lead to a lively and insightful discussion of systemic supervision now and into the future.

Supervising Difference: A Moderated Discussion

Mark Rivett

Short Description: In this closing workshop for the supervision track, we will consider how the differences that permeate the systemic supervision experience inform practice internationally. This interactive session will allow participants to explore the impact of the ideas presented will influence their supervisory practice and dive deeper into the ideas posed.

Abstract: This workshop will explore how "news that makes a difference" relative to the supervision track presentations can and will impact the supervisory practices of the participants. With presentations focused on the microcosm of supervision to those considering the expanse of the metaverse and beyond, this workshop will allow participants to explore and advance ideas about the future of clinical systemic supervision and the ways that the concepts presented will and can inform clinical supervisors. The Supervision Track aims to not only advance the competence of systemic supervisors, but will also expand the traditional frame to explore the role of peer mentors, considerations when working with neuro-diverse supervisees, cultural attunement, and how AI can enhance reflective practice, data-driven insights, and decision-making in supervision. Given the range of topics covered on the Supervision Track, this moderated discussion will lead to a lively and insightful discussion of systemic supervision now and into the future.

Integrative Culinary Therapy

Racine Henry

Short Description: The results from a pilot study to lend evidence based support to the Integrative Culinary Therapy model will be shared. Video data from the sessions will be played, as well.

Abstract: Integrative Culinary Therapy is an innovative approach to couples therapy created by Dr. Racine Henry, with the intention of specifically treating Black couples. Dr. Henry has conducted a pilot study to demonstrate the efficacy of this collaborative, 9-session model which uses psychotherapeutic interventions along with cooking and food to address issues found in romantic relationships. The foundational theories of ICT include Critical Race Theory, Bowen Theory, Ecological Systems Theory, and Integrative Systemic Therapy. Dr. Henry will present the results of her research, samples of a training manual and audio/visual data from the study.

‘A sense of home and belonging; the place we come from and are search for...’

Hannah Sherbersky

Short Description: Home can be a sanctuary, belonging, a secure base, a state of being. My doctoral research explored notions of home within an adolescent psychiatric hospital. This workshop explores how these ideas impact on other clinical considerations such as identity, migration, exile, homelessness, as well as our own relationship to home.

Abstract: ‘A sense of home and belonging; the place we come from and are search for...’ “The ache for home lives in all of us. The safe place where we can go as we are and not be questioned.” Maya Angelou, 1991, *All God's Children, Need Traveling Shoes* Home can be a sanctuary, a sense of belonging, a secure base, a state of being, identity and the very landscape in which we live. My doctoral research five years ago, explored notions of home within an adolescent psychiatric hospital in the UK. In the course of my research, I discovered there was a paucity of systemic literature on what we, family therapists, consider home to be about. What could be considered as the very crucible of family life – the home – has been theoretically and conceptually under explored. With our focus on our socially constructed selves and our clinical work with those who struggle to find or feel at home, questions of identity, migration, exile, diversity, asylum seeking, homelessness, abuse and violence in the home, and our own reflexivity, all invite a deeper understanding of what we consider ‘home’ to be about. I propose that the notion of home needs to be more deeply explored and in this workshop, through presentation and group discussion, I draw on the contributions from my own research from patients, staff and families, and make a start to redress this omission and understand what the clinical implications of attending to notions of home might be.....

Avoiding the Broken Family Law System: The Key to Creating a Better Way for Families to Transition

Regina DeAngelis

Short Description: The traditional legal divorce process increases family conflict and stress, causing emotional and financial trauma with lasting negative effects on communities. Shifting this paradigm by empowering families to avoid adversarial legal systems through expert support, education, and guidance helps to preserve relationships, strengthen co-parenting, and build healthier communities.

Abstract: The current historical paradigm around the legal divorce process exacerbates family conflict and stress at the time when families are struggling the most. The historical approach to divorce, which forces couples into "victim" vs "villain" adversarial roles, traumatizes the family both emotionally and financially. This antiquated approach embedded in our social systems harkens back to the earliest days of organized governments when women were property and unable to be self-supporting. The traditional gender roles made marriage a necessary tool of social stability and therefore, the marital bond was legally, almost impossible to break. Although our cultures have evolved past this gender paradigm, our divorce systems have not evolved to match the realities of the twenty-first century. The trauma inflicted by this system has lasting negative impacts on the individuals involved, their children, and our communities. We see this through things such as higher rates of anxiety and depression, obesity and addiction, and lost productivity and absenteeism at work. Changing our social paradigms around divorce can be accomplished by providing divorcing couples trauma informed support, legal and logistical education, and emotional and practical guidance. This paradigm shift empowers families to calmly and compassionately transition to two homes, while avoiding or delaying interaction with legal systems designed to create an adversarial posture. A calm, step-by-step approach, where the children feel that the parents, although separating, remain united in supporting the children's emotional needs, allows the trauma inherent in our current system to be dramatically reduced. Divorce professionals and family clinicians play a key role in creating smooth, mindful transitions that help couples preserve relationships, strengthen co-parenting, and build a healthier community for everyone.

Gender and Generation: Why Family Therapy Has Ignored the Axis of Gender?

Manijeh Daneshpour

Short Description: This presentation explores how family therapy has often overlooked gender dynamics across generations, impacting treatment outcomes. By examining the influence of gender roles and expectations, we aim to highlight the importance of integrating gender-sensitive approaches into family therapy.

Abstract: This presentation addresses a critical gap in family therapy: the lack of attention to gender dynamics and their impact across generations. Traditional family therapy often emphasizes generational conflicts, communication patterns, and relational issues without fully accounting for the influence of gender roles, expectations, and societal norms. Yet, gender is a fundamental axis that shapes how family members relate, express emotions, and resolve conflicts. By overlooking gender dynamics, family therapists may inadvertently reinforce stereotypes or miss key sources of tension and misunderstanding within family systems. Gender influences not only individual identities but also family roles, responsibilities, and power structures. For example, expectations around masculinity and femininity can shape parenting styles, relationship dynamics, and even how emotions are managed and expressed. These factors often get passed down through generations, creating patterns that may contribute to family dysfunction or conflict. Addressing these gendered expectations can reveal underlying issues that contribute to familial stress and tension, such as unequal labor distribution or limited emotional expression due to rigid gender norms. This presentation will highlight the need for gender-sensitive approaches in family therapy, including how therapists can recognize and address gender-based assumptions that may affect their clients. By integrating gender awareness into family therapy, practitioners can create more inclusive, equitable, and effective therapeutic interventions. This approach allows family members to reexamine inherited roles, fosters empathy and understanding, and opens the door to healthier and more supportive relationships. By focusing on both gender and generation, family therapy can more fully support each individual's personal growth and the overall well-being of the family system.

Assessing Sexual Functioning with Couples (part 1 of 2)

Sheila Addison

Short Description: The fields of couple therapy and sex therapy are often treated as separate, but contemporary couple therapists know the sexual relationship is valuable for understanding clients' dysfunctional patterns, developmental challenges, and gridlocked issues. This workshop will discuss when directly assessing sexual functioning may be important, and provide suggested assessment tools.

Abstract: This workshop will introduce principles of gathering sexual information for the purpose of assessment and intervention during couple therapy. Couple therapy and sex therapy have historically held themselves somewhat aloof as fields for philosophical, political, and pedagogical reasons. As a result, many couple therapists receive little training on when and how to gather sexual information from their clients, and how to use this information to inform treatment. Research shows a direct relationship between clinicians' comfort level with sexual vocabulary and concepts, and their willingness to gather sexual information from couple therapy clients. While many of the skills needed for taking an effective sexual history overlap with skills for effective couple therapy, even experienced couple therapists can benefit from training focused on building the skills and knowledge needed for sex assessments such as taking a sexual history. Sex assessment may take place at any point in the couple therapy process, and may involve as little as one or two open-ended questions, or as much as multiple sessions focused on extensive information gathering. Clinicians may use specific, structured assessment tools or less formal methods for broaching the topic. Assessment may take place with one or both clients present, depending on the purpose, timing, and context. In this Part 1 of a 2-part workshop, participants will be introduced to the practice of assessing sexual history, current sexual functioning, and couple dynamics around their sexual relationship. The presenter will provide examples of techniques and tools for gathering sexual information across various models and methods. Presenters will also discuss how culturally sensitive communication skills will help facilitate client comfort in diverse cultural contexts. Part 2 will focus on using Deliberate Practice to improve these skills through targeted rehearsal.

Supervising in the Metaverse and Beyond

Marianne Le Coyte

Short Description: This presentation explores the transformative potential of integrating metaverse, web3, and AI technologies into systemic psychotherapy supervision and practice. Delving into the imperative for therapists to become “digitally native,” the session addresses ethical considerations in AI deployment, the therapeutic utility of avatars and strategies to ensure relevance in a rapidly evolving digital landscape. Drawing on clinical and entrepreneurial expertise, the discussion will challenge conventional paradigms, advocating for a future where innovation aligns with systemic ethics and inclusivity.

Abstract: As digital ecosystems reshape human interaction, systemic psychotherapists face an urgent imperative to engage critically with emergent technologies. This presentation interrogates the integration of the metaverse, web3 frameworks, and artificial intelligence (AI) into therapeutic supervision and practice, positioning digital literacy as a core competency for contemporary clinicians. The discussion contextualises the concept of “digital nativeness” for therapists and trainees, emphasising its necessity in bridging generational and cultural divides within client populations. Central to the discourse is the ethical stewardship of AI in educational and therapeutic contexts. Participants will examine frameworks to ensure algorithmic transparency, mitigate bias, and safeguard client autonomy, particularly when deploying AI-driven tools in assessment and intervention. The session further explores the metaverse as a dynamic space for supervision and neurodiversity-affirming practice, highlighting the role of avatars in reducing sensory and social barriers for neurodivergent clients. Case examples from the NHS and Held Mind—a metaverse-based organization training therapists in web3 technologies—illustrate practical applications, including immersive supervision environments and AI-augmented reflective practice. Critical attention is given to systemic implications: How might virtual identities and decentralized platforms (web3) recalibrate power dynamics in therapeutic relationships? What risks and opportunities emerge when supervision transcends physical borders? The presentation concludes with a call to action, urging the field to codify ethical standards for digital practice while fostering interdisciplinary collaboration. By embracing innovation without compromising systemic values, psychotherapists can position themselves as pioneers in a future where technology amplifies—rather than eclipses—relational, equity-driven care.

Broadening and Narrowing the lens; Working as systemic psychotherapists in NHS Grampian Child and Adolescent Mental Health Service (CAMHS).

Gillian Petrie

Short Description: Using a reflecting team process we hope to share an experience of our work in CAMHS. We will present a case vignette using an interview between us. Following which we invite the audience to take part as the reflecting team, joining as and when they feel moved to do so.

Abstract: We are two family and systemic psychotherapists (FSP) who work with families and young people in NHS Scotland's Child and Adolescent Mental Health Service (CAMHS) in Aberdeen and Elgin. This is one service based in two different geographical areas of Grampian. Along with another FSP and two Systemic Practitioners, we provide a systemic reflecting space for colleagues to join us fortnightly online. Using a reflecting team to enrich thinking and understanding from a systemic perspective, we also use this space to determine if joining our colleague in the work would be useful for the family. Through this offering, we hope to extend systemic thinking in our work context. In this workshop we will use a clinical case vignette of Annie (18), to highlight community issues and systems; viewing her family situation whilst considering the backdrop of social, economic and political life in the far north east of Scotland. Using an interview format, we will have a conversation about a young person and their situation and circumstances, giving the audience an insight into the type of work we as family therapists engage in within CAMHS. We will leave four empty chairs beside us. We hope the audience in our workshop, following our interview, will feel moved to take up a space in the reflecting team. As the next audience members which to speak, those who have spoken will return to their seats and the reflections will build on those already shared. At the end we will hear reflections from others in the audience, ending with our own reflections on the process.

Broadening and Narrowing the lens; Working as systemic psychotherapists in NHS Grampian Child and Adolescent Mental Health Service (CAMHS).

Christiane Braun

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