

38th Annual Meeting & Open Conference

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

June 22-25, 2016, Sheraton Denver Downtown Hotel
Denver, Colorado

AFTA
American Family Therapy Academy

WEDNESDAY, June 22 Network Conversations, Interest Groups I, Special Sessions I & II

2:00-3:30 pm NETWORK CONVERSATIONS

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 moving forward issues of societal justice and change within AFTA. Members have rich ideas and talents and can share and receive support for how issues of multiculturalism, race and inequality are addressed in our various work environments. A primary goal is to facilitate continuity of networking throughout the year. **(1.5 CEs)**

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 NETWORK CONVERSATIONS

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)**

3:30-5:00 pm SPECIAL SESSIONS I

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)**

5:30-7:00 pm INTEREST GROUPS I

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: A stepchild, a stepparent, or a step or half-sibling. Step relationships create a profoundly different family infrastructure that easily divides stepcouples around parenting: Stepparents are often pushing for more limits and boundaries with their stepchildren, and parents are often pulling for more love and understanding for their kids.

(Continued on next page)

AFTA

5:30-7:00 pm INTEREST GROUPS I Continued

IG-101 Parenting, Stepparenting, and Discipline in Stepfamilies (Continued)

We do now know a great deal about what works, and what doesn't, for healthy thriving stepfamilies around these issues. We know what best supports children, how successful parenting differs from successful stepparenting, how discipline is best handled in stepfamilies, and what successful co-parenting looks like in a stepcouple. 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 want to 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. A primary question: 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)**

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. In the second presentation, 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. She and her colleagues work with groups of families in schools, libraries, clinics, military bases, and homeless shelters by co-hosting community dinners: "We cook, eat, play games, have conversations relevant to each community, and facilitate brainstorming among families to overcome shared obstacles to dinner." 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, focusing on a literacy/food event at The Boston Public Library, a community dinner in Dodge County, MN with the Mayo Clinic, and community dinners at the Ford School, in Lynn, MA. 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)**

IG-103 An Inclusive Conversation about Race

David Trimble, Lisa Bibuld, Hugo Kanya, 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)**

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)**

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.

(Continued on next page)

5:30-7:00 pm INTEREST GROUPS I Continued

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

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. These are the stuff of daily life. When they are addressed overtly in therapy and are “named”, these subjects open new areas for exploration and intervention. The dynamic opportunities created by collaboration with Five Element Chinese Medicine reveal how these concerns are interconnected and can influence therapeutic intention and effectiveness. 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)

5:30-7:00 pm SPECIAL SESSIONS II

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. We have found these ideas to have profound implications also 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. Scharmer 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. Scharmer 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.” “First you help people suspend judgments in order to see the objective reality they are up against, including the basic figures and facts. Second, you help them redirect their attention from the object to the process in order to help them view the system from a perspective that allows them to see how their own actions contribute to the problem at hand. It is at that point when people begin to see themselves as part of the issue that they begin to see how they collectively create a pattern that at first seemed to be caused by purely exterior forces. And then, if you are lucky you can bring them to a deeper place of stillness where they let go of the old and start to connect with their higher-order intentions (p. 16)” 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. It is our highest future possibility. 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)

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? Furthermore, does the shifting attitudes about lesbian, gay, bisexual, transgender, queer, etc. (LGBTQ+) individuals, and their ability to now wed have any impact on the marriage rates of Black heterosexual individuals? 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. Effective therapeutic strategies are needed to address the complexity of Black relationships and help to strengthen them. When working with Black same-sex couples, interventions should recognize and validate the impact of heterosexism, cissexism, homophobia, and transphobia, while also attending to racism and white supremacy. 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.

(Continued on next page)

5:30-7:00 pm SPECIAL SESSIONS II

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

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)**

7:00-9:00 pm WELCOME RECEPTION

This traditional opening reception will feature plenty of food, a cash bar, and live entertainment.

8:45-9:00 am WELCOME

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

9:00-11:00 am PLENARY I

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

11:15 am-12:45 pm CONCURRENT SESSIONS I

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)**

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)**

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). **(Continued on next page)**

11:15 am-12:45 pm CONCURRENT SESSIONS I Continued

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

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.

CS-103 Joint Session, 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. The presenters focus their research on mutual relational empowerment. 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. They propose that identifying how therapists can avoid these interventions is the first step to interrupting gendered power norms in session and assist with inviting alternative relational interactions leading to positive relational empowerment for couples. 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 Sessions)**

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. In the U.S., approximately 34,000,000 routine well-child checks occur annually for patients ages birth to 22 and their families. Primary care settings are often the first formal care settings in which families with risk factors or BH problems present. This presentation describes integrated behavioral health 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 behavioral health 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 behavioral health 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 behavioral health is integrated into primary care practice. Strategies for connecting with families and collaborating to improve health and well-being will be described. Integrating behavioral health 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)**

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

Elizabeth Okunroumu

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. **(Continued on next page)**

11:15 am-12:45 pm CONCURRENT SESSIONS I Continued

CS-105 Joint Session, Teen Attachment, Experiences of Despair, and Suicide Risk (Continued)

The current study examined relationships between adolescent maternal and paternal attachment and (1) adolescents' experiences of interpersonal despair (thwarted belongingness, perceived burdensomeness, and depression); and (2) adolescents' current levels of suicidal ideation. The sample consisted of an ethnically diverse sample of 116 adolescents (81.1 % female) between the ages of 12-18 participating in a randomized controlled trial examining the efficacy of different treatments for teen suicide risk. Bivariate correlations showed that (1) maternal and paternal attachment anxiety were significantly related to adolescent experiences of interpersonal despair (thwarted belongingness, perceived burdensomeness, depression symptoms); (2) maternal and paternal attachment avoidance were related to adolescent experiences of thwarted belongingness; and (3) both adolescent attachment and experiences of interpersonal despair were related to current suicide ideation. Together, these results have a number of important clinical implications: (1) 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; and (2) The impact of fathers is frequently neglected in research and clinical work. 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.

CS-105 Joint Session, 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 Sessions)**

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 (Duncan, Miller, & Hubble, 2007; Miller, Duncan, Brown, Sorrell, & Chalk, 2006) and clinical outcome (Miller, Duncan, Brown, et al., 2006; Hafkenscheid, Duncan & Miller, 2010) 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 (Sparks, et. al 2011; Sundet, 2012). 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. Finally, 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, including how to (1) name personal privilege and social locate oneself; (2) recognize power disparities with clients and advocate for marginalized clients; and (3) engage in larger social action initiatives to address societal issues of marginalization and systemic oppression (Dee Watts-Jones, 2010; Esmiol, Knudson-Martin & Delgado, 2012; Garcia & McDowell, 2015). 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)**

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.

(Continued on next page)

11:15 am-12:45 pm CONCURRENT SESSIONS I Continued

CS-107 Relational Justice across Cultures and Contexts (Continued)

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)

2:30-4:00 pm CONCURRENT SESSIONS II

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)

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)

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

Elizabeth G. Brenner

Couple therapy is complex, challenging, clinically efficient, fascinating, and rewarding work. 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 they already do and 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. Time will be available for people to share their own experiences of this work in small groups and then report back to the larger group.

(Continued on next page)

2:30-4:00 pm CONCURRENT SESSIONS II Continued

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

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)**

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). Highlighting the power of meaning-making, hope, and spirituality for healing and resilience, they 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)**

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, first developed by Thelma Jean Goodrich and Jose Bayona. 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. We often discover, for example, that whereas the physician's priority may be that a patient manages his or her Diabetes, the patient places priority on taking care of an elderly mother, or attending to a strained relationship with a child. 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." Instead the presenters understand and help the patient with his or her family relationships so that she or he gets needed assistance and is better able to focus on Diabetes subsequently. 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)**

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. Costs of medical and therapeutic individual and familiar care are often inaccessible to a large percentage of people. 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 be invited to share their view, experience and stand position in this particular topic. Participants will also 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. **(Continued on next page)**

2:30-4:00 pm CONCURRENT SESSIONS II Continued

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

This model is cost-effective, can be applied to clinical approaches and it is inspired from the consensus of the WHO (World Health Organization) definition of health as a right and responsibility for all in terms of access, education, care and alternatives of wellbeing. 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)

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. This topic is also not widely discussed in the literature. Ali et al. (2005) (from the book *Voices of color: First person accounts of ethnic minority therapists*), in their chapter on therapists of color speaking about their experiences with racism from colleagues, clients, and supervisors, 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.

CS-207 Joint Session, 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 findings show that supervisors who possess a wide range of cultural competencies such as awareness of personal biases, knowledge of cultural variables, integration of social justice and advocacy, introduction of culturally attuned interventions and skills, and provide ongoing support and feedback are viewed by their supervisees to be more effective and better able to facilitate their development as a multiculturally competent clinician. 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. This study provides synthesis of theoretical, conceptual, and practical up-to-date research on multicultural supervision and is a great foundation for teaching and practicing multicultural supervision for mental health practitioners, education programs, clinical supervisors as well as supervisors-in-training. 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' lives.

(1.5 CEs Joint Sessions)

4:30-6:00 pm INTEREST GROUPS II

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)

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)

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)

4:30-6:00 pm SPECIAL SESSIONS III

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)**

6:30-9:00pm SPECIAL EVENTS

Special Event I: Dinner and dancing under the stars at one of Denver's premier rooftop venues. Tickets: \$75 please sign up on registration form.

Special Event II: Student & Early Career Networking Dinner, Sponsored by Family Process

9:00-11:00 am PLENARY II, PRESENTATION I & II

Improving Screening, Intervention, and Research via Evidence-Based Criteria for Family Maltreatment

Richard Heyman

Marianne Wamboldt, Moderator

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 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)

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)

11:15 am-12:45 pm CONCURRENT SESSIONS III

CS-301 Mother Infant Therapy Group for Postpartum Depression and Anxiety

Celeste St. John-Larkin, Jennifer J. Paul

Perinatal depression and anxiety are increasingly recognized as major public health issues, with implications not only for the mother, but negative impacts for the parent-child relationship. The mother-infant relationship may serve to moderate the long-term impacts of maternal depression on infants and children. 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. This session will provide background on perinatal mood and anxiety disorders, their consequences, and treatment options. The presenters will describe the evaluation and 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 mood and anxiety disorders. Learning Objectives: (1) Increase awareness 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)

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. (Continued next page)

11:15 am-12:45 pm CONCURRENT SESSIONS III Continued

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

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)

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

Michael LaSala

Background: Men who have sex with men (MSM) 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. (Kaiser, 2010). 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 (CDC, 2014). 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 (Koblin, 2004; Peterson & Jones, 2009; Wilton et al., 2009). 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 (Garafalo, Mustanski, & Donenberg, 2008; LaSala, 2007; 2014; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Yoshikawa, Wilson, Chae, Cheng, 2004), and such findings begin to lay the groundwork for family therapy as an HIV prevention intervention for this vulnerable population. Purpose/Goal: In this presentation, the author will present findings from his own studies of a sample of 38 gay and bisexual youth (12 White, 12 Latino, 14 Black). These findings identify potential family influences including parent-child interactions that reduce risk, and the presenter will demonstrate family therapy interventions based on these findings. 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)

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)

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 case studies will be presented, exploring the unique interpersonal and intrapersonal considerations of each member of the couple, and the couple itself. An overview of the terminology of working with transgender clients will be presented. Participants will 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.

CS-305 Joint Session, 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? For example, if a couple is navigating a sexual disconnect or intimacy issue, Solution Focused Therapy may be best.

(Continued on next page)

11:15 am-12:45 pm CONCURRENT SESSIONS III Continued

CS-305 Joint Session, Working to Affirm our LGB Couple Clients (Continued)

If on the other hand a same-sex dyad is navigating varying levels of coming out and orientation disclosure, Cognitive Therapy may be best - to confront internal messages of homophobia or self-defeating cognitive distortions. Systems theories inclusive of Bowenian Family Therapy or Structural Family Therapy also are integrated for gay affirmative practice and choice of integration varies by the couple's current dynamic. Additionally, postmodern or social constructionist approaches inclusive of Narrative and Feminist strategies can be powerfully effective for both same-sex male and same-sex female couples. 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. While not a comprehensive course, this introduction of theories and application will urge attending clinicians to explore further on best practice for serving and affirming their LGB couples. 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 Sessions)

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)

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.

Joint Session, Community Psychotherapy THIS SECOND SESSION IN THIS JOINT SESSION HAS BEEN CANCELED.

Carl Hampton, Chaaze Roberts

The Family Institute at Northwestern University lies north of Chicago in Evanston, IL. The city has a diverse makeup with respect to ethnicity, SES, race, sexual orientation, and religious affiliation. Because Evanston is segregated by SES and race, the diversity -- if not the segregation itself -- represents a microcosm of U.S. society (see census track data addendum), thereby making it an ideal pilot program location for MFT training programs in other locations. The Community Program within the MSMFT Program at the Family Institute began in 1989 to provide affordable psychotherapy to under-resourced communities. (Continued on next page)

2:30-4:00 pm CONCURRENT SESSIONS III Continued

CS-307 Joint Session, Community Psychotherapy (Continued)

In the last twenty years, the program has deepened its relationships with partners in education and community service, specifically Evanston-based organizations serving under-resourced families. The Community Program guides MSMFT students to intervene in context, literally. Sessions and therapeutic work happens in clients' homes, schools, agencies, and, when appropriate, in Evanston's parks and playgrounds. Students learn to conceptualize the therapeutic system ecologically and holistically using observations, case coordination, and therapy interventions. A client system may include family members, teachers, school social workers, case managers, and housing professionals. A therapy session may include multigenerational family members, fictive kin (created family), supervisors, and even pets. Student therapists get at least 90 minutes of community group supervision, 1 hour of individual supervision, and 3 hours of MFT group supervision per week. Supervisors live in the community and have community work experience. In-community work allows both for deeper assessments and for context-informed interventions. Programmatic limitations relate to capacity: The Community Program accepts eight to ten students per year, each taking on no more than 4 community-based cases. Based on the reports of former students, student marketability, and preparation for post-graduation work exceed that of their non-community based peers. Learning Objective: (1) Inform audience about strategies to engage underserved and under-resourced communities; (2) Articulate a 25-year history with all of the experiences that inform our work today; (3) Learn how invaluable failure driven learning is to our current understanding of lifting constraints; and (4) Understand how to assess needs and provide services without resources. (1.5 CEs Joint Sessions)

2:30-4:00 pm CONCURRENT SESSIONS IV

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)

CS-402 Prevent Burnout: Stress Management Through Humor

Ronald Dolon

Individuals working in mental health are compassionate, client-centered people at risk for job stress and compassion fatigue. Stress is a major contribution to the problems clients bring for help. 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. Humor is a matter of perspective and perception. Humor has been viewed as a way of looking at a situation from a different point of view, diffusing a crisis, and providing an opportunity for increased insight. Research indicates that how we deal with stress influences our lives and relationships to health. Stress has been connected to heart disease, chronic fatigue, and low self-esteem. Humor produces the opposite psychological response to stress. With stress, you have a rapid pulse, muscles are tight, and blood pressure is up. After laughing, all these signs are down. 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. The U.S. Department of Health and Human Services ranks work-related stress as one of the five most critical threats to American health. Humor is a stress reliever that requires no prescription and has no side effects. 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)

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. (Continued on next page)

2:30-4:00 pm CONCURRENT SESSIONS IV Continued

CS-403 MEND: A Multidisciplinary Approach to Chronic Illness (Continued)

They will support this with a prospective cost benefit analysis of MEND patients. In this case, families receive a 73% reduction in medical expenses 12 months after graduating from the program, which leads to a cost benefit ratio of 0.17. The presenters will also discuss the larger, and growing body of empirical literature that highlights the benefits of more family systems based approaches for pediatric chronic illness. 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)**

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)**

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 (Blow, Sprenkle, & Davis, 2007), and self of the therapist training can help therapists transform their own struggles into therapeutic resources (Aponte & Kissil, 2014). 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" (Presenters, under review), was designed to help therapists identify more with the complexity and intensity of doing relational therapy. Many family therapy trainees engage in their own individual therapy, and self of the therapist training exercises that closely approximate relational therapy can be valuable learning experiences (Woodcock & Rivett, 2007). 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" (First Presenter, 2015), 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" (Aponte & Kissil, 2014), and also address times that they wounded others. This exercise can be adapted in many ways (First Presenter, 2015), and for this presentation, it will focus on emotional pain in couple relationships. Processing and discussion will follow that will give opportunity for participants to give voice to their emotional pain, be accountable for hurting others, and experience new possibilities for repairing damaged 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.

CS-405 Joint Session, 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: Students can take on different roles as reflectors, observers, and therapists and learn how to speak directly to couples in plain, useful language. At MGH, we have used and researched the additional technique of writing a letter following a reflecting team consultation. Letter-writing is one way to teach how to extend the therapy hour and to use non-jargon to reflect a therapeutic conversation. The presenters have research comparing what was most helpful from the in-person reflecting team with the letter. The use of data, reflecting teams, and letter-writing may not easily be incorporated into traditional couples therapy training. 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 Sessions)

2:30-4:00 pm CONCURRENT SESSIONS IV Continued

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)**

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)**

4:30-6:00 pm PEARLS OF WISDOM

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)**

6:00-8:00 pm POSTER FESTIVAL

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.

6:30-7:30 pm SPIRITUAL SERVICES

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.

9:00-11:00 am PLENARY III

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

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

11:15 am-12:45 pm CONCURRENT SESSIONS V

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. In particular, 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)**

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

Monique D. Walker

The C/MFT field has the potential to make significant contributions to our understanding of mental health issues among marginalized populations across a variety of areas, particularly relationship health. 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 presentation will share the results of a study of Black LGBQ youth, examining how their perceptions of parental acceptance/rejection impacts their racial and sexual identity development, and their mental health (depression and self-esteem). The primary aim was to critically examine the specific mechanisms and factors that may or may not influence Black parents' relationships with an LGBQ child. This study's results will underscore the latter half of this presentation, highlighting what can and has oftentimes become the consequences of Black lesbian, gay, bisexual, transgender, queer, etc. (LGBTQ+) youth who experience parental/family rejection, peer and community victimization, and severe depression and low self-esteem. 2015, and years past, saw too many young lives 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 on the lives of LGBTQ+ youth, examples will be provided highlighting 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 (depression, anxiety, self-injury, suicidality, and substance abuse). Learning Objectives: (1) Recognize gaps in extant (research and clinical) literature pertaining to the experiences of Black LGBQ youth and Black families; (2) Critically analyze the relational and socio-emotional context of Black LGBQ youth and their families and challenge stereotypes; (3) Incorporate more culturally humble and relevant assessments and clinical interventions with Black LGBQ 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.

11:15 am-12:45 pm CONCURRENT SESSIONS V Continued

CS-502, Joint Session, Real Men Aren't Gay: Healing the Wounds of Homophobia

Robert Garfield, Michael LaSala

Homophobia is deeply embedded in our society's Male Code, a set of restrictive social stereotypes that dictate how men are supposed to behave and feel. Though there has been progress in how we view homosexuality in our country, unrecognized internalized homophobia in gay and bisexual men can sabotage their ability to establish meaningful relationships with their partners, friends, families, and even themselves. Less understood is how homophobia has been a defining characteristic of masculinity for heterosexual men, robbing them of their ability to engage in intimate relationships, and poisoning their mental and physical health. Too often therapists fail to recognize homophobia's wounding power for both gay and straight men. In our consulting rooms, we find that internalized homophobia raises fear in both gay and straight men that result in shame and contempt regarding their own desire to form closer relationships with other men, and can be a primary trigger for rage and depression. In this presentation two co-presenters, one gay and one straight, will use a combination of lecture and case illustrations to demonstrate novel ways to ask about, discuss and heal the damaging effects of homophobia on our gay and heterosexual male clients. Learning Objectives: (1) Understand and articulate how homophobia presents differently with gay and straight clients; (2) Identify destructive myths about homosexuality related to masculinity, sexual predation, dominance/submission; (3) Recognize homophobia manifests itself across various racial and ethnic groups; (4) Assess when the client's beliefs about sexuality, heterosexism, and masculinity negatively impact their health and relationships; and (5) Reframe male clients' homophobic fears and redirect their avoidant or aggressive behaviors toward other men. **(1.5 CEs Joint Sessions)**

CS-503 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 affects 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. In conclusion, 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)**

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. This presentation will present up-to-date research on unmarried and premarital relationships. 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 our conceptual framework referred to as "sliding vs. deciding". The idea behind this concept 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. Specifically, 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)**

11:15 am-12:45 pm CONCURRENT SESSIONS V Continued

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)

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 new MFDG protocol is currently being implemented as a core component of an intensive family systems based out-patient (IOP) program for adolescent substance abusers and their families. To our knowledge it is one of the only MFDG models that is a standard rather than elective component of a substance abuse treatment program. 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 multiple-family discussion group (MFDG) model for families with substance abuse disorders; and (3) Apply versions of 2 or more MFDG modules in workshop participants own clinical settings.

CS-506 Joint Session, Families, Trauma, and Addiction: Insights and Interventions

Michael F. Barnes

Addiction and Posttraumatic Stress are two of the most common problems facing mental health counselors across the U.S. The co-occurrence of these issues cannot be understated. Najavits (2007) states that among persons who develop PTSD, 52% of men and 28% of women will develop alcohol use disorder and 35% of men and 27% of women will develop drug abuse disorders. Recognition of this significant co-occurrence has revolutionized addiction treatment, resulting in the development of a variety of trauma informed and trauma integrated treatment models. 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. As programs have begun to challenge family members to focus on their own family of origin, attachment, childhood trauma and response to the traumatic events taking place in the lives of their addicted loved ones, 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. Given the reality that many couple and family therapy educational programs only address addiction and individual/systemic trauma on a cursory level, the question arises, "where do we find MFT's that are knowledgeable about these issues?" 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. Throughout the presentation attendees will be asked to add to the discussion by providing personal insights and 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. This will include the ability to discuss the 5 Axioms associated the secondary trauma of family systems; and (4) Discuss intergenerational transmission of trauma from a biological and family system perspective. This will include gaining new insights into the impact of trauma and addiction on attachment, new family formation and posttraumatic organizational changes.

(1.5 CEs Joint Sessions)

11:15 am-12:45 pm CONCURRENT SESSIONS V Continued

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

Justine Underhill

In 2015, The University of California/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. Family therapists and medical doctors coordinate care in real time, and sometimes even in joint sessions. This experience has led to innovative care that effectively integrates healthcare and family therapy, improving care team coordination, and treatment outcomes. It has also raised interesting challenges, related to culture shifts, true cross-discipline collaboration, and business models. 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.

CS-507 Joint Session Continued, 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 Sessions)

2:30-4:00 pm CONCURRENT SESSIONS VI

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 AFTA members and guests 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 CONCURRENT SESSIONS VI (Continued)

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 dead last among wealthy countries on many measures of poverty and inequality. Prevention science and practice in the behavioral health field has advanced sufficiently that there is a growing array of innovations available to help 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” and “does our 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 explore ways in which professionals with expertise in systems thinking can and, in fact, already are translating our social justice commitment into efforts that make a meaningful, positive impact on the well-being of those individuals/families who are most frequently affected social injustice. The presenter will overview two of her and her colleagues’ efforts to develop and disseminate 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 (spanning the spectrum of risk) as well as the well-being of the youths’ families and the professionals who serve them. The session also will be structured so that attendees can explore the question of what propels and what inhibits them, as professionals trained in systems thinking, from applying their expertise beyond the therapy room. 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)

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.

CS-603 Joint Session, 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 Sessions)

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 fifteen 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. In this session, participants will learn 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.

(Continued on next page)

2:30-4:00 pm CONCURRENT SESSIONS VI Continued

CS-604 Treating Technology Issues in Couples' Relationships (Continued)

Participants will also learn results from the presenters' research conducted on progress notes from completed MFT cases which suggest two technology-problem relationships: (a) Triggering Event wherein the use of technology signaled trust problems in the relationship; and (b) Tipping Point wherein the use of technology confirmed previous trust problems in the relationship. The presenters' 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 presenters observed the therapist noted change in both triggering and tipping situations. Based upon this research, participants will learn basic case conceptualization skills for working relationally with these clients via scenario exploration and small group exercises. In the first stage, participants will focus on identifying technology-relationship patterns. In the second stage, participants will focus on constructing treatment goals. In the third stage, participants will focus on incorporating technology in the treatment. In the fourth stage, participants will focus on assessing progress in these cases. 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)**

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 of these new directions 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? Examples from clinical work will illustrate these points. It is the presenter's hope that attendees will leave with new possibilities to consider in their own work, and that discussions can be entered into on how these different points of view can be integrated. 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)**

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.

CS-606 Joint Session Continued, Incorporating Whole Brain Activity in MFT Training and Supervision

Julie Ann Liefeld

"Beyond Journals" will explore mixed media expression of self of therapist in training, supervision and therapy. Use of mixed media to express process offers voice to critical "self of person" elements for therapists and clients. Participants will explore concepts, case examples and benefits of applying creative expression in supervision and therapy. Attendees will create and share a mixed media project of their own to experience and evaluate the power of creative processes. Artistic expression is described to "live in the twilight zone between cognition and emotion, where defenses are not on the alert" (Lowenstein & Sprunk, 2010) and to "real what is hidden and to create what has not yet been." Use of mixed media expression not only facilitates deeper awareness in the self of therapist but can offer a medium to deepen the dialogue about therapist process between supervisee and supervisor. "Beyond Journals" is designed for supervisors and therapists to examine, experience, and evaluate the application of artistic processes to access to the "preverbal" (Harter, 2007, Kelly, 1955/1991), countertransference, and to travel below content level of client/supervisee verbal report. Such uses in training and supervision promote richer expression, vibrant understandings and "a ha!" moments more easily than verbal report or even video clips "beyond where they are limited by language and defenses" (Lowenstein & Sprunk, 2010). "Beyond Journals" is an interactive workshop where attendees will explore and experiment with methods for applying creative expression therapy, training and/or supervision. **(Continued on next page)**

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

SATURDAY, June 25 Plenary III, Concurrent Sessions V & VI, Institutes

2:30-4:00 pm CONCURRENT SESSIONS VI Continued

CS-606 Joint Session Continued, Incorporating Whole Brain Activity in MFT Training and Supervision (Continued)

Participants will evaluate and discuss potential benefits, challenges, and possibilities in supervision and therapy by integrating the mixed media experience to access the "meta verbal expression" (Harter, 2007). This workshop will use lecture, case presentation examples, discussion and individual and group participation, and specific and spontaneous approaches to use of mixed media "assignments" in training, supervision, and teaching. Participants will experience and process the topic through creating and sharing of their own mixed media story. Learning Objectives: (1) Understand whole brain, creative activities as they apply to training of family therapists; (2) Demonstrate an increased understanding of how to use and assess creative learning in training and supervision; (3) Demonstrate an increase in confidence or ability in creating meaningful dialogue in training or supervision of MFT students; and (4) Demonstrate increase in ability to use creative activity and how it relates to the expression of the self of therapist. **(1.5 CEs Joint Sessions)**

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)**

4:30-5:30 pm INSTITUTES

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.

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.

4:30-5:30 pm FACILITATED LISTENING CIRCLE

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.

6:00-9:00 pm AWARDS CEREMONY RECEPTION

Join us for the celebration of the AFTA 2016 Awardees.

SUNDAY, June 26 Meeting

9:00-10:00 am AFTA Member's Meeting

The annual meeting for our membership.

The logo for the American Family Therapy Association (AFTA), consisting of the letters "AFTA" in a bold, serif font.