

38th

AFTA
American Family Therapy Academy

Annual Meeting & Open Conference

June 22-25, 2016 Denver, Colorado



Creating a Context for Change
in Couple and Family Life:
Collaboration in Clinical Practice



School of Education
& Human Development

UNIVERSITY OF COLORADO **DENVER**

LEARN WITH PURPOSE

www.ucdenver.edu/education

**PROGRAMS
THAT CHALLENGE
YOU NOW.**

**A CAREER THAT
CHALLENGES YOU
FOR A LIFETIME.**

Colorado State Capital & City Center Park

Broadway and East Colfax Avenue

Bordered by the State Capitol, the City and County Building, and the Denver Art Museum, Civic Center Park is the centerpiece of Denver's green space. The park blooms with 25,000 square feet of flower beds each summer and serves as a frequent event site.



Welcome

Welcome to the 38th Annual Meeting and 5th Open Conference of the American Family Therapy Academy (AFTA): Creating a Context for Change in Couple and Family Life: Collaboration in Clinical Practice.

Leaders in the mental health field from the U.S. and around the globe will showcase their work in presentations that illustrate the wide reach of family therapy and cutting edge systems theory, with AFTA's principled commitment to furthering social justice in our families, communities, and the larger world.

Our conference will officially open with a Welcome Reception on Wednesday, June 22nd and will end on Saturday evening, June 25th with a Closing Reception and the Annual AFTA Awards Ceremony. A members-only meeting will take place on Sunday, June 26th, 9:00-10:00 a.m.

Each day of the conference has a unique focus: Couples Therapy, Collaborative Health, and Bridging Social Justice with Clinical Practice. Our Plenary Speakers will cover an exciting range of topics within those areas. The Interest Groups and Network Conversations will provide opportunities for in-depth discussions. The new format this year will offer over 40 concurrent and special sessions as well as familiar AFTA events such as Pearls of Wisdom, the Poster Festival, Institutes, a Social Justice Forum, and Special Events.

We encourage you to partake of the multiple opportunities for dialogue in our conference, in small and large group contexts, to learn from and to share with your colleagues both formally and informally. A unique feature of AFTA meetings is that structures are set up where meaningful conversations with colleagues can occur in a process that is healing, nurturing, and strengthening to the community of professionals working with families. This is the magic of AFTA: the vibrant exchange of ideas and approaches, and the friendships that ensue from these exchanges. Your Conference Committee has worked hard to create these opportunities in building this program. We look forward to your participation and your contribution!

AFTA 2016 Conference Committee



Table of Contents

Welcome	2
About AFTA	3
Wednesday	4
Thursday	8
Friday	16
Saturday	22
Continuing Education	30
Attractions	31
Hotel Information	35

Creating a Context for Change in Couple and Family Life: Collaboration in Clinical Practice

Situating clients' problems in a social context makes us more effective clinicians. The problems of individuals and families cannot be understood in isolation from the economic, cultural, institutional contexts in which they present themselves and from which they have developed. Likewise, models of intervention and treatment that are collaborative and informed by research offer a comprehensive, practical and effective means of elevating care. A nuanced understanding of contexts and working in cross-field collaboration is the key to successful interventions and facilitating positive, lasting change.

The program this year aims to answer the following questions:

1. What are the challenges facing couple and family therapists now?
2. What are the leading edge practices that address our present day challenges?
3. How do we integrate new perspectives into responsible and socially just clinical practice?

Target Audience

We invite couple and family therapists, researchers, educators, and others dedicated to the advancement of systemic thinking, practices, and policies worldwide.

Objectives:

1. To explore cutting-edge research and practices that will meet challenges currently facing clinicians, researchers, educators, and others involved in systemic work.
2. To create a conference community, which is inclusive, addresses intersectionality, increases diversity, and respects the sharing of all voices.
3. To explore how situating clients' problems in a social context makes us more effective clinicians.
4. To explore how a collaborative approach to intervention and treatment is an effective means of elevating care.
5. To examine the ways in which intersectionality and social justice can inform and enhance clinical interventions.

About The American Family Therapy Academy

The American Family Therapy Academy is an organization of approximately 600 leading national and international family therapy and allied-field academics, clinicians, researchers, program directors, and policymakers. We are the builders and consumers of models, theories, investigations, and trainings in systemic theory and practice.

AFTA's Mission Statement

AFTA's mission is developing, researching, teaching, and disseminating progressive, just family therapy, and family centered practices and policies.

AFTA's Vision

The American Family Therapy Academy envisions a just world by transforming social contexts that promote health, safety, and wellbeing of all families and communities.

AFTA 2016 Conference Committee

Focus Day Coordinators: Corky Becker, Mona Fishbane, Robert Allan, Marianne Wamboldt, Larry Levner, Ramón Rojano

Proposal Review: Jane Ariel

President: Kiran Arora

Marketing: Jacqueline Hudak, Saliha Bava

Membership: Martha Edwards

Staff: Kevin George, Executive Director; Kim Cox, Director of Operations

AFTA Social Media Guidelines: Creating Sustainable and Respectful Social Spaces at AFTA Events

To ensure the sustainability of the safe and respectful environment that is a hallmark of AFTA Meetings, we ask participants to preserve the confidentiality of the clinical and personal material that is presented by doing the following:

- ◆ Freely tell others about AFTA events and your experience at them, but preserve the confidentiality of any clinical or personal sharing taking place during sessions, whether you are communicating with others electronically or in person.
- ◆ Use electronic media (like Twitter, texting, blogs, and other social media) to help AFTA build a socially just community by appropriately sharing with others your impressions of AFTA events. Twitter: #AFTA16
- ◆ Avoid disrupting speakers or other participants and audience members with any form of electronic communication that is distracting.

Program by Veronica Paré, www.veronicapare.com

Photos courtesy of I23RF Stock Photos, www.123rf.com

AFTA Officers

Kiran Arora, Ph.D., **President**
Jane Bardavid, LCSW, **Vice Pres.**
Karni Kissil, Ph.D., LMFT, **Secretary**
John Lawless, Ph.D., MPH, **Treasurer**
Gonzalo Bacigalupe, Ed.D., MPH,
Past President

Board of Directors

Christiana Awosan, Ph.D.
Saliha Bava, Ph.D.
Andraé L. Brown, Ph.D.
Laurie L. Charles, Ph.D.
Martha E. Edwards, Ph.D.
Shawn V. Giammattei, Ph.D.
Jacqueline Hudak, M.Ed., Ph.D.
Carmen Knudson-Martin, Ph.D.
Jean Malpas, LMHC, LMFT
Laura Roberto-Forman, Psy.D.
Ramón Rojano, M.D., MPH
David Trimble, Ph.D.

Committee Chairs

Awards:

Deidre Ashton, MSSW, LCSW

Finance:

John Lawless, Ph.D., MPH

Membership:

Martha E. Edwards, Ph.D.

Publications:

Laurie Charles, Ph.D.

Cultural & Economic Diversity

Ramone Rojano, M.D., MPH

Development:

Jane Bardavid, LCSW

Early Career Membership:

Aimee Galick, MsC, MFT

Family Policy/Human Rights:

Lawrence Levner, LCSW

Governance:

Gonzalo Bacigalupe, Ed.D., MPH

Marketing:

Saliha Bava, Ph.D.

Nominations:

CharlesEtta Sutton, MSW, LCSW

Personnel:

Hinda Winawer, MSW, LCSW

Professional Training & Progs:

Jane Ariel, Ph.D.

Springer Briefs Series Editor:

Carmen Knudson-Martin, Ph.D.

Strategic Task Force:

Paulette Hines, Ph.D.

Student Membership:

Laura Sudano, M.A.

Denver Art Museum

100 West 14th Avenue Parkway

The massive, fortress-like Denver Art Museum has a vast collection which includes American Indian, African, European, Asian, and Oceanic Art. The Denver Art Museum began in a building which is now known as the North Building, designed by Italian Architect Gio Ponti and opened in 1971. In 2006 the 146,000-square-foot Hamilton Building, an expansion designed by architect Daniel Libeskind, was opened to the public. The new building captured attention with its unique design, inspired by the peaks of the Rocky Mountains. In June, they will be hosting the Women of Abstract expressionism exhibit.

Wednesday



NETWORK CONVERSATIONS

2:00-3:30 pm

NC-101 People of Color Network

*Blanca Lugo, Narumi Taniguchi,
Laurel Salmon*

The People of Color Network is a place for inspiration, connection, support and dialogue for people of color. It serves as a catalyst for advancing issues of societal justice and change within AFTA. Members have rich experiences and ideas. We share about multiculturalism, race and inequity in our various work environments, and offer each other support. A primary goal is to facilitate continuity of networking throughout the year. In addition, we will spend some time preparing for the Inclusive Conversation about Race that came out of last year's Network conversation. Learning Objectives: (1) Collaborate on building a sense of community with other AFTA members and guests of color, (2) Discuss expectations and concerns that people of color have for talking about race with white people, and (3) Identify skills and strategies that are helpful for conversation about race. **(1.5 CEs)**

2:00-3:30 pm

NC-102 Conversation on White Privilege

Jane Ariel, Marsha Mirkin

This ongoing conversation provides a setting for AFTA members who are interested in exploring their White racial privilege as it operates in the world and in specific organizations, including AFTA. We sustain a supportive, non-judgmental environment for honest exploration of difficult experiences. We try and do our "work" around racial privilege among ourselves to encourage openness and honesty. People are invited with all levels of experience in dealing with race. We believe we each can learn something from all others present. This conversation has been continuing for the last 10 years. Learning Objectives: (1) Create a safe environment to explore difficult, uncomfortable issues around issues of race; (2) Become more conscious of racial privilege and appreciating the importance of recognizing and taking responsibility for the influence of power positions on the impact of communications; (3) Identify particular obstacles to productive conversations across racial differences; and (4) Develop awareness of the difference

between the intent of a communication and its impact, and one's responsibility for the impact of these communications. **(1.5 CEs)**

3:30-5:00 pm

NC-103 LGBTQI Network

Sheila Addison

Please join the networking meeting for LGBTQI clinicians. The meeting provides an opportunity for members to meet, learn about each other's work, and share goals for future AFTA initiatives. This meeting sets the stage for valuable social and professional collaborations throughout the conference and beyond. Learning Objectives: (1) Create connections with other LGBTQI members and guests of AFTA; (2) Collaborate on developing ideas about current needs and concerns facing LGBTQI clinicians and students which AFTA might address; and (3) Collaborate on developing ideas about current needs and concerns facing LGBTQI clients and their families which AFTA might address. **(1.5 CEs)**

SPECIAL SESSIONS I

3:30-5:00 pm

SPEC-101 Clinical Practice in the Digital World: TeleTherapy & Social Media

Saliha Bava, Monica Sesma-Vazquez

Join us to explore the nuts and bolts of teletherapy. We will introduce the digital, legal and ethical issues of setting up an online therapy practice. We will cover the basics dos and don'ts of social media use for ethically promoting your clinical practice and professional knowledge. Learn and share ideas on how to promote your practice and expertise by joining AFTA's social media efforts. In preparation, please review your state laws on the use of online or teletherapy for your license. **(1.5 CEs)**

INTEREST GROUPS I

5:30-7:00 pm

IG-101 Parenting, Stepparenting, and Discipline in Stepfamilies

Patricia Papernow, Betty Pristera

This year's iteration of the Divorce and Stepfamily Interest Group will address one of the most contentious issues for couples

in stepfamilies: What are best practices for parenting, step-parenting, and discipline in stepfamilies? Research tells us that resolving these issues well is critical not only for couples, but for children's well-being in stepfamilies. Forty-two percent (42%) of American adults have a close step relationship. Step relationships create a profoundly different family infrastructure that easily divide stepcouples around parenting. A great concern is that graduate clinical, including family therapy training, rarely provides the coursework needed for good practice. Drawing from the now substantial research and almost four decades of clinical experience, we will share what is known about positive practices for successful parenting, stepparenting, and discipline in stepfamilies. We will also share some data about the impact of cultural, social, and legal systems on this challenge. We will present a couple of cases that capture these issues in a stepcouple relationship, offer two somewhat different clinical approaches to working with them, and open the floor for discussion. Given the very different narratives stepfamily infrastructure creates for parents, stepparents, and children, how do we help stepcouples to engage with each other in ways that are caring, collaborative, and good for kids? Learning Objectives: (1) Recognize some of the common dynamics that unfold between parents and stepparents around issues of parenting and discipline; (2) List 3 positive practices for parenting, stepparenting, and discipline in successful stepfamilies; (3) Describe a couple of "easy wrong turns" that stepcouples, and their therapists, may make around parenting, stepparenting, and discipline. **(1.5 CEs)**

5:30-7:00 pm

IG-102 Community-Based Program Development

Martha E. Edwards, Anne K. Fishel

Martha Edwards will focus on the implementation of Bright Beginnings, a manualized intervention for parents with infants and toddlers, implemented in community settings. She will focus on understanding parenting from a multicultural perspective and what we have learned about how to understand and influence

parenting beliefs and practices. Anne Fishel will describe The Family Dinner Project (TFDP), a non-profit she co-founded in 2010. TFDP is a community-based program with online resources, aimed at making it easier for families to unlock the many intellectual, health, and mental health benefits of family dinner. They work with groups of families in schools, libraries, clinics, military bases, and homeless shelters by co-hosting community dinners. Anne also trains other health providers, educators, and community organizers who work directly with families to use our resources to make dinners more nutritious, fun, and meaningful. She will present a few examples of the community work she's done with TFDP. Learning Objectives: (1) Understand the multiple goals that parents may have for their children given the world in which each family lives and for which the children must be prepared to function; (2) Understand the role that reflection function plays in parenting; (3) Become familiar with strategies for enhancing parents' reflective function, using video review; (4) Learn some of the latest research on the health, mental health and cognitive benefits of regular family dinners; (5) Understand a model for conducting a community dinner; and (6) Identify resources that family therapists can share with families. (1.5 CEs)

5:30-7:00 pm

IG-103 An Inclusive Conversation about Race

David Trimble, Lisa Bibuld, Hugo Kamyra, Jay King

For more than two decades, AFTA has hosted two pre-meeting conversations, the People of Color Networking Conversation, and the Conversation on White Privilege and Responsibility, the latter open to all but attended primarily by individuals who identify racially as White. At the 2015 Conference, many in the People of Color conversation called for a direct meeting between participants in both conversations. The leaders of the existing multiracial Interest Group on Racial Domination and Privilege have agreed to facilitate the Inclusive Conversation About Race, which invites participants from both pre-meeting conversations. We will engage in honest conversation with an attitude of curiosity and respect, open to the opportunity for all of us to learn from each other. Learning Objectives: (1) Develop

skills in speaking to be heard, listening with curiosity, and understanding the importance of self-reflection as they participate; (2) Develop awareness of the difference between the intent of a communication and its impact, and will take responsibility for the impact of their communications; (3) Learn to identify the implications of power differentials across groups: Participants from dominant groups will become more conscious of their privilege, and appreciate the importance of recognizing and taking responsibility for the influence of their power positions on the impact of their communications; (4) Identify particular obstacles to productive conversations across racial differences; and (5) Begin identifying practices of recognition and possible repair of unintentional relational injuries in difficult conversations. (1.5 CEs)

5:30-7:00 pm

IG-104 Evaluating Poststructural Therapies

Victoria Dickerson, Michael Ungar

Developing an evidence base for poststructural, narrative therapies presents interesting challenges. Join this interest group, now in its 8th year, to explore some of the current dilemmas facing the younger 21st century therapists. These newer generation practitioners have grown up with poststructural thinking yet find themselves in older, more established institutions that opt for more conventional approaches. Enter with us into a conversation about how to engage with the challenges they face. Learning Objectives: (1) Share in the dilemma newer therapists experience; (2) Explore ways to embrace the challenges; and (3) Examine their own dilemmas in their workplaces. (1.5 CEs)

5:30-7:00 pm

IG-105 True to our Roots: Spirituality and Family Therapy

Larry Freeman

All cultures and societies have spiritual traditions due to our human capacity to wonder about the nature of being and our meaning in the world. Despite the diversity of our individual lives and cultural traditions, we share a strong desire to make sense of our experience. Because interpersonal biology shows that intra- and inter-personal emotional

attunement are the core of personal wellbeing, attunement is crucial in spiritual matters too. Recognizing that intimate patterns in the family sculpt personhood, the facilitator suggests that an "ecologically-based" therapy must include spirituality in its work. The inclusion of spirituality in evolving therapy models commonly focuses on the centering and soothing effects of cultivating mindful states, often with attention to a given spiritual issue such as kindness. This presentation builds upon this by exploring themes held in common by spirituality, mindful practice, interpersonal biology, and family therapy. While inviting consideration of therapists' personal sense of the "spiritual," it draws upon insights from evolutionary systems, complexity theory, ontology, and "new science." The emerging synthesis of family therapy, "social brain research," and Five Element Chinese Medicine harnesses the power of spiritual concerns in the therapeutic moment and avoids "sectarian" distractions that so readily fragment us and suppress openness and acceptance. This model proposes that we share core human "spiritual sensibilities" that are organized around an innate ability to discern authenticity, interconnection, compassion, gratitude, and acceptance. Rooted in a growth-oriented model of health and well-being, case examples will demonstrate this approach in work with families, couples, and individuals. Learning Objectives: (1) Define and recognize spiritual matters the presenter suggests are shared among us as humans; (2) Consider the support for this idea by looking at several other discipline traditions and identifying what they share; (3) Gain an ecological understanding and comfort with this universal human trait and aptitude; and (4) Apply and refine--create!--interventions based upon the principles described. (1.5 CEs)

SPECIAL SESSIONS II

5:30-7:00 pm

SPEC-201 Bringing Theory U to Couples Therapy

Nydia Garcia Preto, Monica McGoldrick

Theory U was developed by Otto Scharmer and others working in organizations change to solve problems and become more creative, and can have profound implications for couples therapy. Theory U pertains to our

finding our pathway to who we are and how our relationships can evolve in the future. Change requires first learning about our blind spot: that place where our attention and intention originates. Sharmer refers to “bumping into our blind spot” arguing that across all systems levels we face the same problem: the challenges we face require us to become aware and change the inner place from which we operate. Sharmer suggests that our blind spot about the structure and source of our attention can become the opening to change. What he came to realize is that change is not only about what we do and how we do it- but also about our “interior condition,” that is, “the inner place from which we operate- the source and quality of our attention. What this suggests is that the same person in the same situation doing the same thing can effect a totally different outcome depending on the inner place from where that action is coming.” The journey of the U involves appreciating the evolving nature of every human being and recognizing that we are not “one” but “two.” One self is the person or community we have become as a result of the journey that took place in the past. The other self is the person or community we can become as we journey into the future. This journey seems to us a valuable way to help couples whose relationships have become stuck. Learning Objectives: (1) Explore Theory U as a systemic intervention; and (2) Expand knowledge of Theory U as it applies to Couples Therapy. (1.5 CEs)

5:30-7:00 pm

SPEC-202 Interventions for Healing in Black Same-Sex and Heterosexual Couples

Christiana I. Awosan, Monique D. Walker

The diminishing rates of marriage and rise of unmarried individuals are altering relationship formation, particularly among heterosexual Blacks in the U.S. For same-sex couples, June 2015 made marriage a possibility, regardless of state of residence, with the Obergefell vs. Hodges Supreme Court decision. Compared to other racial groups, Black heterosexuals tend to have much lower marriage rates, higher divorce and separation rates, and higher rates of singleness. Black communities continue to show the lowest rates of support of same-sex marriage, but how does this impact

the rates of marriage for Black same-sex couples who desire to marry? The decline in marriages and increased rate of never marrieds among LGBTQ+ and heterosexual populations greatly impact the mental, emotional, and relational well-being and functioning of Black relationships. It is imperative to understand the similarities and differences experienced by LGBTQ+ and heterosexual individuals that contribute to their likelihood of pursuing marriage. In this workshop, we will facilitate an in-depth exploration of the cultural contexts and unique difficulties that Black individuals face in their efforts to nurture desires for marriage and long-term committed relationships. Specific attention will be devoted to the ways in which internalized racial and sexuality stereotypes generate destructive patterns that block healthy connections between Black individuals. Using a trauma-informed, multicultural perspective, clinical strategies that address race-based, gender-based, and sexuality-based trauma will be provided. In addition, relevant Self of the Therapist issues that may facilitate or impede effective clinical engagement and treatment will be discussed. Learning Objectives: (1) Identify the cultural contexts and unique difficulties that Black LGBTQ+ and heterosexual men and women face in their efforts to develop long-term, committed relationships; (2) Demonstrate understanding of the process by which shame and race-based, gender-based and sexuality-based trauma can prevent Black men and women from building strong relational and emotional bonds; (3) Learn and be able to apply skills for unmasking oppressive trauma and help clients escape the traps of internalized racial and sexuality stereotypes; and (4) Identify and investigate their personal Self-of-the-Therapist issues that may facilitate and/or impede their clinical effectiveness with Black couples. (1.5 CEs)

Congratulations to our 2016 AFTA AWARDEES

Distinguished Contribution to Family Systems Research

Melanie M. Domenech Rodriguez, PhD

Distinguished Contribution to Family Therapy Theory & Practice

Jochen Schweitzer, Dr.rer.soc. Dipl.Psych

Innovative Contribution to Family Therapy

Michal Shamai, PhD

Lifetime Achievement Award

Maurizio Andolfi, MD

Distinguished Contribution to Social Justice

Bruce Koff, PhD &

Jeff Levy, LCSW

Early Career Award

Deborah Coolhart, PhD, LMFT

WELCOME RECEPTION

7:00-9:00 pm

This traditional welcome reception will feature plenty of food, a cash bar, and live entertainment. We will take time at the beginning of the reception to honor the lives and memories of members of the AFTA community we've lost over the past year.

Denver Center for the Performing Arts

Speer Boulevard and Arapahoe Street

On the south side of Larimer Square is the Denver Center for the Performing Arts, a gigantic cultural center with the Boettcher Concert Hall and the Auditorium Theater with the the Ellie Caulkins Opera House.

Thursday



CENTERING PRACTICES

7:00-8:00 am

CONTINENTAL BREAKFAST

8:00-9:00 am

WELCOME

8:45-9:00 am

Kiran Arora, AFTA President
AFTA Conference Committee: Corky Becker, Mona Fishbane, Robert Allan, Marianne Wamboldt, Larry Levner, Ramón Rojano, Jane Ariel, Jacqueline Hudak, Saliha Bava, Martha Edwards

PLENARY I

9:00-11:00 am

**Two Therapists, Two Methods -
 A Dialogue on Couple's Therapy**

Terence Real, Richard Schwartz

Moderator: Michele Bograd

It is rare for two well-respected therapists who developed different models of couples therapy to dialogue about their differences and similarities in public. Terry Real believes in "joining through the truth" and the value of educating clients. His method has three phases: (1) Waking up our clients; (2) Trauma work; (3) Coaching. Dick Schwartz calls himself a "hope merchant," and believes clients possess an inherent wisdom that can be released when conditions are safe enough. Terry focuses on treating the present situation, and sees dealing with family of origin issues as useful but secondary - necessary but not sufficient. Dick believes that healing early trauma experiences is often key to improving relationships. Through lecture, video demonstration, and spirited conversation participants will engage in an exploration at once challenging and mutually respectful. The plenary will be moderated by Michele Bograd, a highly regarded couples therapist herself. Learning Objectives: (1) Identify the basic concepts and techniques of the Internal Family Systems model; (2) Identify areas of similarity and divergence between Dick Schwartz and Terry Real's approaches to couples therapy; (3) Recognize the move from the present couples dynamic to childhood family of origin



Terry Real, Ph.D., was for over twenty years' senior faculty member of the Family Institute of Cambridge in Massachusetts and a retired clinical fellow of the Meadows Institute in Arizona. He founded the Relational Life Institute (RLI), offering workshops for couples, individuals, and parents around the country along with a professional training program for clinicians wanting to learn his RLT (Relational Life Therapy) methodology. A family therapist and teacher for more than 25 years, Terry is the best-selling author of *I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression* (Scribner, 1997), the straight-talking *How Can I Get Through to You? Reconnecting Men and Women* (Scribner, 2002), and most recently *The New Rules of Marriage: What You Need to Make Love Work* (Random House), described by the New York Times Book Review as: "A critical contribution to feminist psychology (that) brings the Men's movement a significant step forward."



Richard Schwartz, Ph.D., earned his doctorate in marriage and family therapy from Purdue University, after which he began a long association with the Institute for Juvenile Research at the University of Illinois at Chicago, and more recently at The Family Institute at Northwestern University, attaining the status of associate professor at both institutions. He is co-author, with Michael Nichols, of *Family Therapy: Concepts and Methods*, the most widely used family therapy text in the United States. He developed Internal Family Systems in response to clients' descriptions of experiencing various parts—many extreme—within themselves. Dick noticed that when these parts felt safe and had their concerns addressed, they were less disruptive and would accede to the wise leadership of what he came to call the "Self." In developing IFS, he recognized that, as in systemic family theory, parts take on characteristic roles that help define the inner world of the client. In 2000, he founded The Center for Self-Leadership in Oak Park, Illinois.

issues; and (4) Describe the idea of the multiplicity of selves (inner children/parts) and how best to work with them. (2 CEs)

CONCURRENT SESSIONS I

11:15 am-12:45 pm

CS-101 IFS Informed Couples Therapy

Michele Bograd

Following the plenary with Dick Schwartz and Terry Real, this workshop will provide an experiential/didactic introduction to the application of Internal Family Systems theory and practice to couples therapy. The theoretical axioms of IFS will be briefly summarized including the nature of the inner system, differentiation inside and out in IFS couples therapy, and how IFS therapists conceptualize intimacy. The stages of IFS-informed couples therapy will be described, highlighting the distinction between the protocol of IFS and the therapist's use of Self. How to integrate theoretically and practically with other couples therapy approaches will be addressed as well. Learning Objectives: (1) Recognize and list the basic stages of IFS informed couples therapy; (2) Define and summarize theoretical axioms of IFS including Parts and Self Energy; and (3) Identify the distinctive contribution of IFS and how it is similar to or different from other systemic models of couples therapy. (1.5 CEs)

11:15 am-12:45 pm

**CS-102 Therapeutic Choice Points in
 Complex Couple Therapy: How and When
 to Intervene**

Evan Imber-Black

The moment by moment decisions made by a therapist in couple therapy require careful thought, cognitive and emotional attunement with each member of the often conflicted pair, avoidance of triangulation, and the ability to read verbal and non-verbal feedback occurring in every aspect of the session. The therapist must make continual therapeutic choices regarding the shape of questions, direction of the interview, length of an interaction, timeframe for exploration (past/present/future), and end-of-session homework. This workshop will demonstrate interviewing for expanded openings; redefining and amplifying a presenting problem; selecting a path and correcting it when it proves ineffective; marking a critical subject, leaving it and returning to it at a more optimal time; selecting from among multiple requirements that a couple may present; reflecting on your work while you are doing it in session; avoiding triangulation with the couple; creating effective metaphors that capture a couple's imagination; reviewing your work between sessions; reading immediate non-verbal feedback and making use of it in the session; understanding and making use

of responses to prior sessions, homework, and crucial changes that may occur between sessions; and challenging a one-size fits all model of therapy. Learning Objectives: (1) Identify therapeutic choice points in complex couple therapy; (2) Formulate directions to take in the therapy when couples present with multiple dilemmas; (3) Learn methods to make effective therapeutic choices in a session and across sessions; (4) Read and utilize verbal and non-verbal feedback coming from each member of a couple; and (5) Fashion meaningful questions that provide openings and to shift when these do not. **(1.5 CEs)**

11:15 am-12:45 pm

CS-103 Joint Session, Research Perspectives in Couple Therapy: Discursive Qualitative Methods

Maria Borcsa

The presentation centers on the first mutual research of the European Family Therapy Research Group (EFTRG) founded in 2010. All colleagues - coming from Finland, Portugal, Italy, Germany, Belgium, and Greece - are also clinicians. The aim of this investigation was to create new and implement existing qualitative research methods into multi-actor (like couples or family therapy) dialogues to enhance practice-based knowledge. For that reason, all researchers analyzed with a specific discursive method one and the same couple therapy of a young intercultural couple. The therapy comprised four sessions and was judged by the couple as successful (via Outcome Rating Scale). The result of this endeavor will be presented in this talk: (1) an outline of the analyzed couple and the four therapy sessions will be given; (2) an overview on the different discursive methods and concepts applied in the research is laid out; examples being: "Dominant story, power, and positioning" (Paivinnen & Holma), "Constructing the moral order of a relationship in couples therapy" (Wahlström), "Family semantic polarities and semantic analysis" (Ugazio & Fellin). A special focus will be drawn to the method of Objective Hermeneutics (OH), an approach widely used in German social sciences; the aim is to get to know the methodological background, main principles and methodic steps of OH. Conclusions for research and practice as well as a discussion on the necessity and the status of practitioner-researchers complement the

presentation. Learning Objective: Theorize, differentiate, and discuss qualitative methods for researching couple therapy.

Relational Empowerment: Establishing a Foundation to Address Gender and Power

Sarah Samman, Gregory Davis

Therapists working with heterosexual couples often struggle to successfully engage both partners in the therapeutic process toward relational change. Based on the presenters' clinical experiences, they observed that men tended to present as the more powerful partners in their relationships and tended to engage in therapy by discussing their individual thoughts and experiences. Women, on the other hand, commonly shared feeling silenced and minimized by their partners when attempting to share or assert their experiences. Since larger social discourses of gender and power commonly disadvantage individuals in their relationships and implicitly lead to relational inequality, feminist therapists' tasks include working with both genders differently toward positive relational outcomes. Based on data obtained using a feminist informed therapeutic model, Socio-Emotional Relationship Therapy, they conducted a grounded theory and operationalized four constructs of empowerment: (1) Male individual empowerment; (2) Female individual empowerment; (3) Male relational empowerment; and (4) Female relational empowerment. The authors use these constructs as markers in couple sessions to help identify when feminist therapists may unintentionally align with larger social discourses of gender and power and intervene in ways that appear to strengthen individual empowerment and weaken relational empowerment. Case examples as well as suggested guidelines for clinicians are included. Learning Objectives: (1) Summarize current literature on common heterosexual couple interactions and experiences from a feminist perspective with a focus on gender and power; (2) Relay the importance of attending to larger sociocultural contexts in couple therapy; (3) Define the four constructs of empowerment; and (4) Describe therapist interventions that strengthen individual empowerment and weaken relational empowerment. **(1.5 CEs Joint Session)**

11:15 am-12:45 pm

CS-104 Connecting Families to their Primary Care Providers

Ayelet Talmi

Primary care (PC) is ideally suited to promote the health and well-being of families by addressing psychosocial risk factors and behavioral health (BH) issues in the context of a trusting relationship with primary care providers. This presentation describes integrated BH services that are designed and implemented to support child and family well-being in PC settings. Project CLIMB (Consultation Liaison in Mental health and Behavior) is an integrated BH services program in a high-volume, pediatric residency training clinic that is housed in an urban teaching hospital affiliated with an academic medical center. Families seen in this setting have access to physical and BH services that include prevention and health promotion in the context of a medical home. Data will be presented to describe program characteristics including the population served, the types of services provided, presenting problems and diagnoses, and recommendations made from a sample of more than 4,440 integrated BH visits. Case studies will allow participants to identify factors that contribute to relationship development with primary care providers and enhanced quality and comprehensiveness of services when BH is integrated into primary care practice. Integrating BH services into PC settings enables clinicians to identify, assess, and intervene with children and families to optimize health and well-being. Lessons learned include ongoing engagement around institutional, local, and statewide systems changes, advocacy, and policy efforts. Learning Objectives: (1) Identify the characteristics of integrated behavioral health services in pediatric primary care settings; (2) Identify factors that contribute to relationship development with primary care providers and enhanced quality and comprehensiveness of services when behavioral health is integrated into primary care practice through case studies; and (3) Describe and develop strategies for connecting families to primary care providers and health care settings to promote optimal collaboration in care. **(1.5 CEs)**

11:15 am-12:45 pm

CS-105 Joint Session, Teen Attachment, Experiences of Despair, and Suicide Risk*Elizabeth Okunrounmu*

Suicide is the second leading cause of death among adolescents. Despite this, there is no comprehensive theory of adolescent suicide risk. Joiner's Interpersonal Theory of Suicidal Behavior is the first comprehensive theory in the adult literature. Joiner (2005) proposed that suicidality results from two specific aspects of interpersonal despair, "thwarted belongingness" and "perceived burdensomeness," along with more general experiences of depression. Joiner's theory has generally held up well empirically, and Cero and Sifers (2013) have proposed that Joiner's theory should translate well to teens. Specifically, experiences of adolescent interpersonal despair may be significantly influenced by family processes, such as the quality of parent-teen attachment. The current study examined relationships between adolescent maternal and paternal attachment, adolescents' experiences of interpersonal despair, and adolescents' current levels of suicidal ideation. Bivariate correlations showed that maternal and paternal attachment anxiety were significantly related to adolescent experiences of interpersonal despair, maternal and paternal attachment avoidance were related to adolescent experiences of thwarted belongingness, and both adolescent attachment and experiences of interpersonal despair were related to current suicide ideation. Therapists working with depressed and suicidal teens should consider using family therapy models that focus on parent-teen attachment and the potential negative sequelae of poor attachment relationships. Findings from the current study provide evidence for the important role of fathers in clinical work with depressed and suicidal teens and their families. Learning Objectives: (1) Discuss theory and empirical support for the role of parent-teen attachment in experiences of interpersonal despair and teen suicide risk; (2) Provide support for important the role of family therapy models in working with depressed and suicidal teens and their families; and (3) Discuss evidence from the current study supporting the important role of fathers in work with depressed and suicidal teens and their families.

Building Resilience in Young Adults: A Collaborative Approach*Judith Landau*

Young adults find themselves at a critical developmental juncture where competing demands and expectations require significant focus, attention, and resilience in order to thrive. These societal, social, intellectual, emotional, and physical pressures can be almost too much to bear for even the most adaptive and well-adjusted young adults who are just now adjusting into their not quite mature brains. Imagine now inserting mental health challenges, trauma, and/or addiction into this scenario, and the journey into responsible adulthood just become even more challenging and complicated. How will they handle it? Where will they find answers? What options do they have? To whom do they turn for solutions? How can they find the resilience needed in order to thrive? At just such a crossroads, research tells us that family systems become absolutely critical in addressing and overcoming these challenges in order to build resilience in young adults, their peers, and for societies on a macro level. The multi-generational family stories of secrets and survival will greatly enhance the clinical efficacy of intervention and help create a model for long-term recovery and systemic resilience. The presenter will reveal her evidence-based research to support these findings and provide insight and tools to emphasize the importance of family systems and collaborative care measures when dealing specifically with the young adult population. Learning Objectives: (1) Describe the benefits of collaborating with professionals across a variety of disciplines; (2) Explain several current issues in the field of addiction; and (3) Develop awareness of specific methods to facilitate cross-disciplinary collaboration and discuss how they pertain to the adolescent in need. (1.5 CEs Joint Session)

11:15 am-12:45 pm

CS-106 Connecting with Marginalized Clients: Critiques of Formalized Client Feedback*Elisabeth Wilson*

Feedback Informed Treatment (FIT) is an evidenced based practice that helps improve therapeutic alliance and clinical outcome through regularly utilizing client feedback at the end of every therapy session. Ample research addresses the clinical benefits of FIT while a growing body of research emphasizes the

training benefits for new clinicians. However, a lack of research has been done on the impact of socio-contextual issues of privilege and marginalization on the client-clinician relationship when regularly integrating client feedback into practice. Drawing on a growing body of research about the clinical effectiveness of FIT, this presentation describes the presenter's study of 26 clinicians-in-training and their specific social justice related challenges in learning to use FIT with marginalized clients. Specifically, this presentation will explore how these clinicians-in-training struggled to (1) recognize their places of privilege; (2) address contextual issues with clients; and (3) understand how difficult giving negative feedback can be for marginalized clients. This presentation will comment on how using a social justice informed practice of client feedback may help with such challenges. Clinical implications and suggestions for using client feedback as a way to address these challenges will be explored. Learning Objectives: (1) Examine strategies for thoughtfully using feedback informed treatment and standardized client feedback measures with marginalized populations; (2) Apply these strategies to actual case vignettes, exploring the impact of privilege and particularly white privilege on engaging marginalized clients; and (3) Identify personal goals to more effectively work with marginalized clients and cultivate stronger cross-cultural therapeutic relationships. (1.5 CEs)

11:15 am-12:45 pm

CS-107 Relational Justice across Cultures and Contexts*Carmen Knudson-Martin, Karen Quek, Tatiana Glebova, Fatma Arici-Sahin, Sandy Moghadam*

An international team of presenters addresses the intersections of gender, culture, and power in couple therapy. Drawing on Boszormenyi-Nagy's notion of relational ethics and critical social constructionist therapies, the panelists explore: (a) how to promote relational justice between partners without colonizing or imposing Western cultural ideas and (b) how Western ideals of mutuality and justice can be informed by research from more collectivist cultures. Our exploration begins with short summaries of research conducted in Iran, Singapore, Russia, and Turkey. Each study examines how participants in these countries view and manage communication and relationship dynamics in

context of changing ideals regarding gender, fairness, and equality and offers specific implications for culturally attuned practice. They identify values and movements toward relationship equality in each country and, at the same time, document unique issues, concerns, and processes in each of these settings. The facilitator concludes by integrating the research findings within a clinical framework for approaching relational justice across cultural contexts and international borders and asks the panelists to use the model to respond to the relational power dynamics in a case study. The international research and case examples illustrate the links between societal discourse, emotion, and relational justice. Participants are invited to engage with the panel to expand the discussion of the nuances and complexities involved in facilitating relational justice in couple therapy across societal contexts. Learning Objectives: (1) Learn about international research regarding intersections of gender, culture, and power; (2) Apply a clinical framework that links societal discourse, emotion, and relational justice in case examples; (3) Consider how to promote relational justice between partners without colonizing or imposing Western cultural ideals; and (4) Explore how Western ideals of mutuality and justice can be informed by research from more collectivist cultures. (1.5 CEs)

CONCURRENT SESSIONS II

2:30-4:00 pm

CS-201 A Dialogue on Infidelity

Terence Real

Conventional therapeutic wisdom has it that sexual infidelity is a symptom of a deeply troubled relationship, and that its revelation will threaten the betrayed partner's sense of connection and trust. In this workshop, the presenter will share his unique perspective on the causes and consequences of affairs on a relationship. He will discuss such issues as the costs and benefits of telling the truth about an affair; the nature of betrayal—both sexual and emotional; and how couples can rebuild trust and intimacy. He will dig deeply into whether all affairs are traumatic, and if some affairs can actually help stabilize a troubled marriage. The presenter will discuss and consider how our personal assumptions as therapists, our moral values, and our experiences influence our professional perspectives on this topic

and others. Participants will leave with a more nuanced understanding of the impact of affairs on relationships. Participants will also gain tools and knowledge to work with clients who are dealing with consequences that don't always conform to conventional wisdom. Learning Objectives: (1) Maintain the therapeutic ability to respond to the different needs/agendas of the two partners; (2) Differentiate the different types of infidelity, the different kinds of reasons, and the very different therapeutic responses to each; and (3) Move beyond blame/remorse to facilitate healing in a way that makes room for both partner's experience and voice. (1.5 CEs)

2:30-4:00 pm

CS-202 Loving Across Differences: Practices for Intercultural Couples

Celia Jaes Falicov

Increasingly, clinicians are called to treat couples that have differences in ethnicity, race, religion, migration experiences, socioeconomic class or a combination of these variables. The implications of these unions reverberate not only in the couples' specific challenges and resources but also in the families of origin and the future of their children. A systemic, postmodern, culturally responsive, and socially responsible framework for practice with intercultural couples will be presented to aid practitioners helping these couples. An extensive illustration of a couple with differences in race, ethnicity, immigration status, religion, education and socioeconomic class will be used to demonstrate the application of this framework. This approach is applicable to a wide range of intercultural couples working with practitioners of various cultures. Learning Objectives: (1) Describe a systemic postmodern framework in the treatment of intercultural couples; (2) Identify four major relational challenges faced by intercultural couples; and (3) Learn specific clinical practices useful for the treatment of intercultural couples. (1.5 CEs)

2:30-4:00 pm

CS-203 From Ancient Wisdom to Contemporary Practice: Mindful Approaches

Elizabeth G. Brenner

When couples show their problematic interactions in therapy, the therapist can meet the challenges gracefully or not. Using our selves mindfully when caught in the middle of two warring people is critically important.

Neuroscience teaches us that our brains are wired both for connection and reactivity. One foundation of effective couple therapy is establishing an understanding of the vulnerability cycle that drives the missed connections that we often see in the form of interpersonal reactivity. Knowing this pattern creates potential for the couple to respond and connect in new ways. Sometimes mindfulness in couple therapy looks like a compassionate clinician asking productive questions to facilitate change; sometimes it involves helping clients use practices to help shift the reactivity in and out of the room; sometimes it involves creating a safe container for the work to progress. Bowen brought mindfulness to family therapy when he found ways to circumvent reactivity by encouraging a thoughtful perspective and emotional differentiation in relationships. Ancient wisdom traditions from the East have been Westernized in the last few decades, increasingly showing up in health care settings. Successfully integrating mindfulness practices in couple therapy involves a collaborative, empowering clinical stance that: (1) meets clients in an embodied way; (2) makes sure that any practices or interventions fit within their own individual, familial, and cultural contexts; and (3) assesses what people already know in the realm of relaxation, mindfulness practices, yoga, spirituality, and body awareness. Mindfulness practices for the clinician and for clients will be reviewed, demonstrated, and practiced. Learning Objectives: (1) Develop at least one new idea about using mindfulness practices to improve moment to moment interviewing skills to manage high conflict couple therapy sessions; (2) See, discuss, and practice mindfulness techniques for working with conflict in couple therapy; and (3) Share mindfulness practices that work in their settings with their unique populations and learn what other participants find useful. (1.5 CEs)

2:30-4:00 pm

CS-204 End of Life Challenges and Complicated Bereavement

John Rolland, Froma Walsh

Facing our own mortality or the death of a loved one is among life's most profound challenges. Yet, abundant research finds that the way we approach life's end and painful losses can yield unexpected personal and relational growth and transformation. John Rolland, drawing on his

Family Systems Illness Model, will address key therapeutic and ethical challenges with terminal medical conditions such as: end-of-life priorities and dilemmas in decision-making; opening blocked communication, secrecy and denial; facilitating reconciliation and healing of conflicts and estrangement; the “long good-bye” with dementia; integrating medical treatment with palliative care and hospice; dignity and control in the dying process; and value conflicts of healthcare professionals, patients, and families. Froma Walsh will apply her Family Resilience Framework in a systemic approach to complicated bereavement with tragic and traumatic losses, including death of a child; sudden and violent death; ambiguous situations; disenfranchised, stigmatized loss (e.g. HIV/AIDS, suicide); and collective trauma (major disasters, mass killings, war-related, and refugee situations). The presenters will offer practice guidelines and case illustrations to help clients to live and love well in approaching death and loss and in re-visioning their lives. Learning Objectives: (1) Describe a comprehensive resilience-based family systems model for assessment and clinical treatment with individuals, couples, and families facing end-of-life and complicated bereavement challenges (Family Systems Illness Model & Family Resilience Framework); (2) Provide practice guidelines to address challenging therapeutic and ethical issues for couples and families facing end-of-life and complicated bereavement; (3) Through case illustrations, describe brief interventions and other timely cost-effective applications of the Family Systems Illness Model and Family Resilience Framework in terminal illness and complicated bereavement; and (4) Highlight the power of meaning-making, hope, and spirituality for healing and resilience with end-of-life and complicated bereavement. (1.5 CEs)

2:30-4:00 pm

CS-205 Systemic Thinking in Primary Care: Talking with Residents and Patients

Silvia Cunto-Amesty, Michael Davidovits

For the past ten years, we have been holding weekly interdisciplinary meetings in a primary care clinic and training facility, affiliated with Columbia University. The clinic houses a Family Medicine Residency Program and is located in the Washington Heights neighborhood of New York City, a predominantly Latino area, with high rates of poverty and chronic illness. The

meeting follows the Integrative Care Conference model. Participating in the meeting is the clinical team (a Family Medicine Attending Physician, a Family Therapist, and a Psychologist) and a Family Medicine Resident and one of his or her patients. The clinical team asks open-ended questions to uncover contextual issues that may be affecting the patient's ability to manage his or her health, and may be affecting the resident's ability to work effectively with the patient. These issues may include poor family support, family conflict, caretaking demands, or other psychosocial stressors. In uncovering these, the aim is first, to better align the goals of the patient and the physician. Secondly, we are looking for possible modifications to the treatment plan that will take into account the patient's priorities. The presenters seek to undo the cycle in which the physician tries to get the patient to change healthcare behaviors, and the patient feels misunderstood and “resists.” Third, the presenters model techniques for thinking and asking questions in a systemic way, so that the resident can continue the relational focus that we have initiated. Learning Objectives: (1) Understand the theory and methodology behind the Integrative Care Conference; (2) Integrate relational questions into a clinical interview in a primary care setting; (3) Integrate relational hypotheses and relational interventions into treatment in a primary care setting; and (4) Assist residents in a primary care setting to think and interview systemically. (1.5 CEs)

2:30-4:00 pm

CS-206 Diabetes and Healthy Weight Programs with a Social Justice Approach

Rosa Maria De Prado

Currently associated diseases with obesity and diabetes are at the top cause of death and disability in several countries. Most of government and health system efforts and research have been focused on finding drugs, innovative technologies, educational materials, models of clinical care, among others, without achieving a significant impact in reducing disability rates and/or morbidity related with these conditions. Usually people affected by these medical conditions are not invited to the discussion table and this fact represents a great inequity, social injustice and waste of valuable resources. Participants will identify and discuss the benefits of a community approach in health prevention through the exposition of some strategies, video testimonials,

and outcome review of a particular model called “Accompaniment in the path of hope” that has been developed in the last 10 years through the presenter's research, practice, training, and supervision with community workers as family and narrative therapist. This model has been successfully applied to Diabetes and Healthy Weight programs with the Latino population in various regions of Mexico and Santa Ana, CA. It has a social justice framework from its application to vulnerable communities and the inclusion of “local knowledge and wisdom” of the consultants and their families as key players in health promotion. Learning Objectives: (1) Engage in critical discussions about accessibility and effectiveness in clinical care for people that are facing disease related conditions of diabetes and obesity; (2) Learn some strategies and tools of the “Accompaniment in the path of hope” model based in narrative practices; (3) Identify some strategies and the benefits of include and collaborate with their consultants as promoters in health like a complementary community approach to their clinical practice; and (4) Share their own perspectives and practices in the realm of social justice approaches to counter-practices in family therapy settings related with physical health situations. (1.5 CEs)

2:30-4:00 pm

CS-207 Joint Session, Finding Voice & Flourishing as Beginning MFTs

Dana Stone, Jessica ChenFeng

Our intent with this workshop is to give voice to some of the challenges and difficult encounters related to statuses such as race, ethnicity, and gender (among others) students, trainees, and interns have with peers, faculty, supervisors, and clients on their journey to becoming a marriage and family therapist. While most MFT training programs work to promote multiculturally aware and sensitive therapists, the discussions related to the student therapist's or intern's experience of discrimination in the classroom, the therapy room, and/or supervision are not often facilitated. Ali et al. (2005) discuss the lack of opportunity for student therapists and interns to discuss these discriminatory experiences. However, it is of critical importance to empower students to find their voice in these multiple contexts to share feelings, attitudes, and decisions connected to these experiences; without this, students with marginalizing experiences continue to have voiceless parts that do not get integrated into

their whole beings, having the potential to negatively impact clinical work. The purpose of this workshop is to engage current students and early career clinical interns in supportive discussions about self and identity in the self-of-the-therapist journey from student to licensed clinician. The presenters will share stories of students and interns grappling with questions of identity related to topics of race, religion, gender, beliefs, values, etc. and how those topics interact with the development of the therapist in academic settings and early career experiences. Supportive suggestions will be offered and new ideas generated for ways the student-trainee-supervisee can remain authentically themselves and access their voice on the self-of-the-therapist journey. Learning Objectives: (1) Proactively engage in reflection of their self-of-the-therapist journey through dialogue about marginalizing experiences; (2) Develop a supportive framework to access and utilize their voice for personal and professional growth; and (3) Pursue resources to keep them connected to colleagues, mentors, and publications that will affirm their growth as a whole-therapist.

Making of the Personhood of the Multicultural Supervisor

Nilou Tohidian, Karen Quek

As the field of mental health is gaining deeper awareness for the significance of providing culturally attuned psychotherapy and counseling, more consideration needs to be given to the development of multicultural competencies and advocacy skills in training programs. Enhancing the cultural competence of mental health supervisees necessitates the supervisor possessing expertise and experience to instruct and demonstrate how to integrate and effectively apply newly acquired knowledge, skills, and values in actual clinical practice. The research presents a paradigm of multicultural supervision that addresses the most significant supervisory component: The Personhood of the Multicultural Supervisor. Data set from 24 selected and recently published articles exclusive to multicultural supervisory practices provides valuable insight into the process of multicultural supervision. The results offer a detailed guideline and a comprehensive understanding of what it entails to provide culturally competent supervision, especially areas that culturally sensitive supervisors might need to refer for additional guidance and support when

working with diverse populations. The results reveal two major domains necessary for the personhood of the multicultural supervisor: (1) the philosophy of the multicultural supervisor; and (2) the traits of the multicultural supervisor. The emerging meaning units for each of these two components will be provided and explored in details. Learning Objectives: (1) Learn what constitute a multicultural supervisor; (2) Discover how to create a supervisory climate that is regarded as nonjudgmental, supportive, safe, and accepting for sharing cultural values; (3) Learn how a culturally competent supervisor attends to multiple aspects of differences and similarities among the supervisor, the supervisee, and the client; and (4) Learn how to integrate advocacy and social justice in supervision and the importance of recognizing experiences of privilege and oppression in clients' advocacy and social justice in supervision and the importance of recognizing experiences of privilege and oppression in clients' lives. **(1.5 CEs Joint Session)**

INTEREST GROUPS II

4:30-6:00 pm

IG-201 The Vulnerability Cycle: Expanding the Frame

Mona Fishbane, Corky Becker

In 2004, the article by Mona Fishbane and Michele Scheinkman, "The vulnerability cycle: Working with impasses in couple therapy" was published in *Family Process*. Over the years, many colleagues have found the construct and diagram of the vulnerability cycle helpful in clinical work as well as in teaching and training. This interest group will explore ways in which the vulnerability cycle diagram is being used as a key tool for change in couple therapy, as well as for teaching purposes, in light of developments in the past decade. The facilitators will explore the neurobiology underlying couple reactivity in the vulnerability cycle. They will also consider how use of the diagram can facilitate change in couple dynamics, especially when partners are stuck in an impasse. Helping partners identify their own vulnerabilities and survival strategies allows them to become more empowered in their relational behavior; it also can facilitate intimacy, as partners witness each other's vulnerabilities and hold them with care rather than responding with kneejerk reactivity when hurt. While the vulnerability cycle diagram was originally devised for work with couples, it can be applied

in other contexts as well, e.g., intergenerational family relationships, friendships, work contexts, and supervision. The facilitators invite participants to reflect on their own use of the vulnerability cycle in teaching and training as well as in their clinical work with couples and families. Learning Objectives: (1) Diagram the couple's vulnerability cycle; (2) Identify the neurobiology underlying partners' reactivity in the cycle; and (3) Implement techniques to facilitate intimacy, empathy, & relational empowerment in couple therapy. **(1.5 CEs)**

4:30-6:00 pm

IG-202 Facilitating Conversations About Oppression

Laurel Salmon

The special interest group presents clinicians and teachers with a 10-point guide for effectively facilitating conversations about oppression. It gives facilitators a way to focus conversation, maintain control of the conversation and an ability to set achievable outcomes for these conversations. Learning Objectives: (1) Develop an ability to create accountable conversations about oppression; (2) Learn the best way to structure conversations about oppression; (3) Learn how basic oppression dynamics work and how to easily explain them to others. **(1.5 CEs)**

IG-203 Masculinities: Revisiting Men's Issues in the 21st Century

Rob Garfield, Michael LaSala

Today men and women need a broader, more inclusive vision of masculinity, one that helps men better connect with themselves and others. This interest group open to both men and women of all sexual orientations, and gender identities/expressions, will focus on new theory and research related to men's issues and their clinical applicability in the consulting room. Participants will get to share clinical questions as well as the work they've been doing with and about men and masculinity in their professional life. More specifically, this group will explore: How therapists can best engage men in individual and couples therapy and help them deepen their emotional intimacy skills; Useful approaches to connecting with and supporting men from diverse cultural backgrounds, gender expressions, and sexual orientations. The facilitators will invite you to consider how these approaches respond to current social concerns such as those raised by

the “Black Lives Matter” movement and in better understanding LGBT persons; How close male friendship can empower men to better address their health and relationships with partners, children and colleagues; and understanding the social forces that are reshaping our current expectations of men, and how we “do” masculinity. The facilitators will highlight the significance of men’s movements today. Can they be taken seriously? How do women’s voiced/perspectives impact on the conversation? How do political and social institutions and intersections of homophobia, racism, sexism and trans-phobia within these structures influence current thinking about models of masculinity and vice-versa? Learning Objectives: (1) Learn how therapists can best engage men in individual and couples therapy and help them deepen their emotional intimacy skills; (2) Learn useful approaches to connecting with and supporting men from diverse racial and ethnic backgrounds, gender expressions, and sexual orientations; (3) Learn how a close male friendship can empower men to better address their health and relationships with partners, children, and colleagues; and (4) Understand the social forces that are reshaping our current expectations of men and how we “do” masculinity. (1.5 CEs)

4:30-6:00 pm

IG-204 Murray Bowen: The Man and the Theory

*James Smith, Kent Webb,
Carolyn Moynihan-Bradt, Sally Miller*

We are delighted to have a new Chair this year, Jim Smith, who is Director of the Western Pennsylvania Family Center. He organized

and hosted the first International Conference on Bowen theory that brought clinicians and researcher in from all over the world to present their innovative ideas. Thinking goes that Murray Bowen and homosexuality don’t go together. This year’s Interest Group will dispel that thought. Board member of the Murray Bowen Archives Project, Kent Webb, founder of The Practice of Inclusion, LLC, Denver, Colorado, will focus on his research regarding: “A Gay Male’s Development of Self from a Bowen Theory Perspective.” Murray Bowen will, as always, speak for himself, on DVD. And attendees who use the theory in their lives and in their practice will be encouraged to update participants on their various endeavors. Learning Objectives: (1) Understand that homosexuality is an example of variability in nature and the human species; (2) Understand the factors that have contributed to the presence of fear and anxiety; (3) Learn the role of acute and chronic anxiety in generations of family members; (4) Understand the challenges to homosexual male development of self; and (5) Learn the Four Lifecycle Phases. (1.5 CEs)

SPECIAL SESSIONS III

4:30-6:00 pm

SPEC-301 Global Dreamers: Responding to Undocumented Children

*Jelisaveta-Sanja Rolovic,
Maria Gabriela Pacheco, German A. Cadenas*

Public discussion about Immigration tends to highlight laws, borders, crisis, resources, economic factors, etc. However, little time is spent talking about the human capital and the psychological effects of migration. In this presentation, we will have a discussion around

the U.S. immigration process, the people, and how we can do a better job in helping immigrants through helping professions. This focus group provides a context for cross-cultural dialogue to talk about Dreamers world wide. From Syria to Latin America, it is despair that leads mothers and fathers to risk the lives of their children who walk thousands of miles, past wired fences and border patrols in a bid for safety and a new life. How do we receive them? How do they see and describe themselves? What kind of future do they have in the US? Using personal and clinical examples we will invite a dialogue about the politics of immigration and the multi layered effects on the immigrant, the natives, and the hearts of the country where the migration is happening. Identifying blind spots we have about immigrants and ways they intertwine with clinical work is a moral responsibility we all share.

Lastly, we will also review relevant theoretical frameworks for working with immigrant children and families, including Bronfenbrenner’s Ecological Systems Theory, Community Counseling Model and Empowerment, American Counseling Association’s Advocacy Competencies Frameworks. We will place emphasis on how to apply these theories in practice to support undocumented immigrants’ healing process. Learning Objectives: (1) Obtain direct contact to Dreamers, undocumented immigrants, and to become exposed to their experiences; (2) Overview a summary of relevant theoretical frameworks for addressing the needs of undocumented immigrant children and their families through therapy; and (3) Engage in deep critical reflection related to the actions that family therapists can take to support undocumented immigrant families and advocate with and on their behalf. (1.5 CEs)

SPECIAL EVENTS

6:30-9:00 pm

Special Event I: Dinner and dancing under the stars at Denver Athletic Club, one of Denver’s premier rooftop venues in the heart of downtown. Tickets: \$75, please sign up on registration form.

Special Event II: Student & Early Career Networking Dinner at the Sheraton. *Sponsored by Family Process.*





Friday

Denver Botanic Gardens

1007 York Street

The Denver Botanic Gardens, first laid out in the late 1950s, is one of the largest botanical gardens in the United States, occupying 23 acres next to Cheesman Park. The garden emphasizes native plants and sustainable, environmentally responsible practices.

CENTERING PRACTICES

7:00-8:00 am

CONTINENTAL BREAKFAST

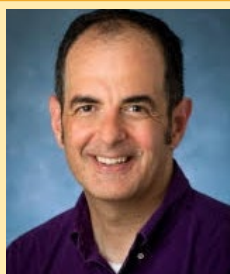
8:00-9:00 am

PLENARY II, PRESENTATIONS I & II

9:00-11:00 am

Presentation I: Improving Screening, Intervention, and Research via Evidence-Based Criteria for Family Maltreatment*Richard Heyman**Moderator: Marianne Wamboldt*

Nuanced, multifaceted, and valid diagnostic criteria for relational problems (e.g., intimate partner abuse, child maltreatment, couple and parent-child problems) have been created and can be used reliably in the field even by those with little-to-no clinical training/background. These criteria were included in the DSM-5 and in proposals for ICD-11. The use of such criteria such as these would likely lead to more reliable decision making in the field and more consistency across studies. Further, agreement with master reviewers on family maltreatment criteria was far higher than that usually reported for individual mental disorders. This presentation will provide an overview of (a) relational problems' scope and impact; (b) the reliable, valid, field-tested diagnostic criteria that have been used and the adaptation of these criteria used in DSM-5 and the proposed for ICD-11; (c) the screeners, questionnaires, and interviews used to assess them; (d) ongoing research of the criteria (e.g., international usability studies as part of the ICD-11 process; a just-begun large replication and extension study); and (e) implications of the criteria for



Richard Heyman, Ph.D., is the author of about 150 publications in scientific journals and scientific books. His research program at New York University has focused on the development and maintenance of family problems, with a strong focus on family maltreatment and relationship distress. Rick's current studies investigate these phenomena from the most microsocial (e.g., Do automatic, over-learned processes drive anger escalation in couples? What dyadic processes underlie both anger de-escalation and coercive escalation? Are these processes or abusive beliefs largely responsible for intimate partner violence [IPV] in community couples?) to the most macro social (e.g., Is it possible to drive down the prevalence of IPV, child maltreatment, suicidality, and substance problems by intervening on a population's risk factors, not on the problems themselves?). His research program includes a keen interest on methodological issues, especially on identifying and rectifying problems with measurement tools. Rick created the Rapid Marital Interaction Coding System, the most widely used system for observing couples, and directs its coding center (which codes couples' observations for the FTRG and for labs across the world).

improved screening of, intervention for, and research on couples and families. Learning Objectives: (1) Define the criteria for family maltreatment and couple relational problems incorporated into the DSM-5 and proposed for ICD-11; (2) Describe the evidence for the reliability, validity, and field-testing of the criteria; and (3) Explain the implications of the criteria for improved screening of, intervention for, and research on couples and families. **(1 CE)**

Presentation II: Therapeutic Change within an Intersectional Lens*Rhea Almeida**Marianne Wamboldt, Moderator*

Re-thinking the ethics of therapeutic convention calls for re-situating the concept of self-embedded in multiple identities of power, privilege, and oppression operating simultaneously. White Supremacy, Coloniality, Cis-Hetero-Patriarchy, Racialized Dominance, and Capitalism intersect in ways that create vastly different nodal experiences for individuals, families, and communities. Decolonizing strategies of healing necessitate

debunking the myth of individual and autonomous family structures. Centering the discourse on structural violence as a standpoint to therapeutic and policy initiatives this presentation will address healing for families caught in the crossfire of domestic and community violence. Learning Objectives: (1) Learn about the interlocking identities of victims, children and offenders; (2) Learn strategies for healing across generational boundaries; and (3) Experience the building of social capital across multiple fault lines of gender, race, class, and other targeted identities. **(1 CE)**

CONCURRENT SESSIONS III

11:15 am-12:45 pm

CS-301 Mother Infant Therapy Group for Postpartum Depression and Anxiety*Celeste St. John-Larkin, Jennifer J. Paul*

The Mother Infant Therapy Group is an evidence-based 12-week group program for mothers and infants, which addresses treatment for the mother, the baby, and the relationship in between. This session will provide background on perinatal mood and anxiety disorders. The presenters will describe the group process for work with mothers, infants, and parenting partners, and how this has been implemented in a tertiary care children's hospital setting. Goals for the session include: (1) increased awareness and ability to identify perinatal mood and anxiety disorders in the clinical setting; (2) knowledge of treatment options and resources for women and families struggling with these issues; (3) understanding of a group family therapy treatment program that addresses the needs of the mother, infant, and the relationship in the setting of postpartum



Rhea V. Almeida, Ph.D., LCSW, is the founder of The Institute for Family Services and is the creator of the Cultural Context Model. She has 25 years' experience as a teacher, therapist, consultant, speaker, and author. Rhea is the author of numerous journal articles, books chapters, and books, including *Expansions of Feminist Theory through Diversity*, *Transformations in Gender and Race: Family and Developmental Perspectives*, and is co-author of *Transformative Family Therapy: Just Families in a Just Society*. She received the American Family Therapy

Academy Award for Innovative Contributions to Family Therapy. The Domestic Violence Hotline has honored her for her work with women and families with domestic violence. Rhea is nationally and internationally recognized for her work with men. She has served on the editorial boards of several distinguished journals in the field including *The Journal of Cultural Diversity and Mental Health*, *The Journal of Marital and Family Therapy*, and *The Journal of Feminist Family Therapy*.

mood of a family and group technique available to help families experiencing perinatal mood and anxiety disorders; (2) Gain knowledge about tools to evaluate the mother-infant relationship; (3) Increase awareness of referral resources and treatment options for women experiencing perinatal mood and anxiety disorders; and (4) Recognize the presentation and describe the impact of mood and anxiety disorders on both mother and baby during the postpartum period. **(1.5 CEs)**

11:15 am-12:45 pm

CS-302 Putting Health Back into Health Care: Family Systems Lessons Learned in the Trenches

W. Perry Dickinson, Frederick S. Wamboldt

Family systems and primary care have long history of partnership, with family therapy playing a particularly strong role in the early development of family medicine as a specialty. However, family approaches have been increasingly difficult to promote and sustain in the current unhealthy healthcare system, with primary care practices squeezed into a heavy production mode that leaves little room for family-oriented care. Drawing from a rich background in family systems, the two presenters have worked extensively in assisting primary care practices to transform to new models of care that emphasize patient activation and engagement, improved chronic and preventive care, and integration of behavioral health care into everyday practice. Family systems concepts are extremely useful in guiding this work, including the approach to assisting practices in implementing change, dealing with practice culture, becoming more patient and family-centered, and changing the organizational hierarchy of care. This interactive session will provide an overview to the use of family systems concepts in the transformation of care, with examples drawn from experience across multiple projects. There will be ample time for discussion, including responses from the participants to some key questions regarding the use of family therapy concepts in improving health care to make it more "healthy." Learning Objectives: (1) Describe the models for enhanced primary care currently being implemented to accomplish the Triple Aim of improving care and patient experience while reducing cost; (2) Discuss how family systems concepts can be used in improving the cultures

of primary care practices and improve the ability of practices to implement new models of care; (3) Describe the use of family therapy concepts to improve health behavior change efforts in practices; and (4) Discuss other ways in which family therapy approaches can be useful in primary healthcare. **(1.5 CEs)**

11:15 am-12:45 pm

CS-303 Family Therapy HIV-Prevention for Gay/Bisexual Youth

Michael LaSala

Background: Men who have sex with men including gay and bisexual men, are estimated to be 5% of the population but make up over 50% of all HIV cases in the U.S.. Despite ongoing education and prevention efforts, HIV infection among young gay and bisexual men (YGBM) rose 22% from 2008 to 2010, accounting for 72% of all newly diagnosed cases, and Black and Latino YGBM are disproportionately overrepresented in these statistics. HIV-prevention programs targeting YGBM emphasize education, stress reduction, communication, sexual assertiveness training, and peer education, and such individually focused interventions have been shown to be effective. However, the overrepresentation of YGBM in the HIV statistics, along with the relentless rise of infection among them, suggests that prevention efforts targeting this group warrant further development. Up until recently, the extant literature has been largely silent on family-based HIV prevention for YGBM. There is a small but growing body of knowledge that articulates the role and influence of the family in HIV prevention for YGBM, and such findings begin to lay the groundwork for family therapy as an HIV prevention intervention for this vulnerable population. The author will present findings from his own studies of a sample of 38 gay and bisexual youth (12 White, 12 Latino, 14 Black). This workshop will also present parents' and youths' suggestions for structural/macro level interventions. How interventions must be modified to address the intersection of racism and heterosexism will be illustrated. Learning Objectives: (1) Describe the potential role of family influence on the risk behaviors of gay and bisexual youth; (2) Apply this new knowledge to their work with families; (3) Explain how to modify these interventions to address double stigma and intersecting oppressions

experienced by Black and Latino families; and (4) Describe macro level interventions to address the HIV epidemic, based on parents' and youth's suggestions. **(1.5 CEs)**

11:15 am-12:45 pm

CS-304 Collaborative Processes in Emotionally Focused Therapy

Jim Thomas

E.F.T. is an evidence-based model, but not a cookbook approach. It requires clinicians collaborate with partners regarding vulnerable aspects of relational experience. An outline of E.F.T. will be provided supported by video clips of work with couples. This session will focus on the therapist empathy and emotional presence forming the collaborative alliance. Learning Objectives: (1) Define key aspects of Emotionally Focused Couples Therapy related to collaboration in clinical work; (2) Identify key task alliance opportunities or issues in applying E.F.T. with couples or families; and (3) Role-play practice fostering collaboration while applying a fundamental E.F.T. Intervention with a distressed couple. **(1.5 CEs)**

11:15 am-12:45 pm

CS-305 Joint Session, "Trans"-formative Couples Therapy

Paul Levatino

Two women have been married for 20 years. They met and married as man and wife. After 15 years, an announcement, and a transition, they became wife and wife. The gender transition within the relationship brought about inward and outward upheaval in their individual and shared lives. The emergent and overdue visibility from the transgender community has significant implications for marriage and family therapists. Couples therapy treatment issues are more complicated than employing a "trans-positive" approach and operating within the binary of male/female gender identity and the gay/lesbian/hetero model. Marriage and family therapists must consider each person's unique perspective of gender identity and gender orientation in addition to each individual's psychosocial development within the couple. In this workshop one couple's exploring the unique interpersonal and have greater understanding and familiarity to work with couples that involve transgender individuals. Learning Objectives: (1) Learn and use

respectful language when working with transgender clients; (2) Identify common interpersonal and intrapersonal challenges within the transgender couple; and (3) Role-play a mock session to identify and clarify the inner needs of each individual while supporting the couple.

Working to Affirm our LGB Couple Clients

Philip Rutter

With more lesbian, bisexual, and gay clients navigating pre-marriage or marital issues comes an entire unique set of dynamics particular to the queer system. While many marriage and couples therapists know of these layers of presenting issues, participants will learn of the most salient theories to integrate and provide a more comprehensive gay affirmative experience for their same-sex couples. The initial part of the presentation will examine the theories critical to gay affirmative practice. Questions that will be covered include: Which theories are best? How do we decide the most apropos for the gay or lesbian couple we serve? The second segment of this talk will explore clinical vignettes to apply learning/strategies. In light of couples and family therapy foci, vignettes will include same-sex couples that are married or committed, polyamorous or open systems, and LGB couples navigating adoption and parenthood. Participants will supplement current knowledge of dynamics for LGB couples as well as learn novel approaches to truly affirm and address the queer couples' journey. Learning Objectives: (1) Identify most salient affirmative theories for same sex couples; (2) Describe and expand understanding of why an integration of discussed theories best serves queer couples; and (3) Examine and decide best approach to resolve clinical vignettes presented present opinions and decision making process to clinical peers. **(1.5 CEs Joint Session)**

11:15 am-12:45 pm

CS-306 Prepped To Change: Promoting Change in Public Systems Service Delivery

Ken Epstein, Kenneth Hardy

In the last few decades, leadership models have emerged designed to help transform large organizations by increasing quality, efficiency, and productivity. Nonetheless, large healthcare and human service agencies have continued to struggle with intractable problems including

institutional racism and systems fragmentation. The translation of private sector leadership models to the public sector has generally failed to incorporate three main ingredients: an understanding of systemic trauma, the difficulty of discussing the impact of race on the workforce and the community, and the nature and importance of healing relationships within the organization and between the organization and the community. Trauma is a well-researched social health problem that impacts individuals, families, communities, and organizations. It disrupts normal, healthy development and thus the formation of healthy, supportive relationships between individuals, within families, throughout communities as well as in healthcare and human service organizations. Organizations can therefore become entrenched and reflect the same symptoms identified in individuals producing fragmentation, reactivity, numbing and a loss of hope. The San Francisco Department of Public Health has initiated two transformational processes intended to facilitate racial dialogue among mixed race and ethnicity leaders and training for the entire workforce on Trauma Informed Systems. This process builds on systems theory, and incorporates racial humility, trauma, attachment, and relationship theories into leadership model designed to help organizations heal, develop, and thrive. This workshop will outline the work so far, describe how it was developed, current data on how it is working, and foster a dialogue on fostering change in the public sector. Learning Objectives: (1) Provide a systemic view of the issues faced within large public service systems; (2) Outline an intentional process of change in the system, incorporating Racial Humility and Trauma Informed Systems as a catalyst; (3) Promote a generative conversation about this approach and the importance and challenges of organizations centering race and trauma in leadership, policy, and programmatic structures. **(1.5 CEs)**

11:15 am-12:45 pm

CS-307 Collaboration and Community for Sustainable Justice

Jessica ChenFeng, Justine D'Arrigo-Patrick, Lindsey Lawson, Lana Kim, Elisabeth Wilson, Kirstee Williams, Aimee Galick

Family therapy faculty who value the work of social justice and seek to increase critical

consciousness in their students and university environment face a myriad of challenges: student discomfort with their own privilege, backlash and resistance, overt and covert disrespect, discouragement, and exhaustion. This kind of work cannot be done alone, and we realized as colleagues and friends that we needed each other's support. Seven of us early career (2 Asian North American, 5 White) faculty who teach MFT diversity courses at universities across the United States (northwest, southwest, northeast, south) recognized the need for support and began a monthly Skype collaboration. In these monthly meetings, we shared our experiences, processed challenging classroom dynamics, connected around our own personal reactions, and supported one another. This presentation will highlight the themes that surfaced in our meetings: (1) our own roles and social location and how this impacts the teaching process, (2) the relevance of our students' social location, (3) significance of university context/support, (4) cross-racial emotional support shared, and (5) key moments of change in our own awareness, understanding, and process related to these issues. Presenters will share their background, and history of relationships, and how these monthly Skype meetings contribute to sustainability and continued perseverance and hope in advancing justice. Learning Objectives: (1) Analyze the constraints and potential resources that impact your ability to stay committed to social justice when challenges arise in the classroom, supervisory relationship, and among other colleagues; (2) Examine your own strategies for naming white privilege and interrupting white supremacy in your own universities and classrooms; (3) Explore the unique challenges and opportunities they experience in doing social justice work based on their own social locations and identities; and (4) Identify strategies for cultivating a community of support networks that sustains you as we endeavor to remain faithful to furthering the work of social justice within the field of MFT. **(1.5 CEs)**

Community Psychotherapy

Carl Hampton, Chaaee Roberts

This session is canceled.

CONCURRENT SESSIONS IV**2:30-4:00 pm****CS-401 Family Centered Care for the Treatment of Eating Disorders in Children and Adolescents***Jennifer Hagman, Mindy Solomon, Thomas A. Roesler*

The session will be focused on innovative approaches to family involvement in the treatment of eating disorders, including application of the principles of Family Based Therapy (FBT, Maudsley), Multifamily group and Parent Supported Nutrition across all levels of care, including outpatient, intensive outpatient, partial hospitalization, inpatient psychiatric, and medical units. The goal of the presentation is to encourage participants to optimize family engagement in treatment and to advance their skills in the treatment of eating disorders. Learning Objectives: (1) Describe the principles of Family Based Therapy (FBT); (2) Demonstrate understanding of multifamily group; and (3) Discuss approaches to expanding family involvement in their practice or programs. (1.5 CEs)

2:30-4:00 pm**CS-402 Prevent Burnout: Stress Management Through Humor***Ronald Dolon*

Adult protective service workers have long dealt with emotions like fear, anger, and anxiety, but have neglected the value of humor. One important response is our sense of humor. Hans Selye, a noted expert on stress, has written that a person's interpretation of stress is not dependent only on the external event, but is also affected by that person's perception and meaning of the event. Stress has been connected to heart disease, chronic fatigue, and low self-esteem. Humor produces the opposite psychological response to stress. Research out of the Department of Clinical Immunology at Loma Linda University School of Medicine suggests that laughter stimulates the immune system of setting the effects of stress. This workshop will explore the benefits of using humor as a tool to reduce stress. Learning Objectives: (1) Become familiar with practical ideas on how to show a sense of humor; (2) Understand how humor affects your physical and mental

health; (3) Identify specific skills needed to prevent compassion fatigue; and (4) Learn how to chart your sense of humor. (1.5 CEs)

2:30-4:00 pm**CS-403 MEND: A Multidisciplinary Approach to Chronic Illness***Brian Distelberg, Daniel Tapanes, Deepti Vaswani, Jackie Williams-Reade, Griselda Lloyd*

Psychosocial interventions for pediatric chronic illness have been shown to be effective in supporting the management of the illness. When these interventions are family systems based, they also offer a stronger and more sustainable effect. This is a clear trend given four meta-analysis studies. This presentation explores what is currently known from multiple evaluations of psychosocial interventions for chronic illness, as well as highlights the important role of family systems in this work. Then the presenters will illustrate the best practices with an exposition of the MEND (Mastering Each New Direction) program. MEND is a multidiscipline family systems psychosocial outpatient program. It was developed to intervene at the family as well as internal cognitive and biological stress levels to improve illness treatment adherence but also the systems that maintain health in the child and the family. The presenters will provide a detailed overview of this program as well as highlight three years of empirical evidence which has shown that this program: Increases adherence, improves health, improves health related quality of life of the child and family, increase cognitive abilities, reduces stress and improves academic performance. In addition, the presenters will demonstrate that the financial benefits of family systems based programs greatly out way the financial costs. They will support this with a prospective cost benefit analysis of MEND patients. This session will conclude with discussing extensions of the MEND program to adults with chronic illness and Veteran populations. Learning Objectives: (1) Articulate why family systems approaches to chronic illness greatly out way individual level interventions; (2) Identify the most crucial, and best practices, for psychosocial interventions in pediatric chronic illness; (3) Learn the MEND program and the conceptual, as well as multidisciplinary operational, components of the program. (1.5 CEs)

2:30-4:00 pm**CS-404 Walking the Delicate Balance: Interpersonal Violence in Couples***Mary Jo Barrett, Linda Stone Fish*

It is not uncommon for therapists to discover violence when working with couples, and then struggle to balance multiple competing therapeutic issues and goals. The violence can dysregulate the therapist and be disruptive to the therapeutic process. This workshop will present The Collaborative Change Model, an integrative approach that gives the clinician a blueprint for establishing safety, harnessing resources in the couple, and facilitating change. Learning Objectives: (1) Work with interpersonal violence within the context of complex developmental trauma; (2) Utilize the Collaborative Change Model; (3) Understand the impact on the therapist when working with violence. (1.5 CEs)

2:30-4:00 pm**CS-405 Joint Session, Experiential Self of the Therapist Training***Michael Sude, Laura Gambrel*

The self of the therapist is a vital component of therapy, and self of the therapist training can help therapists transform their own struggles into therapeutic resources. The presenters developed two experiential training exercises to help therapists use their own personal relationships to identify more with their clients' experiences. Both exercises go beyond increasing self-awareness, and provide opportunities to acknowledge and address specific relational issues in therapists' personal lives. The presenters will guide participants through both activities where they will learn how to facilitate them with trainees, while doing their own self of the therapist work. The first exercise, "Talking About Versus Talking With" was designed to help therapists identify more with the complexity and intensity of doing relational therapy. Participants will be paired for this structured activity and asked to identify and struggle with a difficult relationship in their personal lives. Processing and discussion questions will follow. The second exercise, "The ANG Activity, was designed to help trainees identify themselves as both victims and perpetrators of emotional pain. It was intended to supplement training activities that frame therapists as "wounded healers" and also

address times that they wounded others. this presentation, it will focus on emotional pain in couple relationships. Learning Objectives: (1) Experiment with acknowledging and addressing self of the therapist issues related to significant personal relationships; (2) Differentiate emotional intensity of doing relational versus individual therapy; (3) Develop sensitivity for self and others as both victims and perpetrators of emotional pain; and (4) Formulate ways to integrate relational self of the therapist exercises into couple and family therapy training.

Teaching Couples Therapy: Beyond the Clinical Encounter

Anne Fishel, Robert Althoff, David Rubin

Teaching students how to engage couples early in therapy and how to bridge therapy to home are two vital aspects to being a competent couples therapist. The presenters will describe two practices for involving couples before they step inside an office, and for extending the work after a therapy session. Often couples come to therapy waiting for assessment and treatment to begin. The therapist, likewise, may view each couple as a tabula rasa – waiting for the first session to inform their assessment and treatment. Couples, however, enter the room with strengths and weaknesses that they perceive in themselves and in their partner. There are methods to assess these strengths and weaknesses prior to the first session and to use those data in the assessment session. One such instrument is the Achenbach System of Empirically Based Assessment (ASEBA), which the presenters will use to teach couples therapists how to interpret data and use the results to engage couples in treatment. Reflecting teams are both a powerful consultation tool and a compelling way to teach couples therapy. At MGH, we have used and researched the additional technique of writing a letter following a reflecting team consultation. This session will also invite participants to discuss the challenges and solutions that they have come up with to overcome institutional resistance to teaching couples therapy. Learning Objectives: (1) Develop an understanding of how and why to use a clinical assessment tool, like the ASEBA in couples therapy; (2) Understand the benefits of using the reflecting team and letter-writing as teaching techniques; and (3) Uncover and

discuss common challenges and potential solutions for institutional resistance to couples therapy teaching. (1.5 CEs Joint Session)

2:30-4:00 pm

CS-406 Human Rights Values in Family and Systems Research

Michal Shamai

The goal of this presentation is to facilitate discussion on the way human rights and dignity are taken into consideration when researching families and systems of vulnerable and excluded populations. The presentation will focus on studies performed with people living in poverty, starting with a description of possible violation of human rights and human dignity when studying these populations. Optional research methodologies will be proposed, such as a joint study group and action research, among others. In addition, this session will focus on ways of using the results to give voice to these populations while preserving the dignity and human rights of people and families living in poverty. More specifically, three studies will be described. The first was conducted in the early 1990s and will be used as an example of a study that took research ethics into consideration. However, it did not focus on human rights and human dignity, unlike the other two example studies that were conducted in the 21st century. The focus of comparison between the studies will center on changes in the researcher's position over the years. Learning Objectives: (1) Increase awareness of human rights and human dignity issues when researching vulnerable systems and populations; (2) Learn about possible methodologies that can be used when integrating human rights and human dignity values in research of vulnerable systems and populations; and (3) Clarify the researcher's position when performing research with vulnerable systems and populations. (1.5 CEs)

2:30-4:00 pm

CS-407 Integrating Oppression Analysis Into Supervision and Clinical Practice

Laurel Salmon

The purpose of this presentation will be help therapists and those supervising therapists to incorporate an understanding of how dynamics of oppression impact all of our clients and the problems they bring to therapy.

Supervisors and therapists will be given a framework for understanding their own biases, understanding oppression dynamics, and how to share that information with therapists. When we do not understand how our clients are impacted by oppression we are missing large parts of how they experience the world and how those experiences shape who they are. Learning Objectives: (1) Understand oppression dynamics that impact our clients; (2) Help clinicians understand their own biases; and (3) Incorporate oppression analysis into supervision. (1.5 CEs)

PEARLS OF WISDOM

4:30-6:00 pm

The seventh annual Pearls of Wisdom panel event will feature three esteemed pioneers in the field, Martha Edwards, Carmen Knudson-Martin, and CharlesEtta Sutton. The panelists will share about the personal and professional influences that have led them to think, write, and work with couples and families, and they will share "pearls," "nuggets," and "tid-bits" of their experiences and knowledge.

The Pearls event provides an opportunity for early career and student members to hear from pioneers in the field and (1) promotes cross-generational transmission of ideas and discoveries in the field of family therapy; (2) increases knowledge of critical moments of the history of the field of family therapy; and (3) connects the history of family therapy with the history of the pioneers who have shaped the field. (1.5 CEs)

POSTER FESTIVAL

6:00-8:00 pm

The Poster Reception will gather posters featuring clinical work and research on couples and family therapy, larger systems, training and supervision from AFTA members and non-AFTA members from around the world. More information coming soon.

SPIRITUAL SERVICES

6:30-7:30 pm

We invite those attending the conference to take time and join with others for spiritual reflection. Others are welcome to arrange a different spiritual service gathering if desired.

Coors Field Stadium

20th and Blake Streets

Coors Field is the home of the Colorado Rockies baseball club. From some seats it's possible to see the Rocky Mountains in the distance. There are tours of the facility year round. One of the later additions to Coors Field is the Mountain Ranch Club with indoor and outdoor dining, weather permitting.



Saturday

CENTERING PRACTICES

7:00-8:00 am

CONTINENTAL BREAKFAST

8:00-9:00 am

PLENARY III

9:00-11:00 am

Moving Beyond Dichotomies of Clinical Work and Social Justice: Intersectionality and Power as Integral to Family Therapy and Research

*Deidre Ashton, Andraé Brown,
Celia Falicov, Carmen Knudson-Martin*

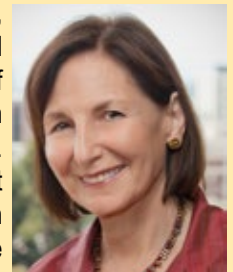
Moderator: Jodie Kliman

As family and systems practitioners, trainers, and researchers, how can we make creative use of the dynamic tension between those professional agendas dedicated to assuring competencies in our fields and those addressing the effects of power, privilege, and marginalization on our work? Panelists will address this question by embracing this tension, with presentations based on the premise that we cannot engage in truly competent clinical, organizational, research, or teaching practices, absent a stance based on a social justice approach to power and intersectionality. Conversely, we cannot do effective socially just systems work without careful attention to our technical and ethical responsibilities as practitioners, trainers, and researchers. Speakers will briefly present the frameworks they have developed and used to effect such integrations, placing these frameworks in the context of their own complex, intersectional, and embodied social locations. A brief film clip "case" will illustrate a family or couple in the midst of a relational challenge. Panelists will offer their thoughts about the "case," suggesting the lines of inquiry that emerge from their respective frameworks, exploring what we need to know about the family and their lives, and why. Panelists will then engage in a reflective dialogue about each other's ideas in this "case," with a focus on embracing intersectionality in understanding and hypothetically intervening in the clients' relationship, meaning-making, and circumstances. The session will end with a brief question-and-answer period. Several concurrent dialogue groups about the plenary will immediately follow. Learning Objectives: (1) Recognize the importance of addressing intersectionality as a context for intervention; (2) Compare and contrast different models and approaches to families within



Deidre Ashton, MSSW, LCSW, is a therapist in private practice, specializing in socially just couple and family therapy, and clinical supervision. She served as executive director and faculty/supervisor for the Center for Family, Community and Social Justice (CFCSJ) for a total of 7 years. Deidre has taught at graduate and postgraduate institutions in the areas of couple family systems therapy, context-centered family systems therapy, cultural competence/humility, social justice in clinical practice, use of self, and self of the therapist. She has written about the LGBTQ family life cycle, and culturally affirmative therapy and supervision practices. Deidre is currently a member of the American Family Therapy Academy, and has served on the Board of Directors.

Celia Jaes Falicov, Ph.D., is an internationally known family therapy author, teacher, and clinician. She was born and raised in Argentina. She later moved to the U.S. where she received a PhD in human development from the Univ. of Chicago. Celia is a past president of AFTA, a fellow of AAMFT, the American Orthopsychiatric Association, and the San Diego Psychological Association. She is a clinical professor non-salaried in family medicine and public health at the Univ. of California San Diego, where she is funded to direct Mental Health Services at the Baker Student-Run Free Health Clinic. Celia maintains a private practice and provides clinical consultation, supervision, and workshops. She is well known for her theoretical and clinical practice writing on family transitions, migration, and cultural perspectives in family therapy practice and training. Celia's current work focuses on addressing the mental health care needs of underserved families, particularly Latinos, and teaching health and mental health practitioners to think in terms of the impact of migration and culture on health risks and strengths.



socially conscious frames of reference; and (3) Identify questions that can inform intervention in context of social and cultural factors and social justice concerns. **(2 CEs)**

CONCURRENT SESSIONS V

11:15 am-12:45 pm

CS-501 How to Give a Voice in Family Therapy to Children of Immigrant Families

Maurizio Andolfi

This presentation will outline a Multigenerational Family Approach in working with marginalized families and communities. In the observation of the family life cycle, an important role is given to children, who are engaged in therapy as significant relational bridges in the dialogue/clash between generations. The presenter will describe how to give a voice in family therapy to children of immigrant families, exploring with their help the family journey. Drawing together the genogram as the map of the family world, will allow identification of important nodal points in family life. Cut-offs from extended family and communities, painful losses, broken connections, marital separation related to the process of emigration will be illustrated as well as conflict, discrimination, and shame experienced in the new adopted country. Through some video segments of family consultations, the presenter will show how to build an alliance with the family through the symptomatic children in order to

heal old wounds and cut-offs and restore a sense of belonging and direction in the present life. Learning Objectives: (1) Learn how the symptoms of family members, especially children, may reflect the sense of loss and tensions in the family due to immigration; (2) Learn how to help a family toward an easier adjustment to a new cultural dimension, through joining with the children and their perspective; and (3) Learn how to use an experiential model of therapy, adopting a multigenerational family approach. **(1.5 CEs)**

11:15 am-12:45 pm

CS-502, Black LGBTQ+ Youth on the Verge of Destruction

Monique D. Walker

Prior research suggests that parent-child relationships can both positively and negatively affect the mental health of lesbian, gay, bisexual, and queer (LGBQ) youth and young adults, yet few researchers have examined the role of parental acceptance/rejection specifically within Black families. The discourse in Black communities often perpetuates the notion of "more" homophobic and heterosexist (especially considering the impact and importance of Black Churches), and these assumptions have gone largely unexamined from a critical perspective. Situated within three theoretical frameworks, Attachment Theory, Intersectionality Theory, and the (Multiple) Minority Stress Model, this



Andraé L. Brown, Ph.D., LMFT, has professional career highlights that include serving as professor at Hunter College, NY and Lewis & Clark College in Portland, OR. He has also served as the co-director of Affinity Counseling Group in NJ, a research fellow for the Council on Contemporary Families, and as member of several national boards. Andraé is also a recipient of the 2014 AFTA Early Career Award. His entrepreneurial spirit has led him to start several businesses designed to bring an empowerment, and social justice based framework to the fields of mental health, education, public policy, sports, and entertainment. Andraé currently operates Heru Consulting, an independent clinical, research, and consulting practice; is a visiting associate professor at Howard University; and a clinician at the Psychological Group of Washington.

Carmen Knudson-Martin, Ph.D., directs the Marriage, Couple, and Family Therapy program at Lewis and Clark College. Her scholarship focuses on how the larger social context influences health and well-being and how therapists can address the inequities that result. Carmen especially loves working with couples and is widely recognized for her work regarding gender, marital equality, and relational health. She is a founder of Socio-Emotional Relationship Therapy, an approach that attends to the ways couple interaction, emotion, and socio-cultural context come together in clinical process. Carmen's teaching and practice are based on her conviction that how therapists conceptualize client concerns is an ethical issue and that clinical practices have consequences that are never neutral. She is an AAMFT-approved supervisor and licensed MFT. Carmen served as an associate editor of the *Journal of Marital and Family Therapy* and is currently editor of the *AFTA Springer Brief Series in Family Therapy*, vice-president of the Family Process Institute, board member of the American Family Therapy Academy, and past president of the CA Division of the American Association for Marital and Family Therapy.



presentation will share the results of a study of Black LGBTQ youth, examining how their perceptions of parental acceptance/rejection impacts their racial and sexual identity largely unexamined from a critical perspective. Situated within three theoretical frameworks, largely unexamined from a critical perspective. Situated within three theoretical frameworks, Attachment Theory, Intersectionality Theory, and the (Multiple) Minority Stress Model, this presentation will share the results of a study of Black LGBTQ youth, examining how their perceptions of parental acceptance/rejection impacts their racial and sexual identity development, and their mental health. The primary aim was to critically examine the specific mechanisms and factors that may or may not influence Black parents' relationships with an LGBTQ child. This study's results highlight what has oftentimes become the consequences of Black LGBTQ+ youth who experience parental/family rejection, peer and community victimization, and severe depression and low self-esteem. Too many young lives have been taken at the hands of police, homophobic and transphobic individuals, and sadly at the hands of some LGBTQ+ youth themselves. Links will be drawn from what this research found and the very real impact of rejection of LGBTQ+ youth. Examples will highlighting highlight this destructive yet pervasive cycle, and clinical interventions will be suggested for working with Black families and communities

around these issues to reduce psychosocial risk factors. Learning Objectives: (1) Recognize gaps in extant (research and clinical) literature pertaining to the experiences of Black LGBTQ youth and Black families; (2) Critically analyze the relational and socio-emotional context of Black LGBTQ youth and their families and challenge stereotypes; (3) Incorporate more culturally humble and relevant assessments and clinical interventions with Black LGBTQ youth and families; and (4) Integrate conversations about "socially charged" topics such as racism, heterosexism, cissexism, and other forms of oppression through a social justice lens into their clinical practice more seamlessly and effectively. (1.5 CEs)

11:15 am-12:45 pm

CS-503 Social Justice Forum: Health at the Margins: The Social Policy Context of America's Health Disparities

Jennifer Greenfield

At a volatile time in our country's political and economic history, the direct effects of social policies and the sociopolitical environment on individual wellbeing are garnering increased attention. From the epidemic of lead poisoning in Flint, MI, to the skyrocketing rates of drug overdose among low-income Americans, the long-term effects of inequality—and the public policy choices of elected officials—are taking their toll on the health and mental health of individuals

and families in the U.S. The presenter will take a closer look at a few of the policies that directly impact the wellbeing of families in the U.S., and the mechanisms of those impacts. In particular, two common family experiences—giving birth and caring for an aging parent—will be examined with an eye toward understanding how the policy context shapes these experiences, the decisions made by family members, and the health and mental health outcomes that result. Data from two research projects will be presented. In the first, the presenter will review a comparison of wealth and income trajectories of caregivers of aging parents with their non-caregiving peers, with special attention to how the experience of caregiving effects those who are already more vulnerable because of the cumulative effects of race, gender, and health challenges. In the second, preliminary data from an ongoing study of mothers of hospitalized preterm infants will be presented, with a look at how these mothers' access to employment, paid leave, and other supports impacts both their mental health and the physical health of their infants. The presenter will invite participants to brainstorm ways in which family therapists can work with and on behalf of clients to effect systemic change and support wellness among America's most vulnerable populations. Learning Objectives: (1) Describe major health disparities affecting communities of color and women in the U.S.; (2) Evaluate the role of several social policies in perpetuating or ameliorating these disparities; and (3) Develop effective advocacy strategies to promote systemic change. (1.5 CEs)

11:15 am-12:45 pm

CS-504 Premarital Relationships: Implications for Practice

Galena K. Rhoades, Scott M. Stanley

The vast majority of research conducted on romantic relationships has focused either on college samples or on marriage. Similarly, clinical services and interventions for couples have historically been developed and offered primarily with married couples in mind. The speakers will review findings from a recent national study on ways that individual and couple experiences before marriage relate to later marital quality. They will discuss these findings in light of theories of the ways that early relationship experiences and trajectories of relationship development may shape later marital outcomes, and the implications for working with both individuals and couples. The presenters will also introduce their conceptual

framework, referred to as “sliding vs. deciding.” The idea is that couples will experience better outcomes in their relationships if they make mutual, informed decisions, rather than sliding through relationship transitions or events that are potentially life-altering. In addition, this presentation will focus on the ways that research on unmarried and premarital relationships informs clinical practice. The presenters will discuss the current status of relationship education/preventive programs for couples and individuals and describe best practices for working with unmarried individuals and couples in therapy. Learning Objectives: (1) Describe recent research on unmarried or premarital relationships; (2) Use theories related to relationship development to diagnose relationship problems; and (3) Apply current research on relationship development to supporting therapeutic change. (1.5 CEs)

CS-505 Renewing Desire: Interventions for Sexless Couples

Tammy Nelson

This presentation will explore where lack of desire originates in sexless and low-sex couples and how to treat desire discrepancy using interventions and contemporary treatment models that work. Using case studies of diminished or postponed pleasure, this presentation will focus on couples who suffer from low-sex or no-sex marriages and who struggle with three areas primarily: pleasure resistance, pleasure avoidance and pleasure rejection. The presenter will explore three clinical strategies for these desire discrepancies in relationships: (1) healing arousal dysfunction; (2) renewing and rekindling desire; and (3) integration, a trauma model. Within these three strategies the session will explore whether good sex is intrinsically about attachment or individuation and separation. Using dialogue, sex therapy, and specified couples therapy techniques, couples can achieve sexual empathy and long-term erotic recovery. Learning Objectives: (1) Learn how to work with couples that are struggling with desire issues such as pleasure resistance, pleasure avoidance, and pleasure rejections and how separation, betrayal, trust and identity issues effect eroticism in their sexual partnerships; (2) Learn and define some of the latest and most current treatment interventions for arousal dysfunction, renewing desire, integration, pharmacological treatment, and sex therapy; and (3) Explore erotic recovery, sexual empathy, monogamy agreements, and review core interventions for renewing low and no desire relationships,

comparing strategies to attachment versus individuation based couples therapy. (1.5 CEs)

11:15 am-12:45 pm

CS-506 Joint Session, Systemic-Motivational Family Therapy for Substance Abuse

Peter Steinglass, Carrie Sanders

This workshop is designed to introduce participants to one of the most comprehensive family-based treatment approaches for alcohol and drug abuse disorders—the systemic-motivational family treatment model (SMFT) developed by Steinglass and his colleagues. This model focuses on how family reorganization around alcohol and/or drug use alters family behavior and why using a combination of interactional and motivation interviewing techniques in working with the whole family is critical not only during the assessment and detoxification phases of treatment, but also equally compelling and useful during rehabilitation/recovery. Although the SMFT model was originally designed for work with a single family, we have more recently developed a multiple family discussion group (MFDG) protocol for families with substance abuse problems that is an adaptation of the MFDG work Steinglass and colleagues had previously utilized in work with families dealing with chronic medical illnesses like diabetes, asthma, or cancer. This workshop will be divided into two parts: (1) a review of the core components of the SMFT treatment model; and (2) a detailed description of this latest iteration of the presenters’ MFDG protocol. Video clips from MFDG sessions will be used both to supplement a detailed description of the MFDG protocol and to provide a stimulus for comparing and contrasting our approach with other treatment approaches being used by workshop participants in their own clinical settings. Learning Objectives: (1) Describe the key components of a family-based systemic-motivational treatment approach for work with couples and families dealing with substance abuse disorders; (2) List and describe the 6 different modules of the Ackerman/Freedom Institute MFDG model for families with substance abuse disorders; and (3) Apply versions of 2 or more MFDG modules in workshop participants own clinical settings.

Families, Trauma, and Addiction: Insights and Interventions

Michael F. Barnes

While addiction treatment has always included some type of family education, the need for

an increased focus on the secondary trauma of family members has become clear. There has been an increase in the number of family members requesting a referral to community based therapists to assist their family through the healing process. This presentation will define secondary trauma symptoms and discuss commonly seen immediate and long-term systemic changes within traumatized families. It will present a transgenerational view of how addiction and trauma can be transferred from one generation to the next and how these factors impact family formation and ongoing family organization and day-to-day functioning. Participants will be invited to discuss options for increased focus on these issues in the practice of MFT and in MFT-related graduate education. Learning Objectives: (1) Explain PTSD as a biological-psychological-social illness that impacts survivors of traumatic events, individuals who have witnessed a traumatic event, and family and friends who have learned of a loved one’s experience of a traumatic event; (2) Understand the significant relationship between addiction and trauma and its impact on all family members and overall family functioning; (3) Describe secondary trauma as an individual bio-psycho-social reaction of family members to the traumatic experience of a loved one and the systemic impact of family member response on family functioning (including the 5 Axioms associated with the secondary trauma of family systems); and (4) Discuss intergenerational transmission of trauma from a biological and family system perspective (including new insights into the impact of trauma and addiction on attachment, new family formation, and posttraumatic organizational changes). (1.5 CEs Joint Session)

11:15 am-12:45 pm

CS-507 Joint Session, Under One Roof: Family Therapy in an Adolescent Medicine Clinic

Justine Underhill

In 2015, the University of CA-San Francisco Eating Disorders Program opened one of the first clinics in the country that fully integrates mental health and medical care in a “one stop shop” setting, to serve adolescents and young adults with Eating Disorders. Because the primary evidence-based treatment for eating disorders is family therapy, our program has integrated a family therapy service into the medical clinic where we are located. We serve young people up to age 25, and serve a diverse patient

population, including low-income patients with medical. With five therapists located in this “teen clinic,” families receive their medical and mental healthcare “under one roof;” they come and attend family therapy sessions, which are scheduled in concert with their medical appointment. Intake assessments are comprehensive and include both a full medical workup and a thorough mental health assessment. The clinic has learned to manage issues related to referrals, duplicating services, billing, conducting screening in the primary care setting, and training across disciplines. While eating disorders necessitate a particular level of collaboration with medical care, this model is applicable to more general populations, particularly with the current focus in the field on “embedded services.” By sharing this model and the steps involved in creating it, the presenter hopes to offer resources and strategies for building other effective healthcare and family therapy collaborations. Learning Objectives: (1) Describe the characteristics and components of an integrative family therapy/healthcare program; (2) Demonstrate knowledge of the key aspects of a collaborative family therapy/healthcare program; (3) Identify the strengths and challenges of implementing a family therapy program in a healthcare setting; and (4) Formulate strategies for applying a collaborative approach in your own family therapy settings, with regards to primary care.

Cross-cultural Applications of Family Therapy Modalities for Adolescents with Eating Disorders

Monica Sesma-Vazquez, Gina Dimitropoulos, Shelly Russell-Mayhew

The aim of this mix presentation/interactive A1:U37 is to engage participants in discussions about the family therapy approaches utilized with adolescents and adults with eating disorders in Mexico and Canada. Family therapy modalities will also be applied with a diversity of families from a range of ethnic, racial, religious and economic backgrounds, including immigrants in these two countries. Several clinical vignettes will be used to demonstrate the application of these different family therapy modalities with diverse cultural groups. Building on this discussion, the attendees will collaboratively explore how and when traditional systemic family therapy and contemporary family therapy approaches (family based treatment (FBT), solution focused and narrative therapies, among others) are used with families in their own context. Small group

discussions will be used to identify how different types of family therapies are applied in two different countries. Ample time will be provided for participants to share their clinical experiences and wisdom about how they work with families to address local needs and cultural practices. These discussions will enlarge participants' views on how to engage a diversity of families using different family therapy models and interventions to assist with eating symptoms and body image concerns. The presenters will highlight similarities and differences between family therapy work in Canada and Mexico by identifying how systems of care and policies also influence what modalities are predominantly used. Learning Objectives: (1) Learn about how different family therapy approaches are being applied in Canada and Mexico; (2) Learn about how different family therapy modalities and interventions are used with a diversity of families; and (3) Compare and differentiate diverse skills for engaging families from different ethnic, racial, class, and religious backgrounds. **(1.5 CEs Joint Session)**

CONCURRENT SESSIONS VI

2:30-4:00 pm

CS-601 Whiteness in Therapy with Families and Couples

Hinda Winawer, Laurie Kaplan

White racial identity in psychotherapy with families and couples is hardly represented in the professional mental health literature. Whiteness is treated as the norm, or standard. If “race” is not mentioned, White is assumed. Failure to deconstruct Whiteness in therapy supports White privilege and dominance. However, dialogue as it relates to race, is often stilted and uncomfortable when White clinicians struggle to confront power and privilege, both in their own lives, and in the lives of their White clients. Because of the socialized invisibility of Whiteness, it can be difficult for White people to identify the role of racial privilege in shaping the experiences and beliefs that impact family life. Moreover, when their Whiteness is ignored, families cannot benefit from a comprehensive assessment of relational/contextual issues because an essential part of their lives—their racial identity—has not been addressed in thinking or practice. The presenters will share work related to the clinical challenges and benefits of including Whiteness in treatment. Topics addressed: the intersectionality of Whiteness and other identities in creating relational hypotheses; the integration of the social

location of the therapist; and implications for White therapists and for therapists of Color. A conceptual presentation will include examples from practice, followed by group discussion. We invite participants to join us in furthering the thinking about Whiteness in the therapeutic encounter. Learning Objectives: (1) Broaden the lens to look at the meaning of racialized identities and how they influence our assumptions about self and others; (2) Identify White experiences and beliefs that inform relational dilemmas in families; and (3) Use this frame to recognize the implications of race with White families and learn ways to weave this understanding into clinical practice. **(1.5 CEs)**

2:30-4:00 pm

CS-602 Beyond the Therapy Room: Applying Systemic Thinking to the Prevention of Negative Outcomes and Promotion of Well-Being

Paulette Hines

While the U.S. is the most powerful country in the world, it ranks last among wealthy countries on many measures of poverty and inequality. Prevention science and practice in behavioral health has advanced sufficiently that there are more innovations available to prevent/reduce risk for a host of the social, emotional, relational, and behavioral problems that emanate from chronic exposure to social injustices. An obvious question is “does our society/field” have the will to reduce the gap between what we know and what we do” to both eliminate social injustice and reduce its far-reaching, negative impact? What will it take to shift the culture, climate, policies and practices of larger systems that too often work to the detriment of those they are intended to serve? This session is designed to The presenter will explore ways in which systems thinking professionals can and, in fact, already are translating our social justice commitment into efforts that make a meaningful, positive impact on the well-being of individuals/families who are most frequently affected by social injustice. The presenter will overview two intersecting initiatives: (1) an evidence- and culturally-based violence prevention program for teens, their parents, educators, and youth service providers; and (2) a promising, replicable approach to enhancing the capacity of low-performing schools to effectively promote social/emotional well-being, safety, and ultimately the academic and life success of youth (as well as the well-being of the youths' families and the professionals who serve them. Learning Objectives: (1) Offer a rationale for incorporating

a prevention focus as a critical component of multi-faceted efforts to address social injustice; (2) Identify two areas of knowledge and/or skills that systems-oriented practitioners can contribute to efforts to reduce the negative consequences of social injustice; (3) Identify two values/principles which can facilitate effective program design, implementation, evaluation, and/or sustainability; and (4) Identify one obstacle and corresponding strategy to expanding participant's involvement in the 'prevention' of social/emotional and relational problems. (1.5 CEs)

2:30-4:00 pm

CS-603 Joint, Session, "Teaching" Socially Just Clinical Practice

Marsha Mirkin, Saliha Bava, Nisha Cirino

How does one teach students and train interns to engage in socially just clinical practice? What do we mean by socially just practices? The presenters will socially locate themselves and explore both how we can utilize the experiential learning provided by internships as well as classroom, mentorship, and supervision opportunities to address these question. They will begin with two 20-minute presentations, after which they will engage in guided exercises and both small and large group discussion that focus on the strategies they use to "teach" students and "train" interns to engage in socially just clinical work. The presenters will focus on how this work is personally transforming and emergent. Learning Objectives: (1) Explore the notion of power based on your construction of social justice; (2) Learn how three types of power are evident in participants' work with students or clients; (3) Identify times when it is difficult to figure out how to formulate a social justice framework in clinical practice and receive ideas from group; and (4) Develop a plan for how to bridge social justice and clinical work in their teaching or clinical supervision.

The Research/Practitioner Gap: How do we as Social Justice Advocates Build a Bridge

Elizabeth Parker, Volker Thomas

The purpose of this presentation is to explore the researcher/practitioner gap in the field of couple and family therapy. The presenters will begin by asking participants why they think providing research-informed therapy is important for our field and specifically why this is particularly important for the marginalized populations we

serve. Additionally, they will discuss what kind of research could best serve to improve mental health outcomes for couples and families. The presenters will talk about in what ways we can use social justice as a bridge for connecting research with clinical practice. Discussion will include the current factors that exist that may be contributing to the researcher/ practitioner gap in our field. The presenters will then review the five research trends in the field of family therapy to provide the participants a contextualization of what role research has played within couple and family therapy in the past. They will then discuss their content analysis conducted to review the publications of quantitative research methods published in the Journal of Marital and Family Therapy. Results of the study and possible implications will be shared. Participants will then break into small groups to discuss this issue from different perspectives, i.e., supervisors, practitioners and researchers. The session will conclude with coming back together as a group to see what solutions are already being implemented and what can be done as a community to work towards research-informed therapy for all of our clients. Learning Objectives: (1) Define the researcher-practitioner gap in the field of family therapy and how that effects marginalized populations; (2) Describe the potential contributing factors to the researcher-practitioner gap and how we can use social justice ideals to do so; and (3) Contribute to the conversation on how to work towards closing the researcher-practitioner gap in the field of family therapy. (1.5 CEs Joint Session)

2:30-4:00 pm

CS-604 Treating Technology Issues in Couples' Relationships

Ron C. Osborne-Williams, Ronald J. Chenail, Cathy Ponczek, Melissa Schacter, Laquana M. Young

In the last 15 years, technology has completely transformed ways in which individuals communicate, connect, and interact. While technology can be a resource enhancing interpersonal relationships it may also have deleterious effects on these very same interactions resulting in individuals seeking psychotherapy. Current research regarding the nature of these technology-related problems from the perspectives of the affected parties has begun to show: (a) basic problematic technology and interpersonal concerns patterns; and (b) what psychotherapists including couple and family therapists suggest

what works well when intervening with this problem. The presenter will share research findings regarding major technology issues couples report affecting their relationships and results illustrating what couple and family therapists report as being effective with these clients. Results from the presenter's research suggest two technology-problem relationships: (a) Triggering Event, the use of technology signaled trust problems in the relationship; and (b) Tipping Point, the use of technology confirmed previous trust problems in the relationship. The presenter's research also showed some therapists incorporated technology into the problem-solving or solution-building process while others did not; and in all cases where technology was part of the treatment plan, the presenter observed the therapist noted change in both triggering and tipping situations. Participants will learn basic case conceptualization skills for working relationally with these clients via scenario exploration and small group exercises. Learning Objectives: (1) Learn the major technology issues clients report affecting their relationships; (2) Learn two technology-relationship patterns in couples' complaints; (3) Learn what couple and family therapists report as being effective with clients' technology-related issues; (4) Learn how to incorporate technology into their treatment of these couples' complaints; (5) Learn basic case conceptualization, treatment, and progress assessment skills for working relationally with clients' technology-relationship issues; and (6) Practice relational clinical skills working with clients' technology-relationship scenarios. (1.5 CEs)

2:30-4:00 pm

CS-605 Neuro-Narrative Therapy: Couples and Identities

Jeffrey Zimmerman

Neuro-Narrative Therapy is the presenter's combination of Narrative Therapy, with practices and ideas from Interpersonal Neurobiology, and Affective Neuroscience (these ideas would be helpful in Systemic work as well). In this workshop, he will discuss the basic principles of this approach, demonstrating how certain Narrative questions, practices, and theories, can be augmented and strengthened with ideas from neuroscience. The first is an increased focus on affect; providing theoretical support for this change will be a discussion of the extraordinary influence emotional systems have on all of us. The second area involves ideas and practices that focus on our minds and our bodies, such as

mindfulness and bodily based interventions (where there is currently an explosion of clinical writings). The third involves right brain to right brain non-verbal communication, a process that operates in all communication. A discussion of why right brain influenced work is critical in today's world will be a point of emphasis. And the last area will explore non-conscious influences such as memory and arousal management, and the effect these brain and bodily based systems have on the question of: what makes it difficult for ALL of us to hold on to our preferred identities when confronted with relational stress? Learning Objectives: (1) Learn four areas and a clinical intervention in each, where neurobiology could complement Narrative (or Systems) work; (2) Understand one way we must focus our therapeutic work given the state of today's culture; and (3) Describe the two branches of the nervous system that have a great deal of influence on how we respond to others when we are stressed. (1.5 CEs)

2:30-4:00 pm

CS-606 Joint Session, Collaborative Systemic Supervision/Collaborative Systemic Practice

Robert Kelsall

In the 21st century, clinical practice will continue to move more towards collaborative practice especially in the field of healthcare. Will clinicians be adequately trained and supervised to practice collaboratively? However, the more important question is will supervisors be adequately trained and supervised to supervise collaboratively? The purpose of this workshop is to create a collaborative supervision experience for the participants, hopefully starting a ripple effect in the current supervision field. The goals of the workshop are to: (1) Learn to take a "one-down," "anthropological position;" (2) Learn to focus on the process of supervision; (3) Learn to be curious and ask questions; and (4) learn to ask for feedback on what was meaningful or helpful. Lastly, there will be a discussion on how to incorporate collaborative supervision in their agency/organization. Learning Objectives: (1) Learn about a collaborative supervision model by experiencing a collaborative supervision workshop; (2) Practice collaborative supervision with other participants and have time to reflect and get feedback during the experiential phase of the workshop; and (3) Discuss how they would incorporate collaborative supervision in their agency or organization.

Incorporating Whole Brain Activity in MFT Training and Supervision

Julie Ann Liefeld

This half-session has been cancelled.

(1.5 CEs Joint Session)

2:30-4:00 pm

CS-607 Bringing AMBIT to America: A Framework for Utilizing Micro and Macro Collaboration

Lou Irwin, Paulette Carter

AMBIT (Adolescent Mentalization-Based Integrative Treatment) is a U.K.-based innovative model for working with hard-to-reach youth and their families. It is based in mentalization, but seeks to link psychodynamic, CBT, family systems, and ecological theories and practice. AMBIT does this in an innovative and practical way. For example, AMBIT has an open-source manual (see tiddlymanuals.tiddlyspace.com) and each locale that utilizes AMBIT adapts and modifies the core manual to its own settings and practices. Children's Bureau of New Orleans (CBNO) was the second U.S. agency to be fully trained in AMBIT and has been applying its principles and practices to a mental health rehab program for the past year. The funding source for this MHR program is a managed-care model, meaning it is individually-focused and does not always lend itself to family work, collateral collaboration, and integration with primary medical care. The funders want an integration into the medical model for funding; however, its practical application does not encourage family work or collateral collaboration, even with physicians. The presenters will seek to give an overview of how they are utilizing the resources of AMBIT to meet the funding challenges and the needs of their clients. Learning Objectives: (1) Learn and introduction to AMBIT and be able to describe it to other colleagues; (2) Learn how AMBIT can be implemented in a managed care environment and be able to discuss how AMBIT might apply to other environments in which they work; and (3) Discuss how mentalizing is useful in virtually all therapeutic settings. (1.5 CEs)

INSTITUTES

4:30-5:30 pm

IN-101 Women's Institute

Corky Becker

The Women's Institute has a long history at AFTA. Over the years the focus has become more

personal. Women connect across generations and cultures, share stories from the high and low moments of the past year, and learn from the reflections and wisdom of other women. We welcome all newcomers, old friends and colleagues. If you used to come, but haven't recently, we invite you to join us and bring a friend. If you've never come, we'd love to meet you.

4:30-5:30 pm

IN-102 Men's Institute

Roger Lake

The Men's Institute is a longstanding part of the AFTA annual conference. It dates to the time in family therapy history when questions of gender and power invited the creation of Gender Institutes as vehicles for reflecting on gender as an aspect of the self of the therapist. In recent years, the Institute has become a place for some of us to reflect on our lives in the circle of men we trust and care about. We have moved away from contentiousness toward vulnerability and open heartedness. Those of us who are committed to this brotherhood sincerely invite all interested attendees to join us this year to share in our reflections and affirm our connections. The format is a gently facilitated sharing circle.

FACILITATED LISTENING CIRCLE

4:30-5:30 pm

The Facilitated Listening Circle is a witnessing circle. It provides an opportunity for people who wish to share an experience during the Meeting for which they would like support, recognition, or empathy. At AFTA we are committed to respectful and inclusive participation with one another. We hold ourselves to a high standard. Sometimes someone feels hurt or excluded by the actions or attitudes of others. We wish to be accountable for any ways we hurt or exclude others and to be open to experiences that may be invisible to us. In the Circle, these difficult moments can be rendered visible, and we can increase our awareness and learn more about relating in respectful and inclusive ways.

AWARDS CEREMONY RECEPTION

6:30-9:00 pm

Join us for the celebration of the AFTA 2016 Awardees. This traditional closing reception will feature plenty of food, a cash bar, and live entertainment.

The Colorado Convention Center

The Big Blue Bear is the creation of local artist Lawrence Argent. It was installed in 2005 and has quickly become a bona fide Mile High City icon – and a can't-miss photo op for tourists and locals alike.

A large, stylized blue bear sculpture is the central focus, positioned in front of a modern building with a glass facade. The bear is depicted in a standing, slightly hunched posture, with its head turned towards the left. The building's glass reflects the surrounding environment, including other buildings and the sky. Green foliage is visible in the foreground and to the left, partially obscuring the view of the building and the bear. The overall scene is set in an urban environment.

Information

Continuing Education Information

Satisfactory Completion

Participants must complete an attendance/evaluation form in order to receive a certificate of completion/attendance. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available.

Psychologists

This conference is co-sponsored by Amedco and the American Family Therapy Academy. Amedco is approved by the American Psychological Association to sponsor continuing education for psychologists. Amedco maintains responsibility for this program and its content. 22.50 hours.

Professional and National Certified Counselors, Marriage and Family Therapists (NBCC)

Amedco and AFTA are cosponsors of this program. This cosponsorship has been approved by NBCC. Amedco is an NBCC Approved Continuing Education Provider, ACEP No. 5633. The ACEP is solely responsible for this program, including the awarding of NBCC Credit. 21.50 hours.

Social Workers

Amedco, #1346, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB) www.aswb.org, through the Approved Continuing Education (ACE) program. Amedco maintains responsibility for the program. ASWB Approval Period: 06/24/2015 – 06/24/2016. Social workers should contact their regulatory board to determine course approval for continuing education credits. Social workers participating in this course may receive up to 22.50 clinical continuing education clock hours.

New York Social Worker

Amedco SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0115. 22.50 hours.

Letters of Attendance

Letters of attendance are available to meeting participants upon request (Cost \$20.00 US Funds). Please contact the AFTA office if you would like to purchase one (afta@afta.org).

CANCELLATION POLICY

Refund requests received before or on **May 15, 2016** will be granted minus a \$50 processing fee. After **May 15, 2016**, a 50% cancellation fee will be assessed. Refunds will not be issued after **June 1, 2016**.

Exceptions for illness or death of family member are permitted. Registrants may cancel their registrations online without notifying AFTA. Non-attendance without prior notification will result in forfeiture of the full registration fee.



Urban sophistication meets outdoor adventure in Denver. Get acquainted with The Mile High City, including history, transportation and neighborhood guides.

Top Denver attractions close to the Downtown Denver Sheraton:

1. Denver Pavillion

1 block, 16th St. Mall & Glenarm Pl.

www.denverpavilions.com

Live music, dancing, movie theater, bowling and 40+ shops.

2. American Museum of Western Art

2 blocks, 1727 Tremont Pl.

www.anschutzcollection.org

The American Museum of Western Art promotes understanding and appreciation of art depicting the American West from the early 1800's through the present day.

3. Colorado State Capital and City Center Park

3 blocks Broadway and East Colfax Avenue

www.denver.org/listings/Civic-Center-Park/6823

(See Pg. 1)

4. Denver Art Museum

5 blocks, 100 W 14th Avenue Parkway

<http://denverartmuseum.org/>

(See Pg. 5)

5. Denver Center for the Performing Arts

5 blocks, Speer Boulevard and Arapahoe Street

www.denvercenter.org

(See Pg. 3)

6. Kirkland Museum of Fine & Decorative Art

0.8 mi., 1311 Pearl Street

www.kirklandmuseum.org

Kirkland Museum displays a major collection of decorative art. Every major design period is represented from Arts & Crafts to Pop Art.

7. Coors Field Stadium

1.4 mi., 20th and Blake Streets,

colorado.rockies.mlb.com/col/ballpark

(See Pg. 19)

8. Denver Botanic Gardens

2.5 mi., 1007 York Street

www.botanicgardens.org

(See Pg. 15)

9. Denver Zoo

2.9 mi., 2900 E 23rd Avenue

www.denverzoo.org

The Denver Zoo is beautifully laid out, with enclosures adapted to different species, from the polar bears' den to monkeys' island. Some of the newer exhibits at the Denver Zoo include the Primate Panorama, Tropical Discovery, and Predator Ridge.

10. Denver Museum of Nature and Science

3.7 mi., 2001 Colorado Boulevard

www.dmns.org

For over 100 years, the Denver Museum of Nature & Science has been at the heart of cultural experience in Denver. Also on site are an IMAX Theater and a Planetarium.

(Pictured on cover)

Family Process Institute is proud to be a sponsor of the AFTA Conference, sponsoring the Student/Early Career Event

Family Process Institute is dedicated to the development of theory, research, practice and training in the broad area of family and systems process and intervention. It publishes the journal, *Family Process*, founded in 1962, which is widely considered to be the pre-eminent publication of its kind in the field of family research and therapeutic intervention.

Family Process Institute has evolved into a multi-disciplinary, multi-national Communication Nexus encompassing both the online journal and an interactive Family Process Institute website, thus expanding ways to exchange information, foster collaboration, and inspire innovative development by connecting more directly with family research and clinical activity in a global environment.

www.familyprocess.org | wileyonlinelibrary.com/journal/famp



13-54026



Springer

Save \$\$!
Early registration
is open!



2016
Annual
Conference

The
Pulsating Heart
of Therapy



The Personal
Relationship

Humanity
and Heart in
a Therapists'
Professional Work.

presented by

Dr. Harry Aponte, HPh.D., LCSW, LMFT

Based on his newly released book
The Person of the Therapist Training Model: Mastering the Use of the Self

Friday, Oct. 14 • 8:30am–4:45pm

Arvada Center for The Arts and Humanities

Registration and details at www.coamft.org

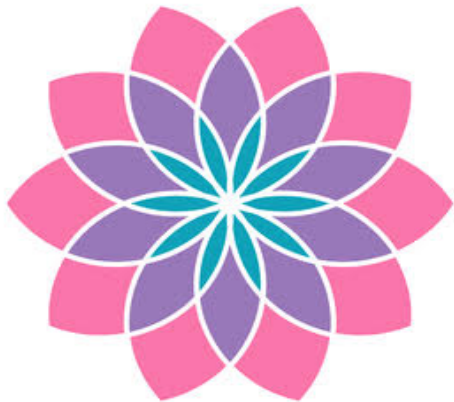


Hotel Contact Information:

Sheraton Denver Downtown Hotel
1550 Court Pl, Denver, CO 80202

Phone: (303) 893-3333

Reservation Line: (888) 627-8405



PackRat Solutions

Your Organizational Co-Pilot

Kim Cox, MA

(978) 255-3145

info@packrat-solutions.com
www.packrat-solutions.com





WILLIAM JAMES COLLEGE

GRADUATE EDUCATION IN PSYCHOLOGY

Advance Your Career in Psychology

with a graduate degree in

Clinical Mental Health Counseling with a concentration in
Couples and Family Therapy or our

Clinical Psychology PsyD program with a concentration in
Children and Families of Adversity and Resilience

Visit www.williamjames.edu for details



If you've liked AFTA's graphics this year, and need some of your own.

VERONICA PARE

Illustration & Design
(978) 406-1027

www.veronicapare.com

vmpare@gmail.com

Book Covers
Advertising
Business Cards
Branding
Brochures

Discounts for
Non-Profits



Philadelphia Child and Family Therapy Training Center

P.O. Box 4092, Philadelphia, PA 19118-8092

- ▶ **Clinical Programs**, Patients Provided
 - Live Supervision • Courses
- ▶ **Distance Education**
 - Courses • Consultation
- ▶ **Contract Training**
 - Arranged at your site

Call for Brochure with Dates,
Times & Locations

215-242-0949

Or Visit www.philafamily.com

215-242-0949

marionlg@philafamily.com • www.philafamily.com

SAVE THE DATE! THE 11TH ANNUAL LIBERATION-BASED HEALING CONFERENCE 2016

Founded by the Institute for Family Services (IFS)

November 11th and November 12th

Hosted by the Silberman School of Social Work at Hunter College
2180 Third Avenue, New York, NY 10035

Whether you are an educator, student, administrator, clinician, community member or activist these challenging times call for unity and clarity around supporting families and communities. The LBHC brings together dialogue and strategies that promote healing by interrupting oppressive societal structures with justice-base practices. This 2 Day Conference (Saturday is Free to Community) keeps intersectionality at the center of its planning and facilitation- bringing in a range of speakers who represent and center the experiences of those who've been marginalized in order to examine the systems which impact our communities and develop strategies for transformative change.

SILBERMAN
SCHOOL
of SOCIAL
WORK

Contact WeCare4UIFS@gmail.com for more information
Hope to see you there!

HUNTER
The City University of New York

CUNY
The City University of New York

Lois V. and Samuel J. Silberman School of Social Work at Hunter College 2016. All rights reserved.

The Central European Training

Collaboration

with the professional consultation of

Monica McGoldrick:



Family- Systems Therapy

Family- Systems Therapy Institution

- Hungary - led by Emőke Tarján.

Multicultural Psychology and
Psychotherapy Institute

- Romania - led by George Gaspar.

“ Our aim is to have an intercultural
collaboration in the family - systems
therapy training “



Introducing the newly COAMFTE accredited

MASTER OF ARTS IN COUPLES & FAMILY THERAPY

AN INTERFAITH, SPIRITUALLY INTEGRATED PROGRAM



Relationships are dynamic and complex. They change throughout life and **intersect with** race, age, gender, ethnicity, spiritual and religious traditions, sexual orientation, military service, socioeconomic status, health, immigration, and countless other social categories. Our graduates work with couples, families, groups, and individuals from an array of **diverse backgrounds** and within a variety of contexts.

Students practice a **spiritually integrated** model of therapy—integrating ethical, clinical services with spirituality. Our graduates obtain the clinical skills necessary to address their **clients' own faith and belief practices**. At the client's request, clinicians incorporate relevant spiritual discussions in order to utilize the client's resources and strengths.



Accepting applications. Referrals welcome!

seattleu.edu/stm/macft

Accredited by



COAMFTE

Commission on Accreditation for
Marriage and Family Therapy Education

The Marriage and Family Therapy Program at Seattle University's School of Theology and Ministry is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), 112 South Alfred Street, Alexandria, Virginia 22314, (703) 838-9808, coa@coamft.org.

SEATTLEU

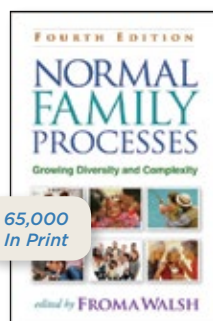
GUILFORD • IMPORTANT TEXTS FOR FAMILY & COUPLE THERAPISTS

New in Paperback

Normal Family Processes
FOURTH EDITION
Growing Diversity and Complexity
Edited by **Froma Walsh, PhD, MSW**

"A classic in the clinical literature....
Belongs on the shelf (or desk) of every
practitioner, teacher, and student in the
mental health and social science fields."

—*The Family Journal*



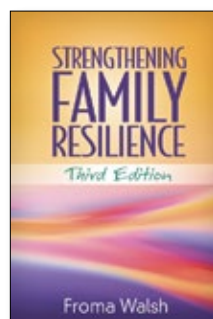
2015 • 592 Pages
6 1/8" x 9 1/4" Paperback (© 2012)
ISBN 978-1-4625-2548-5
\$45.00, **\$36.00**

New Edition—Revised & Expanded!

Strengthening Family Resilience, THIRD EDITION
Froma Walsh, PhD, MSW

"In this invigorating read, Froma Walsh
normalizes the vast adverse experiences
of families and takes her readers
through the journey of resiliency,
challenging the problem-focused
mindset offered by other therapeutic
modalities."

—*Journal of Marital
and Family Therapy*



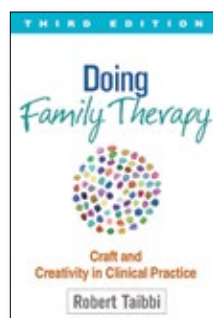
2016 • 400 Pages
6" x 9" Hardcover
ISBN 978-1-4625-2283-5
\$50.00, **\$40.00**

★ New Edition of a Bestselling Clinical Guide and Text

Doing Family Therapy
THIRD EDITION
*Craft and Creativity in
Clinical Practice*
Robert Taibbi, LCSW

"Filled with fresh insights and inspira-
tion, this book provides clinicians with
clear direction and confidence for
taking on the complexities of family
work. It is a tried-and-true resource
for both novice and experienced
practitioners." —**James L. Furrow, PhD**

See also the author's *Doing Couple Therapy:
Craft and Creativity in Work with Intimate Partners*:
www.guilford.com/p/taibbi2



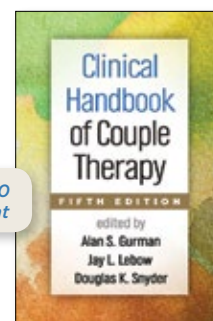
2015 • 324 Pages
6" x 9" Paperback
ISBN 978-1-4625-2120-3
\$40.00, **\$32.00**

★ New Edition of a Bestselling Clinical Guide and Text

**Clinical Handbook of Couple
Therapy, FIFTH EDITION**
Edited by **Alan S. Gurman, PhD**
Jay L. Lebow, PhD
Douglas K. Snyder, PhD

"Straightforward enough for students
and beginners and sophisticated enough
for senior therapists who want an
update on one of the most exciting
areas in contemporary psychotherapy."

—**William J. Doherty, PhD**



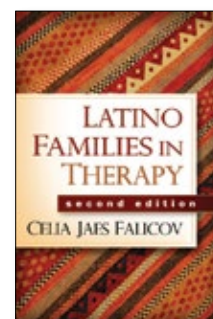
2015 • 729 Pages
7" x 10" Hardcover
ISBN 978-1-4625-1392-5
\$105.00, **\$84.00**

New in Paperback

Latino Families in Therapy
SECOND EDITION
Celia Jaes Falicov, PhD

"A very helpful guide....This book is a
great reference for all practicing family
therapists, regardless of orientation, and
a valuable text for graduate and
post-graduate couples and family
therapy education and training."

—*Journal of Family Psychotherapy*



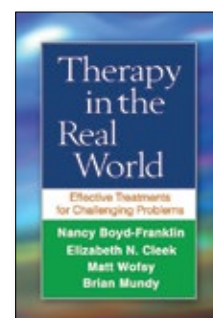
2015 • 484 Pages
6" x 9" Paperback (© 2014)
ISBN 978-1-4625-2232-3
\$25.00, **\$20.00**

New in Paperback

Therapy in the Real World
*Effective Treatments for
Challenging Problems*
Nancy Boyd-Franklin, PhD
Elizabeth N. Cleek, PsyD
Matt Wofsy, LCSW
Brian Mundy, LCSW

"Provides therapists with the empirical
basis for therapeutic interventions and
with practical guidance for implementa-
tion....I will use this as a core text in my
family and couple therapy courses at the
master's and doctoral levels."

—**Peter Fraenkel, PhD**



2015 • 384 Pages
6" x 9" Paperback (© 2013)
ISBN 978-1-4625-2605-5
\$30.00, **\$24.00**



FREE FOR ADOPTION CONSIDERATION • Professors: Guilford is pleased to offer copies of the titles in this ad,
plus many of the books in our family therapy program, free for course adoption consideration.
Visit www.guilford.com/professors for details and to request copies.

GUILFORD PRESS 370 Seventh Avenue, Suite 1200, New York, NY 10001-1020
www.guilford.com • Promotional Code 7F for 20% off + Free Shipping



39th

Annual Meeting & Open Conference
Society Hill Sheraton, Philadelphia, PA

May 31-June 3, 2017

