

# 39<sup>th</sup>

**AFTA**  
American Family Therapy Academy

Annual Meeting & Open Conference  
May 31 - June 3, 2017 Philadelphia, Pennsylvania



Innovative Family Therapy: Today and Tomorrow  
**Society Hill Sheraton Hotel**

**AFTA 39th Annual Meeting & 6<sup>th</sup> Open Conference:  
Innovation: Family Therapy Today and Tomorrow**

Time	Wednesday May 31	Thursday June 1	Friday June 2	Saturday June 3
7:00 AM		Continental Breakfast	Centering Practices	Committee Meetings
8:00 AM	Board Meeting 8 AM - 10:45 AM	New Members Breakfast	Continental Breakfast	Continental Breakfast
8:30 AM		Plenary I 8:30-10:30	Plenary II 8:30-10:30	Plenary IV 8:30-10:30
10:30 AM		Coffee/Tea Break	Coffee/Tea Break	Coffee/Tea Break
10:45 AM				
11:00 AM	People of Color Network	White Privilege Conversation Network	Concurrent Sessions 10:45 - 12:15	Concurrent Sessions 10:45 - 12:15
12:15 PM		Lunch on your own	Lunch on your own	Lunch on your own
12:30 PM	Lunch on your own		Lunch on your own 12:15-1:30	Town Hall Meeting/ Box Lunch on your own 12:30-1:30
1:00 PM	GLBTQI Network 1:00-2:30	Mural Tour (off-site, ticket required) 12:45 - 2:45	Plenary III 1:30-3:30	Concurrent Sessions 2:00-3:30
1:30 PM				
2:00 PM				
2:30 PM	Coffee/Tea Break	Coffee/Tea Break		
3:00 PM	Member Dialogue 3:00-6:00	Dialogue 3:00-6:00	Coffee/Tea Break	Coffee/Tea Break
3:30 PM			Pearls of Wisdom 4:00-5:15	Listening Circles 4:00-5:30
4:00 PM			Poster Festival & Book Signing 5:30-6:30	Break
5:30 PM				
6:00 PM	Welcome Reception 6:15-7:15	Special Event: Dinner off-site ticket required 6:30-8:30	Shabbat Service 6:30-7:30	AFTA Awards Ceremony 6:00-10:00
6:15 PM			Institutes 7:30-9:30	
6:30 PM				
7:30 PM				
8:30 PM	Round Table Conversations 7:30-9:30			
9:30 PM				

## Theme and Objectives of the American Family Therapy Academy 2017 Annual Meeting & Open Conference

AFTA's 2017 Annual Meeting & Open Conference gathers AFTA and non-AFTA members who are couple and family therapists, researchers, educators and others dedicated to the advancement of systemic thinking, practices and policies in the world. The theme, ***Innovative Family Therapy: Today and Tomorrow***, aims to answer the following questions:

1. How do we honor seasoned professionals and support emerging/early professionals?
2. What are the leading-edge practices that address our present-day challenges?
3. How do we integrate new perspectives into responsible and socially just clinical practice?

### **Objectives:**

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

### **Target Audience:**

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

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## **2017 Conference Committee**

Rachel Dash (Co-Chair), DeAnna Harris-McKoy (Co-Chair), Jane Ariel (PTPC Chair), Jane Bardavid, Jessica ChenFeng, Justine D'Arrigo-Patrick, Victoria Dickerson, Shawn Giammattei, Ana Hernandez, Jodie Kliman, Carmen Knudson-Martin, John Lawless, Larry Levner, Linda Lockspeiser (Concurrent Sessions), Blanca Lugo, Laurel Salmon, Monica Sesma (Interest Groups), Michael Sude (Concurrent Sessions), CharlesEtta Sutton, Hinda Winawer, David Wohlsifer (Posters)

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## **AFTA Social Media Guidelines**

Creating Sustainable and Respectful Social Spaces at AFTA Events

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

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

# AFTA's 39<sup>th</sup> Annual Meeting & Open Conference

## INNOVATIVE FAMILY THERAPY: Today and Tomorrow

### Wednesday, May 31: Day at a Glance

8:00 - 10:45 AM	Board Meeting
11:00 AM - 12:30 PM	Network Conversations: <ul style="list-style-type: none"><li>- People of Color</li><li>- Conversation on White Privilege</li></ul>
12:00 - 5:00 PM	Registration and Exhibits
1:00 - 2:30 PM	LGBTQI Network Conversation
3:00 - 6:00 PM	Member Dialogue
6:15 - 7:15 PM	Welcome Reception
7:30 - 9:30 PM	Round Table Conversations

### WEDNESDAY, MAY 31

#### 11:00 AM - 12:30 PM NETWORK CONVERSATIONS

##### NC-101 PEOPLE OF COLOR NETWORK

*Laurel Salmon*

The People of Color Network is a place for inspiration, connection, support and dialogue for people of color. It serves as a catalyst for advancing issues of societal justice and change within AFTA. Members have rich experiences and ideas. We share about multiculturalism, race and inequity in our various work environments, and offer each other support. A

primary goal is to facilitate continuity of networking throughout the year. In addition, we will spend some time preparing for the Inclusive Conversation about Race that came out of last year's Network conversation. **Learning Objectives:** (1) Collaborate on building a sense of community with other AFTA members and guests of color; (2) Discuss expectations and concerns that people of color have for talking about race with white people; and (3) Identify skills and strategies that are helpful for conversation about race. (1.5 CEs)

## 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 to 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.

12:30-1:00 PM LUNCH ON YOUR OWN

1:00 - 2:30 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.

3:00 - 6:00 PM DIALOGUE (Members Only)

## AFTA Family Dynamics: My Past, My Future, My Present

*CharlesEtta Sutton, Tim Baima, Diane Estrada, Jay Lappin*

A Dialogue with members of AFTA only, facilitated with members using a modified Talking Circle from our indigenous (Native American) tradition and posing a question for inquiry of the discussion from a format of the International Black Summit. We ask that everyone who participates suspends judgement of "a right way to do this". The Dialogue will be a personal inquiry that we believe will make a difference in our multiplicity of worlds. ***"Who am I in relationship with AFTA in transforming my world? How do those transformations impact the systemic contributions to our world?"***

6:15 - 7:15 PM WELCOME RECEPTION

This traditional welcome reception will feature plenty of food and a cash bar.

7:30 - 9:30 PM ROUND TABLE  
CONVERSATIONS

**Family Therapy Conversations: Using  
Dialogue to Inspire Innovation**

*Patricia Romney*

Drawing on brainstorming, listening, word association, illustration, and more, participants will engage in round table conversations with their peers. In an active and engaging process of dialogue and collective inquiry, participants will raise questions and share ideas designed to guide them to collectively envision and articulate an innovative future for family therapy. Join your fellow relational educators, healers and researchers as we create a space to inspire creativity and unleash innovative and cutting edge ideas.

- What excites you about family therapy?
- Are you doing anything new or are you employing any techniques potentially transformational for the field?

- What questions do you grapple with as you try to identify what is core in family therapy and what needs to be preserved?
- What innovations are needed in light of the contemporary social context?
- When considering family therapy's journey into the future, what does innovation even mean? Should we be thinking about new services? New ways of providing service? New definitions of family? New research questions?
- What would a culture of innovation in family therapy look like?

**Learning Objectives:** Participants will: (1) Learn how dialogic practices can assist in the development of innovative ideas in family therapy, research and professional education; (2) Learn innovative practices and ideas from their colleagues that will spark their own creative ideas; and (3) Learn multiple innovative methods of integrating an understanding of the unjust social contexts of people's lives into their practices.



**Patricia Romney, PhD**, is a clinical and organizational psychologist, and principal of Romney Associates, Inc., an organizational development firm specializing in equity and excellence in higher education. Her clinical work focuses on elders and their families. A longtime AFTA member, Pat was the co-founder, with Ken Hardy, of AFTA's People of Color Network and is a former member of the AFTA's Board of Directors. Pat is a specialist in civic dialogue, having published, "The Art of Dialogue," a widely-used resource in the arts-based civic dialogue field. Her most recent publication with Elaine Pinderhughes and Vanessa Jackson is *Understanding Power: An Imperative for Human Services*, published by NASW Press.

## Thursday, June 1: Day at a Glance

7:30 - 8:30 AM	Continental Breakfast New Members Breakfast
8:00 AM - 5:00 PM	Registration and Exhibits
8:30 - 10:30 AM	PLENARY I
10:30 - 10:45 AM	Coffee / Tea Break
10:45 AM - 12:15 PM	Concurrent Sessions (CS-101 - CS-103) Interest Groups (IG-101 - IG-111)
12:15 PM	Lunch on your own
12:45 - 2:45 PM	Special Event I: Mural Tour off-site (ticket required)
2:30 - 3:00 PM	Coffee / Tea Break
3:00 - 6:00 PM	Dialogue
6:30 - 9:30 PM	Special Event II: Dinner off-site (ticket required)

## THURSDAY, JUNE 1

### 7:30 - 8:30 AM NEW MEMBERS BREAKFAST

### 7:30 - 8:30 AM CONTINENTAL BREAKFAST

### 8:30 - 8:45 AM WELCOME

*Jane Bardavid, President*  
*Rachel Dash & DeAnna Harris-McKoy, 2017*  
*Conference Co-Chairs*

### 8:45 - 10:30 AM PLENARY I

#### **The Politics of Personhood and Clinical Work: Reflecting on our Fluid, Emergent, and Performative Identities**

*Jacqueline Hudak, Saliha Bava, Elijah C. Nealy*

Perhaps at no time in our history has the cultural landscape been so present, in a sustained way, in the therapy room. As family therapists,

through conversation and our activities of theorizing, researching, and writing, we are active participants in these textual and lingual constructions: how we think, frame, and name ourselves, and our contexts, are forms of practice. Too often the metaphors we use concretize identity(ies), such that they lose expansiveness or the conversation becomes polarized. Drawing on the notion of how *hyperlinked identity* allows for the fluidity of identities, which are centered & de-centered, within the shifting relational contexts we inhabit throughout the life cycle, we will explore the discursive nature of identities as they manifest in therapy for both the clinician and the couples and families we see. How can we develop more expansive conversations about personhood as we invoke the complex network of texts that comprise our intersectional identities? In these current times that can be so polarizing, how can we talk about our experiences in ways that

make these social processes more explicit? Our goal is to move back and forth between what is happening in the streets, in academia, in our clinical practices, and in our lives. **Learning Objectives:** Participants will learn how to: (1) Deconstruct identity as a fluid, emergent, performative and non-binary construct, which

changes and evolves throughout the life cycle and varying social contexts; (2) Introduce the construct of hyperlinked identity that promotes intersectionality and intertextuality; and (3) Define the clinical relevance of the overlapping and interdependent systems of dominance as they shape identities and relationships.



**Jacqueline Hudak, MEd, PhD, LMFT**, is the Director of The Center for Couples and Adult Families (CCAF) in the Perelman School of Medicine, Department of Psychiatry at The University of PA. Together with CCAF Founder, Ellen Berman, MD, she creates and develops a center for families that provides psychoeducation, clinical services for couples and families, and training in systems work, with a focus on culture and the family across all four years of psychiatric residency. Jacqueline's clinical work has focused on dimensions of privilege and marginalization as they impact family life, and negotiating identity transitions over the course of the life cycle. She is an expert in family systems treatment of addictive disorders. Jacqueline is a longtime AFTA member and is excited to welcome colleagues to AFTA 2017 in her new home, Philadelphia.



**Saliha Bava, PhD, LMFT**, is an Associate Professor of Marriage and Family Therapy at Mercy College. She is an advisor at the Taos Institute's doctoral program and on the faculty for HGI's International Certificate Program in Collaborative-Dialogic Practices. As the Director of Research with the International Trauma Studies Program, affiliated with Columbia University, she has researched theater, community resiliency, and psychosocial practices. Saliha is on the AFTA board (2012); board member of the International Certificate Program in Collaborative-Dialogic Practices; and on the advisory board of Taos Institute. She is the co-founding editor of the *International Journal of Collaborative-Dialogic Practices*. Saliha has published articles and book chapters from collaborative and performative perspectives. Her scholarship focuses on creative processes for living via play, hyperlinked identity, cross-cultural relationships, collective trauma, digital life, relational leading, research methodology, social justice, and teaching/learning. In Saliha's private practice she sees couples and coaches therapists. For 20+ years, she has consulted, designed, and implemented performative/play-based and dialogic processes within organizational, community, family, learning, and research systems. Saliha is currently researching how social-design thinkers play and is implementing a civic tech project on countering the culture of male emotional suppression.

Visit [salihabava.com](http://salihabava.com) to learn about her practice and <http://thinkplaypartners.com/playlab/> for her research. Twitter: @ThinkPlay



For the past 25 years, **Elijah C. Nealy, PhD, MDiv, LCSW**, has worked extensively with LGBTQ adolescents and adults in both pastoral and social service capacities. Currently he is assistant professor of social work at the University of Saint Joseph, West Hartford, CT. Elijah's clinical practice has focused on transgender and gender diverse youth and their families. Ordained with Metropolitan Community Church, he regularly preaches and provides trainings for clinicians, faith communities, and organizations. An openly identified transgender man, Elijah lives in West Hartford with his partner and is the proud father of three amazing young people. He is the author of *Transgender Children and Youth: Cultivating Pride and Joy with Families in Transition* (W.W. Norton & Co., 2017).

10:30 - 10:45 AM COFFEE / TEA BREAK

10:45 AM - 12:15 PM CONCURRENT SESSIONS I  
(CS-101 - CS-103)

### CS-101-A Core Elements of Family Therapy for Adolescent Substance Use

Molly Bobek, Aaron Hogue

Currently family therapy enjoys the strongest evidence base for treating adolescent substance use (ASU). Despite the existence of this base, there are several intransigent barriers to widespread adoption of manualized family therapy models. This presentation will describe the methodology of a current project at the National Center on Addiction and Substance Abuse (CASA), funded by NIDA, called the Core Elements of Family Therapy (CEFT). Presenters will describe an alternative path to promoting family therapy adoption, the core elements strategy, which offers important advantages over purveyor-driven dissemination with regard to sustaining quality implementation in routine service settings. The initial step along this path is successfully distilling the core treatment techniques of empirically validated family therapy models for ASU. There are a handful of manualized, empirically supported FT models designed to treat ASU, the most prominent being brief strategic family therapy

(BSFT), functional family therapy (FFT), multidimensional family therapy. The presenters will first describe a conceptual distillation of family therapy for ASU that is grounded in existing observational fidelity measures for these three brand-name models. The presenters will then describe an innovative empirical method for distilling core elements that can serve as a template for rigorous distillation of other treatment approaches. This presentation will share this process and its preliminary results; gleaned from collecting observational ratings of recorded sessions from all three models, utilizing the fidelity scales developed by all three model purveyors. The presentation will conclude by discussing how core elements can enhance family therapy services within the diverse workforce and client populations of usual care for ASU. The goal of the presentation will be to provide participants with an understanding of the core elements approach and the initial findings of this approach for family therapy for ASU treatment. **Learning Objectives:** Participants will be able to: (1) Recall the barriers to adoption of evidence based practice in usual care; (2) Identify and describe the core elements approach; and (3) Explore and appraise the core elements identified by this study.

## **CS-101-B Multicultural Supervision: Supervisees' Perspectives**

*Karen Quek, Nilou Tohidian*

Clinical supervision is an important resource which continuously provides mental health supervisees with ways to navigate new experiences based on their supervisors' knowledge, guidance, and expertise. Hammerich (2014) conducted a review of current supervisory practices and suggested that supervisees come from diverse backgrounds and will practice in ethnically diverse clinical settings, making it crucial for supervisors to employ sociocultural contextualization to ensure multicultural competency in supervision. Multicultural competence is inseparable from social justice and advocacy (Pieterse, Evans, Risner-Butner, Collins, & Mason, 2008). Addressing social justice in clinical supervision focuses attention to those life situations, power discrepancies, and oppressions that limit social and economic opportunities, and alter psychological development and mental welfare for the underprivileged and the marginalized (Burns & Singh, 2010). Hardy and Laszloffy (1994) also believe using a social justice lens in clinical practice creates an understanding of the mental health issues resulting from experiences of social oppression and cultural discourses. A competency-based approach to clinical supervision grants the framework to understand the many complexities of diversity variables and their interactions among supervisor, supervisee, and clients (Falender, Shafranske & Falicov 2014). Privilege, oppression, and social justice should be acknowledged and be part of the supervisor-supervisee ongoing conversations. This meta-analysis presents perspectives from the "consumers" of clinical supervision (i.e. the supervisees): what works and what does not work for them. Using data set from twenty-four selected articles exclusive to multicultural supervisory practices, published from year 2000 to year 2014, we focus specifically on supervisees' multicultural encounters. Results indicate that fostering supervisees' multicultural

knowledge occurs when supervision is viewed as an arena where cultural encounters occur, diversity domains are incorporated in every aspect of supervisory dyad, and constant multicultural dialogues are exchanged and encouraged. **Learning Objectives:** (1) Learn what to expect from multicultural competency-based supervision; (2) Learn the importance of ongoing multicultural discussions in clinical supervision; and (3) Discover how multicultural supervision informs supervisees' ethnicity, race, class and gender.

## **CS-102-A Measuring the Impact of Couples Therapy Offered in Intensive Formats**

*Jeffrey White*

More and more therapists are offering couples therapy in intensive formats. Often, the rationale provided is related to the couples need for a high dose of treatment in light of the critical status of their relationship. Such formats are often designed to educate couples in relational skills found in healthy relationships, to assist a couple in addressing a specific problem, and to help couples gain awareness and insight into their marital dynamics and any related transgenerational themes. With such diverse purposes, it is vital for family therapists to understand their rationale for providing this format of couples therapy and for therapists to understand any challenges that may be associated with these intensive approaches. This presentation will explore the broader rationale for intensive couples therapy and describe multiple couples therapy modalities. Specifically, this presentation will discuss recent data that examines the impact of Restoration Therapy delivered in intensive formats to groups consisting of thirty-four heterosexual couples. **Learning Objectives:** Participants will be able to: (1) Describe the various rationales for couples therapy intensives; (2) Identify the various couple therapy modalities that are offered in intensive formats; (3) Apply the basics of Restoration Therapy to an intensive couple therapy format;

and (4) Summarize recent data associated with Restoration Therapy delivered in an intensive group format.

### **CS-102-B Innovative Approach to Decision-Making in Couple Therapy**

*Peter Fraenkel*

This workshop will describe through lecture, and illustrate through an in-depth video, the presenter's integrative approach to decision-making in couple therapy, known as the "Therapeutic Palette." The approach's metatheory reflects a new category of integration called "multiperspectivalism," which honors and draws upon all existing specific theories of family/couple therapy without attempting to blend them in a higher-order theory, and specifies heuristics/ guidelines for when to utilize which theory and its associated techniques. The approach also draws upon the tradition of common factors, locating common themes and practices that characterize all specific couple therapy theories/practices. Drawing upon the metaphor of an artist and his/her palette, it is proposed that there are three "primary colors" in couple therapy: Time Frame/Focus (whether the specific theory focuses on the present, the relationship of past to present, or future); Directiveness (from low to high); and Change Entry Point (behavior/interaction patterns, cognitions, or emotions). Each specific therapy theory centers on a combination of three primary colors: therefore, the therapist must decide which time frame/focus, level of directiveness, and change entry point will be potentially most useful at any particular moment. Couple's theories about the nature of their problems and the language they use to describe their problems and goals, and their particular patterns of dysfunctional interaction and experience provide "affordances" or openings to utilize different approaches, allowing the therapy to be collaboratively co-constructed by therapist and couple. "Stuckness" in therapeutic process also signals the need to shift approach using the

three primary colors as a guide. This approach also considers centrally issues of social location/social context and the privilege and oppression of those intersectional locations constituted by class, race, ethnicity, citizen status, gender, sexual orientation and other aspects of identity. **Learning Objectives:** Participants will be able to: (1) List the three organizing principles of the Therapeutic Palette approach to integration; (2) List at least four reasons to use an integrative approach to couple therapy; and (3) Describe how and why the therapist incorporated multiple theoretical perspectives (cognitive-behavioral, family of origin, and narrative) and their associated practices in the case shown by video.

### **CS-103 Navigating a Relationship: Relief for Couples**

*H. Laurence Schwab*

Clinicians who work with couples are bombarded with pairs of intimate partners who are clinging desperately to hope, constantly experiencing a high level of tension with hostility, and seemingly unable to understand or escape an interactive pattern that keeps making matters worse. Clinicians run the risk of increasing tension to the breaking point or having their clients give up from exhaustion, disillusionment, and/or disappointment with the therapy process. After thirty years of treating families and couples and publishing a self-help book for couples, this author's workshop represents a breakthrough for both therapist and couple, using clinical examples, systemic theories, and practical truths we all observe as clinicians. Clinicians are encouraged to do what they have always intended to do: help their visitors get a confusing, painful dynamic under control with optimism and understanding in a way that honors the fundamental traditions of psychotherapy for both individuals and couples. A simple sounding concept will be clearly explained, placed in context, and shown to be relevant, feasible and effective. By focusing on how small people feel and how big they look to

their partner, individuals are encouraged to get themselves under control for the good of the couple. Clinicians and clients are reassured that this framework makes sense and can make a difference. In an interactive workshop, participants will consider clinical impasses, evidence of success, a thoughtful and sensible reframing of a predictable 'normal crazy' distortion, a chance to think along with the presenter about how to solve this riddle, and then a compelling teachable framework for calming the tension that couples bring with them. Whether going strictly by the book or developing new interventions, this framework will create new possibilities when desperate, drained and confused couples descend on the clinician's office. **Learning Objectives:** Participants will be able to: (1) Distinguish the four quadrants of a normal crazy distortion; (2) Demonstrate six stages of the process that perpetuates this distortion; and (3) Explain four ways an individual can get control over this distortion.

#### 10:45 AM - 12:15 PM INTEREST GROUPS (IG-101 - IG-110)

##### **IG-101 Facilitating Conversation about Oppression** *Laurel Salmon*

This special interest group offers participants an opportunity to learn tips for how to facilitate productive conversations about oppression including discussions about racism, sexism, classism and heterosexism. **Laurel Salmon** will share her ten tips for leading these conversations including the design for formal discussions, the best settings for discussions and more. Participants are encouraged to share their own experiences and their questions. **Learning Objectives:** Participants will learn: (1) Self-management in facilitated discussions; (2) Effective ways to manage power dynamics; (3) Basic oppression analysis.

##### **IG-102 Divorce and Stepfamily**

*Patricia Papernow*

While many clinicians are gaining skills and knowledge to support healthy divorce, most clinicians receive almost no training in the core skills and concepts involved in working with the complexity of stepfamily dynamics. Forty-two percent (42%) of Americans have a close step relationship, so that's a problem! We'll review the basic challenges facing stepfamily members and evidence-based, evidence-informed strategies to meet them. We'll then focus together on the ways in which culture, race, class, sexual orientation, gender identity, and legal systems, impact their shape and intensity. **Learning Objectives:** Participants will learn to: (1) Describe some of the challenges stepfamilies face; (2) Describe some of the evidence-based, evidence-informed strategies for meeting those challenges; and (3) Describe some of the intersections of culture, stigma, and legal systems on stepfamily challenges.

##### **IG-103 Revisiting Men's Issues in the Age of Trumpism**

*Michael LaSala, Rob Garfield*

As we move into the era of the Trump presidency, we are witnessing the attempt to resurrect an outdated and repressive model of masculinity, or Male Code. Sociologist Robert Brannon caricatured the tenets of this model in 1975: (1) "No Sissy Stuff:" Real men don't cry or admit they're wrong; (2) "Be a Big Wheel:" Look important and try to impress everyone; (3) "Be a Sturdy Oak:" Handle everything on your own and don't trust anyone to help or give you advice; and (4) "Give 'Em Hell:" Take off the gloves, be willing to go to the extremes to make your point, and damn the consequences! Sound familiar? If President Trump's public statements and behavior are any indication, this model is being brought back to life, and it's frightening to think about the policy implications that we face. In spite of, and perhaps because of current politics, men and women continue to need a

broader, more inclusive vision of masculinity, one that helps men better connect with themselves and others, perhaps now more than ever! 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 share clinical questions as well as the work they've been doing with and about men and masculinity, in their professional life in the context of the current political climate. More specifically, we'll explore useful approaches to connecting with and supporting men from diverse economic and cultural backgrounds, gender expressions, and sexual orientations. Here we can consider how these approaches respond to current social concerns including economic/employment frustrations that influenced the last presidential election along with issues such as those raised by the "Black Lives Matter," the Million Women's March, and LGBT rights movements. **Learning Objectives:** Participants will: (1) Learn how therapists can best engage men in individual and couples therapy and help them deepen their emotional intimacy skills; (2) Learn how close male friendships can empower men to better address their health and relationships with partners, children and colleagues; and (3) Understand the potentially regressive social forces that are reshaping our current expectations of men and how we "do" masculinity.

### **IG-104 Eco-informed Therapy, Systems Thinking, Equity and Our Relations with Non-Human Beings**

*Pilar Hernandez-Wolfe*

An ecocentric contribution to family therapy affirms the fluidity and continuity of life with other species and the natural world; humans are considered as living in, and being a part of the wider biophysical environment, and as members of a 'biotic community.' We will discuss Gregory Bateson's ideas relative to how cognitive processes and the mind help us

understand mental processes as biological processes; how overall meta-patterns connects all living things; and his proposing that the mind is not limited to human consciousness, but is vitally present in all living beings, from protozoa to trees to elephants to the living Earth itself. We will explore how to integrate his views in our work while addressing how the oppression of the environment is connected to structural violence based on race, gender, class, etc. **Learning Objectives:** Participants will learn how to: (1) Explore, expand and integrate Bateson's legacy into contemporary family therapy and family system work; (2) Integrate ecological systems thinking with contemporary social equity issues; and (3) Explore the impact of their own connections with non-human beings and nature on their work.

### **IG-105 Creative Teaching and Learning Practices: Engaging Uncertainty and Vulnerability in Today's Political Climate**

*Saliha Bava*

In today's political climate, how do we open up our teaching/learning spaces, so that students are not shamed for having different viewpoints? How do we create "safe" spaces for students who feel marginalized in the current political climate? What is "safety" and how do we negotiate and coordinate to create it? How do we as faculty share our vulnerability? This group will explore these issues and more via the online forum pre- and post-conference and at the conference. Join us when you can! The aim being, to share our practices, challenges and "aha" moments while we stay connected and supportive of each other's efforts and differences. **Learning Objectives:** Participants will: (1) Identify the challenges of the current political climate for teaching and learning; (2) Share and discuss creative teaching and learning practices to promote openness for divergent viewpoints in a polarizing political context as it impacts learning; and (3) Organize ways to continue supportive online dialogues for generative teaching/learning practices.

## **IG-106 Spirituality and Family Therapy**

*Larry Freeman, James Verser*

This Interest Group will embrace the challenge of finding language that includes “spirit” as an essential part of ecological assessment and therapy and will explore how to use that language with clients. “Spirituality and the spirit” address shared existential concerns and provide the energy for ethical relationships among us. We will focus upon: (a) the deep roots that differing spiritual practices/traditions share, seeking the general among the particular; (b) how spiritual issues are part of the ongoing evolution of interpersonal, social, and environmental justice; and (c) developing a shared language for applying these general lessons/principles in the therapy room.

**Learning Objectives:** Participants will: (1) Compare their own spiritual views with others, and seek commonalities across differences; (2) Join in creating a “generic language of the spirit” for use in therapy; and (3) Defend the critical importance of spirituality in therapeutic change/growth.

## **IG-107 Evaluating Poststructural Therapies**

*Victoria Dickerson*

Developing an evidence base for poststructural, narrative therapies presents unusual and unique challenges. Join this interest group to explore some of the current dilemmas facing 21st century therapists. These newer generation practitioners have grown up with poststructural thinking, yet find themselves in a climate that privileges evidence-based therapies. Can a poststructural approach claim to be evidence-based? How do practitioners manage the challenges to this question?

**Learning Objectives:** Participants will: (1) Share your dilemma as a newer therapist in an established institution; (2) Explore ways to embrace challenges; and (3) Examine one’s own thinking.

## **IG-108 The Ethics of Family Therapy: A Bowen Theory Perspective**

*Jim Smith, Chair; Ann Depner, Presenter*

Ethical scrutiny in the mental health professions is intense these days. From marriage and family therapy to psychiatry, every discipline in the field has its ethical do’s and don’ts, and every state of the union further prescribes what clinicians should and should not do. Bowen theory poses an alternative view of the ethics of therapy. Bowen’s cornerstone concept, differentiation of self, points the way for a family therapist to evaluate the ethical implications of clinical situations and relationships and to critically explore the content of imposed ethical standards. Participants in this session will consider the historical, evolutionary and neurobiological underpinnings of professional ethics and will be encouraged to define for self the guiding principles for their professional conduct. **Learning Objectives:** Participants will: (1) Recognize the emotional forces that shape the ethical decisions and behavior of people in general, especially family therapists; (2) Gain understanding of the relevance of Bowen theory to the formation of solid ethical principles and ability to live by them; and (3) Critically consider their own professional ethical “do’s and don’ts.”

## **IG-109 Creating Change in the Couple Therapy Session**

*Corky Becker, Martha Edwards*

We will focus on the experience of the couple in the therapy room, focusing on questions such as: (1) How does the therapist structure the session so as to provide for the couple a different way of being with one another, a way that privileges their love, affection, and positive connections? (2) Why is that important? We will share a variety of approaches for working in this way, including offering some experiential activities for participants to actually try out in the group, process, and to think about what it would be like to use these activities with couples. We will also invite group participants to share their

favorite ways of changing the couple's experience with the intention of documenting these ideas for distribution to the group. **Learning Objectives:** Participants will: (1) Understand the importance of creating an experience in the therapy room that does not replicate the distress that brought them to treatment and, instead, privileges the positive aspects of the couple's relationship; (2) Learn about and experience couple therapy experiential activities that represent "experiments" for the partners to learn more about themselves, one another, and their relationship; and (3) Share experiential approaches and activities they use in their own work with one another.

### **IG-110 The Very Elderly: A quagmire of complexity and confusion for families, caregivers and professionals**

*Ann Itzkowitz*

Given the expansion of the aging population, this interest group offers an opportunity for family/systems professionals to explore the "old old" as a developmental stage with increasing prominence and impact on their families, on our clinical practices and on our own personal experience. Relevant issues touch upon various disciplines and contexts and cross multicultural and societal dimensions. At this, our initial meeting, we may share our experiences with aging, both personal and professional, and how these intersect with other disciplines and various contexts. We can then explore how we would like to proceed in the interest group, what we see specifically as the need for further conversation and direction in our field. **Learning Objectives:** Participants will: (1) Learn about the elderly as a developmental stage in the life span; (2) Become aware of the diverse issues involved in working with the very aged and their families; (3) Consider the complexity of collaboration with multi-disciplines and contexts involved with the care of the elderly; and (4) Become sensitive to their own personal issues

regarding aging, and how they may impact their work with families.

**12:15 PM LUNCH ON YOUR OWN**

**12:45 - 2:45 PM SPECIAL EVENT I: MURAL TOUR - RESTORATIVE JUSTICE**



*Healing Walls (Victim's Journey) by Cesar Viveros & Parris Stancell. Photo by Jack Ramsdale*

<https://www.muralarts.org/program/restorative-justice>

**Pre-registration required, sign up on registration form - on-site registration is not available. Box lunches available - sign up on registration form.**

Mural Arts created two murals in a partnership among inmate-artists at the State Correctional Institute at Graterford, Victims of Crime, and Victim's Advocates, Cesar Viveros and Parris Stancell's *Healing Walls* murals depict the victims' and inmates' struggle to change patterns of crime within their communities and themselves. Originally conceived as a single mural created by victims and inmates, the two groups found it impossible to unite over a single, unified design. Instead 2, similar murals were created adjacent to one another on the 3000 block of Germantown Avenue in North Philadelphia. Cindy Burnstein

and Tony Heriza's documentary film, *Concrete Steel and Paint* tells the story behind the creation of these murals.

2:30 - 3:00 PM COFFEE / TEA BREAK

3:00 - 6:00 PM DIALOGUE  
(All Attendees Welcome)

**Living and Practicing in this Moment:  
Reflecting on my Professional and Personal  
Life and those of the People Who Consult  
me**

*Facilitators: CharlesEtta Sutton, Tim Baima,  
Diane Estrada & Jay Lappin*

A Dialogue with conference attendees, facilitated with members using a modified Talking Circle from our indigenous (Native American) tradition and posing a question for inquiry of the discussion from a format of the International Black Summit. We ask that everyone who participates suspends judgement of "a right way to do this." The Dialogue will be a personal inquiry that we believe will make a difference in our multiplicity of worlds. **"How am I and those I work with impacted by this U.S. Presidential Election and the International Growth of Right Wing Populism?"**

6:30 - 8:30 PM SPECIAL EVENT II: DINNER AND TALENT SHOW

**Pre-registration required, sign up on registration form - on-site registration is not available.**



**Spasso Italian Grill  
34 South Front Street  
(7-minute walk from hotel)  
[www.spassoitaliangrill.com](http://www.spassoitaliangrill.com)**

When you're dining at Spasso, you can expect great food at a reasonable price. Spasso's open kitchen produces a menu that combines a full array of fresh seafood and meat, an assortment of appetizers, fresh vegetables, and homemade pasta. All the desserts are made on the premises, so be sure to save some room. The dining room at Spasso is warm and casual, so please come as you are. In the pleasant weather, al fresco dining is also available. Spasso was rated "excellent" in the Zagat's Guide since 2002, recently being selected as one of "America's 1000 Top Italian Restaurants."

**Pre-registration required, sign up on registration form - on-site registration is not available.**

## Friday, June 2: Day at a Glance

7:00 - 8:00 AM	Centering Practices
7:30 - 8:30 AM	Continental Breakfast
8:00 AM - 5:00 PM	Registration and Exhibits
8:30 - 10:30 AM	PLENARY II
10:30 - 10:45 AM	Coffee / Tea Break
10:45 AM - 12:15 PM	Concurrent Sessions (CS-201 - CS-213)
12:15 PM	Lunch on your own
12:15 - 1:30 PM	Student / ECM Lunch (ticket required)
1:30 - 3:30 PM	PLENARY III
3:30 - 4:00 PM	Coffee / Tea Break
4:00 - 5:15 PM	Pearls of Wisdom
5:30 - 6:30 PM	Poster Festival & Book Signing
6:30 - 7:30 PM	Shabbat Service
7:30 - 9:30 PM	Women's Institute Men's Institute

## FRIDAY, JUNE 2

### 7:00 - 8:00 AM CENTERING PRACTICES

#### **Relational Meditation for Difficult Times** *Jerry Gale*

This morning centering practice will provide practices of relational meditation for social engagement. We will do several practices attending and responsive to arising needs of the day (our emotional/socio/cultural/historical context that morning). I will draw from such practices as loving kindness, beholding, Tonglen, dyadic speaking practices, self/other compassion, expanding/contracting, and walking meditation.

#### **Yoga**

*Laura Forman*

This morning's yoga practice will last 45 minutes. We will practice Gentle Yoga for thirty-five minutes and end with 10 minutes of Sivasana.

### 7:30 - 8:30 AM CONTINENTAL BREAKFAST

### 8:30 - 10:30 AM PLENARY II - CLINICAL RESEARCH PLENARY

#### **Innovative Practices with Children and their Families Facing Ongoing Life-threatening Situations**

*Brian Distelberg, Ayse Nazlim Hagmann,  
Howard Stevenson  
Moderator: Frederick Wamboldt*

## **MEND: A Multidisciplinary Approach to Chronic Illness**

*Brian Distelberg*

Between 50-75% of adolescent struggle to properly manage the treatment protocol for their chronic illness. 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. It has been suggested that family system interventions help not only reduce the stress, which directly and indirectly effect the child and caregivers, but changes in the family system itself help maintain this stress reduction long after the child leaves the intervention. This presentation will focus on 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. Brian Distelberg will briefly explain the MEND model and provide evidence of its potential benefits from two pilot studies and a cost benefit analysis. **Learning Objectives:** Participants will be able to: (1) Articulate why family systems approaches to chronic illness greatly outweigh individual level interventions; (2) Identify the most crucial, and best practices, for psychosocial interventions in pediatric chronic illness; and (3) Be **exposed** to one promising program and the conceptual, as well as multidisciplinary operational, components of the program.



**Brian Distelberg, PhD**, is an Associate Professor in the School of Behavioral Health and the Director of Research for the Loma Linda University Behavioral Medicine Center. He is also the founding Board Chair of the KEYS nonprofit, a community based rapid rehousing agency working in partnership with the Housing Authority of the County of San Bernardino. Brian has conducted numerous housing and economic mobility studies in Southern California and is a co-developer of a psychosocial family based intensive outpatient program for families where one or more members are experiencing stress, related to the care and management of a chronic illness.

## **Dialogic Practice: A Post-Systemic Approach**

*Ayse Nazlim Hagmann (stepping in for Mary Olson)*

I will present an approach to family therapy that has crystalized in the past fifteen years. It has a cluster of names – “dialogic practice,” “dialogical therapy,” “open dialogical practices,” and so forth. This way of working presents the intersection of the family therapy tradition – particularly the system wing of the field that emphasizes language and communication – with the ideas of Russian philosopher, Mikhail

Bahktin. Jaakko Seikkula was the first to conceptualize therapeutic conversation as dialogic in Bakhtin’s sense. It emphasizes creating common language, holding multiple voices, and embodying a stance of “being with,” rather than “doing to.” The term “Open Dialogue,” from which this approach derives, refers to the entire community-based psychiatric system in Finnish Western Lapland in which dialogical therapy was refined and first evaluated for psychiatric crises, in particular, first-time psychosis. With Open Dialogue, the Finnish team reported, in two studies, that 80% of their youngsters with psychosis were working,

studying, or looking for a job after 5 years and had either no or mild residual symptoms. There were fewer hospitalizations and much less neuroleptic medication prescribed when compared to standard treatment. Similar outcomes are now being reported in a pilot study in the U.S. Originally embedded in a psychiatric system of care, the principles and practices of Open Dialogue have become widely adapted to other kinds of situations, including couple and family therapy. In this plenary talk, I will give a brief overview and describe working

this way as a family therapist in the U.S. with adolescents and their families experiencing severe crises. The social justice implications of the approach for the U.S. will be addressed. **Learning Objectives:** Participants will be able to: (1) Acquire a basic overview of Dialogic Practice in family therapy with adolescents; (2) Learn the outcomes for Open Dialogue and first-episode psychosis; and (3) Understand the significance of Dialogic Practice/Open Dialogue for a socially just practice.



**Nazlim Hagmann, MD**, is a faculty member at the Institute for Dialogic Practice. For many years, she worked in public, community settings before entering private practice in New York City in 2008. Throughout her career she has been interested in learning, understanding and working in alternative ways with people in extreme states. Nazlim earned her medical degree at Albert Ludwigs University, in Freiburg, Germany, did her residency training at SUNY Downstate and Albert Einstein University, and completed a fellowship in public psychiatry at Columbia University. She has a master's degree in Public Health from Heinrich Heine University, in Duesseldorf, Germany and a Certificate in Trauma Studies from New York University. In 2013, she completed the two-year training in Dialogic Practice at the Institute. Nazlim sees families and provides psychiatric consultation at the Institute.

**Families Talking to Children about Race:  
How Color-Blindness Affects Your Health**  
*Howard C. Stevenson*

Families and teachers may question how best to raise or teach children within the current national climate of racial unrest. This presentation will focus on recent research regarding how parents and teachers may navigate the thorny issues of racial stress, socialization and equity as they seek to raise and teach young children toward healthy academic and life outcomes. Suggestions for integrating racial literacy and a more complex

framing of racial politics for families and therapists will be proposed. **Learning Objectives:** Participants will (1) Learn about current research on racial disparities in health outcomes for teachers and children; (2) Learn the research support for engaging racial encounters directly on behalf of family and children dynamics; (3) Practice racial literacy strategies of storytelling and emotional regulation to use in face-to-face therapy encounters with families and colleagues.



**Howard C. Stevenson, PhD**, is the Constance Clayton Professor of Urban Education, Professor of Africana Studies, and former Chair of the Applied Psychology and Human Development Division in the Graduate School of Education at the University of Pennsylvania. He is also the Director of the Racial Empowerment Collaborative at Penn, designed to promote racial literacy in education, health, and justice institutions. Howard is a nationally recognized clinical psychologist and researcher on negotiating racial conflicts using racial literacy for independent and public K-12 schooling, community mental health centers, teachers, police and parents. Two mental health research projects funded by National Institutes of Health examine the benefits of racial literacy. The PLAAY (Preventing Long-term Anger and Aggression in Youth) Project uses basketball and racial socialization to help youth and parents cope with stress from violence and social rejection. Howard also co-leads the SHAPE-

UP: Barbers Building Better Brothers Project which trains Black barbers as health educators to teach Black 18-24-year-old males to reduce their risk of -- HIV/STDS and retaliation violence -- while they are cutting hair. His recent best-seller book, *Promoting Racial Literacy in Schools: Differences that Make a Difference*, is designed to reduce racial threat reactions in face-to-face encounters. He is the father of two sons, Bryan and Julian.



**Frederick S. Wamboldt, MD**, is Co-Director of the Center for Health Promotion and Professor of Medicine at National Jewish Health; Professor of Psychiatry at the University of Colorado School of Medicine, and an Adjunct Professor in the College of Liberal Arts and Sciences at the University of Colorado Denver. He received his bachelor's degree in chemistry from Marquette University and his doctorate from the University of Wisconsin–Madison, where he also completed his internship and residency training in Psychiatry. He is board certified in both Psychiatry and Psychosomatic Medicine. His research training was facilitated by a NIMH K08 award that allowed him to work closely with Drs. David Reiss, George Howe, Sandy Gonzalez, Peter Steinglass, Steve Wolin, and other cherished colleagues at the George Washington University's Center for Family Research, a very rich and generative experience that supported his commitment

to discover ways to help strengthen families facing life's many challenges, especially those arising from chronic medical illness. His clinical practice is within the Department of Medicine at National Jewish Health where he specializes in patient-centered, family-friendly psychosocial interventions for those suffering from chronic cardiopulmonary illness. As Co-Director of the Center for Health Promotion, he leads a very active research program with three major areas of emphasis, all of which examine individual, family and/or social processes in the context of stress, typically chronic cardiopulmonary illness. First are observational and interventional studies examining biopsychosocial factors influencing treatment adherence and outcomes in patients and families dealing with chronic cardiopulmonary illness. Second are community-based projects, in particular studies aiming to reduce health disparities within low-income, racial/ethnic minority, and/or isolated rural communities. Third are projects evaluating systems change within healthcare practices as well as related public health policy.

10:30 - 10:45 AM COFFEE / TEA BREAK

10:45 AM - 12:15 PM CONCURRENT  
SESSIONS II (CS-201 - CS-213)

### **CS-201-A Major Relationship Cutoffs: Our Role in Reconnection**

*Elena Lesser Bruun*

A sudden or angry cutoff from someone with whom one is closely related, or was very close to, is a common gut-wrenching experience. Such a cutoff actually has the power to make either initiator or recipient literally sick. Based on clinical experience, interviews with twenty-five therapists and stories by lay people we knew or discovered through snowball sampling, we gathered close to a hundred cases for *Not on Speaking Terms: Clinical Strategies to Resolve Family and Friendship Cutoffs* (Lesser Bruun, Michael & Norton, 2014). Most of the authors' therapist interviewees were middle-class Caucasian-American; client cases were considerably more varied. Diversity in terms of race, religion, class, nationality, gender preference, and age was clearly achieved. Similarly, our non-client lay group contained people from all walks of life. Many cases were married or significant other couples, but other dyads such as parent-child, sibling, friendship, mentor-student are also represented. The presenter discusses contextual issues - historical-societal-religious attitudes toward cutoffs, customs and provisions for them. She also explores reasons people give or evince for cutting off (e.g. abandonment, jealousy, or betrayal), and discusses assessment (extent, type, severity of cutoff), reasons to reconnect, reconnection strategies, goals for resolution, and their potential for success. Because many clinician interviewees were unaware of the impact of cutoffs on their clients' lives, or reluctant to encourage clients to invite cutoff parties into the therapy room, the presentation aims to provide evidence to support the contention that therapists need to be proactive, encouraging resolution attempts whenever

possible. Finally, to be properly positioned to help clients with major cutoffs, therapist-attendees will have time to look inward and examine their own cutoff experience(s) and attitudes. The presentation concludes with caveats and contraindications to encouraging resolution, and how to move past a cutoff that cannot or should not be repaired. **Learning Objectives:** Participants will be able to: (1) Identify and restate the main reasons people cut off, several types of cutoff; (2) Apply that knowledge to suggest specific strategies to resolve a hypothetical case and explain their rationale; and (3) Describe and assess their own experience with a cutoff and determine how they could handle any cutoff that is ongoing; and (4) Explain the caveats and contraindications to reconnection.

### **CS-201-B Depression: The Family as Resource for Sharing of Emotion**

*Jan De Mol*

Emotion elicits the Social Sharing of Emotion (SSE), the theory developed by Bernard Rimé. Abundant research into SSE indicates that emotion regulation is an interpersonal and socio-constructivist process. This research fully founds the principles of narrative family therapy. People regulate their emotions by sharing them with others within a particular social context. The process of SSE is inhibited with depressed adolescents, which makes their emotion regulation difficult. A narrative family therapy model was developed in which the family is approached as the resource (and not as the problem with interpersonal deficits) to facilitate the process of SSE for the depressed adolescent and the family members inside and outside the family. Current research indicates the effectiveness of the model. In this presentation, we want to discuss the model, to do some exercises, and to get feedback from the participants to enrich the model. **Learning Objectives:** (1) Knowledge level: in depth discussion of the theory of Social Sharing of Emotion; (2) Application level: translation of

theoretical model to therapeutic practice; and (3) Evaluation level: feedback of participants to enrich the therapeutic model.

### **CS-202-A Transgender Service Members in the U.S. Military**

*Sandra M. Stith, Heather A. Love*

In June 2016, the United States Department of Defense (DoD) issued a policy that ended the ban on transgender individuals (individuals that experience discrepancy between their gender identity and their assigned sex at birth) openly serving in all branches of the military. Although estimates of the prevalence of transgender individuals currently serving in the U.S. military vary, one estimate is that between 1,320 and 6,630 Active Duty and between 830 and 4,160 Selected Reserve service members are currently transgender. The DoD is in the process of establishing policies and procedures related to military mental health care for transgender service members. Transgender service members encounter unique challenges including regulations regarding joining the military, real-life experience during the transition process, and social challenges related to living in a binary gender establishment. As with other underserved populations, mental health providers are called upon to provide not only psychotherapy but also advocacy and education to military leadership. In this presentation, we summarize new DoD policy regarding transgender service members with an emphasis on the role of mental health providers. We provide an overview of transgender-specific research, including terminology, treatment options, and challenges related to meeting the mental health needs of transgender individuals within the U.S. military. A goal of this presentation will be to engage in a discussion with conference attendees who also provide services or support to transgender individuals, to enhance our collective efficacy in providing affirmative and supportive care to transgender individuals in the military. **Learning Objectives:** Participants will be able to: (1) Summarize and

explain the new U.S. military policy associated with acceptance of transgender service members; (2) Demonstrate increased competence in affirmative terminology and in the provision of mental health services for transgender service members; and (3) Demonstrate increased understanding of specific challenges faced by transgender service members and will actively participate in a conversation aimed at reducing these challenges.

### **CS-202-B Supporting Trans\* and Gender Expansive Clients and their Families: A Case Presentation**

*Jean Malpas, Rebecca Ross*

Cisgender Families of gender expansive children need to negotiate the interactions between two gender systems: a rigid gender binary imported from familial, social, and cultural experiences and a fluid gender spectrum articulated by their child. This presentation reviews parental reactions to gender expansive developments and poses that the parental mandates of protection and acceptance are problematized by the difference of gender norms between the child and the family, as well as the child and the environment. Through discussing multiple therapeutic modalities that include family therapy, parental coaching, parent & child support groups and school training, the presenters will illustrate a multidimensional family approach supporting both parents and children in their negotiation of safety, connection, and fluidity. They will also discuss complex factors that impact the negotiation of acceptance and protection through the lens of intersectionality across race and culture. **Learning Objectives:** (1) Review guidelines for gender affirmative systemic care of families with gender expansive youth; (2) Explore parenting dilemmas; and (3) Explore social justice and multicultural lenses in the work with trans youth.

## CS-203-A Helping Families of College Students with ADHD

*Anthony L. Rostain, Sion Segal*

The adjustment to college is a challenge for students as well as for their families. Most students are emerging adults who are legally adults and are assuming more independence in their lives, but their families continue to provide various forms of support, including administrative, emotional, and financial. The college transition is much more challenging for students with ADHD, both those already diagnosed with ADHD who must adapt to the new demands of college life as well as those students who are first identified with ADHD after encountering newfound coping and learning difficulties in college. The unique adjustments to college for students with ADHD range from coordinating care and support for managing ADHD to dealing with academic suspension or withdrawal from school, all of which often end up with the family involvement when working with the student. The current session focuses on providing practicing clinicians with a framework for helping families of a college student with ADHD. The session will provide attendees with a contemporary model for understanding ADHD in young adults, how ADHD affects the adjustment to college, and an approach for supporting and guiding the student and family through this phase of development that can be personalized to each family's circumstances. Particular attention is paid to balancing the individuation of the emerging adult student with ADHD, the concerns of and the support offered by the family, and coordinating treatment, academic support, and other services for ADHD. Case examples and complexities will be presented and elicited from attendees to make the session relevant for clinicians in practice.

**Learning Objectives:** (1) Summarize the contemporary model of ADHD and its relevance for college students; (2) Identify 3 areas of support/treatment to be considered for college students with ADHD; and (3) Describe at least one idea from this session for use with a family in your practice.

## CS-203-B Family Services for Children with Special Needs

*Judy Grossman*

This workshop will highlight the bi-directional impact of a child's disability on parent and family well-being. The purpose is to underscore the need for family therapists to collaborate with early intervention and special education systems so that family concerns are recognized and addressed. Moreover, due to the rising demand for services, family therapists should have specialized knowledge to appreciate the family's struggles and some of the unique challenges working with this population. The term "special needs" refers to children with autism, ADHD, learning disabilities, sensory processing disorder and other developmental disabilities. Parents who have children with special needs experience cumulative stress and an urgency to help their child function optimally in school and at home. They often feel depleted or inadequate as they attempt to make meaning of the diagnosis, manage the tension between reality and hope, develop effective parenting strategies and family routines, meet the needs of each family member and deal with larger systems. Given these struggles, the goal is for participants to appreciate the need for a multilayered framework to guide clinical practice. This includes Ackerman's systemic-relational approach as well as approaches from attachment theory, resilience research and brain science. Additionally, recurring themes have been identified through clinical work, policy research and professional partnerships. These themes inform clinical work as well as group work with parents. The presenter will first describe theoretical frameworks and recurring themes, and then use videotapes and case presentations to illustrate the themes and therapeutic goals of family therapy with children with special needs. Second, the presenter will describe the Parent Discussion Group protocol and share videotaped parent focus group comments. Lastly, the presenter will describe the current activities of the Resilient Families project team as one example of collaborative

practice with families and larger systems.

**Learning Objectives:** (1) Describe the theoretical frameworks that guide therapeutic interventions with families who have children with special needs; (2) Discuss the recurring themes that inform both family therapy and group work with parents; (3) Discuss the structure, process and therapeutic goals of family therapy with this population; and (4) Appreciate the complexity of clinical work with families who have children with special needs and some of the critical thinking that guides practice.

### **CS-204-A Power, Privilege, and the Importance of Self-Love**

*Timothy R. Baima, Michael E. Sude*

Unearned social privilege and oppression play powerful roles in interpersonal relationships (Hardy & Bobes, in press; Hardy & Laszloffy, 2004; Pinderhughes, 1989). Many teachers of family therapy work to increase awareness in their students about how their unearned social privilege may impact therapeutic relationships. Further, many multicultural and feminist-informed family therapists work to help their clients understand ways in which unearned social privilege may lead them to unintentionally misuse and abuse power in their relationships. Whether in the classroom, clinical supervision, or in therapy, attempts to increase awareness about one's unearned social privilege commonly elicit reactivity and shame. This workshop addresses ways to mentor students, supervisees, and clients through the reactivity and shame that commonly manifests when learning about privilege. The workshop aligns with Elaine Pinderhughes' (1989) assertion that an ability to love and care for oneself is essential in order to work through the natural intensity of recognizing one's own unearned social privilege and the capacity to misuse that privilege in ways that harm others. The presenters assert that when people are challenged about privilege, it is normal for them to seek out the love and nurturance that typically facilitates growth.

However, when those with privilege lack the ability to love and care for themselves, they are susceptible to misusing power in a way that recruits those in less powerful positions to provide the love they are unable to give themselves (Pinderhughes, 1989). The presenters are two white men who will share their own experiences about coming to terms with their own privilege, and learning to love and care for themselves. They will facilitate a discussion about ways in which therapists, teachers, and supervisors can help teach clients, students, and trainees to better love and care for themselves while in the process of learning to recognize their own privilege.

**Learning Objectives:** (1) Develop increased awareness of the role of self-love and care in the process of coming to terms with unearned social privilege; (2) Evaluate the potential benefits and challenges related to nurturing, loving, and caring for oneself while undergoing the process of learning about one's unearned social privilege; and (3) Generate approaches to assist clients, students, and supervisees to love and care for themselves as they are in the process of learning about their own social privileges.

### **CS-204-B From Research to Greater Self-Awareness: How the Transcending Trauma Project has Expanded our Understanding of the Powerful Effects of Trauma Stories**

*Hannah Kliger, Lucy Raizman, Peter Capper*

The Transcending Trauma Project (TTP) is a research project that has examined how Holocaust survivors coped with their unspeakable suffering and how they were able to rebuild their shattered lives. This inquiry focused not only on survivors but also explored the intergenerational impact of the trauma. The team conducted 300 in-depth life histories with 96 Holocaust survivors, their adult children and grandchildren. From these extensive narratives TTP observed the legacy of resilience and the legacy of ongoing struggle. This workshop will focus on two aspects of this work, the impact of Holocaust stories on adult children and the

impact of Holocaust narratives on readers engaging in a narrative exploration. Through the analysis process, it was observed that the capacity to transform trauma may depend on the capacity to negotiate memory and recognize the personal teachings that are embedded in the process of sharing stories of trauma, whether or not the speaker or listener are consciously aware of the messages imparted. How individuals use their memories to weave a narrative of survival that forms the foundation of meaning is a complex process examined by the Transcending Trauma Project. Adult children of survivors revealed the impact of their parents' pivotal war experiences on the development of identity, meaning systems and quality of relational connection. Noting the powerful impact of Holocaust survivor testimony, a group experience inspired by the Narrative School of Therapy was initiated. Six participants, not personally connected to the Holocaust, were asked to bear witness to the Holocaust experience by reading the life histories of a Holocaust survivor and his/her adult child. They were asked to reflect upon what they had read and how the life histories overlapped their own life experiences. The group participants reported personal growth that exceeded their growth in personal therapy. Participants will describe this experience. **Learning Objectives:** Participants will: (1) Gain knowledge of the Transcending Trauma Project and its mission to contribute to an understanding of coping and adaptation after extreme trauma through the study of three generations of Holocaust survivor families; (2) Learn how the trauma stories told by Holocaust survivors to their children has a developmental impact on identity formation, belief systems, and relationship connection and how the conscious awareness of this often unconscious process offers the possibility of greater personal growth; and (3) Come to understand how the group exploration of personal reflections in response to bearing witness to painful life experiences can lead to deeper self-awareness and self-acceptance that potentially expands upon prior work in individual therapy.

## CS-205 Multiple-Family Discussion Groups as Prevention Tools

*Peter Steinglass, Peter Fraenkel*

Multiple-family Discussion Groups (MFDGs) have enjoyed increasing popularity as family-based interventions for a wide variety of psychiatric and medical conditions. They have been particularly compelling as primary components of comprehensive treatment programs for schizophrenia-spectrum disorders, for Anorexia Nervosa, for chronic medical conditions like diabetes and asthma, and for both pediatric and adult cancers. On the other hand, the potential usefulness of MFDGs as prevention tools has received much less attention. Two exceptions to this generalization are Fraenkel's work with families living in homeless shelters, and the work of Steinglass and colleagues with families in remission following cancer treatment. In both these instances, MFDG protocols have been developed to help families identify sources of strength (resilience) and to design strategies intended to protect families from the long-term sequelae of the traumas associated with, in the first instance, homelessness, and in the second instance, a life-threatening illness. In this workshop, we will walk participants through both the conceptual models upon which these two MFDG protocols are based, and the specifics of the protocols themselves. Fraenkel's protocol, called Fresh Start for Families, is an 8-session MFDG (with 4-week and 1-day variations) that has been implemented in two shelters for homeless families and one for domestic violence survivors in New York City. Steinglass and colleagues have designed both a 6-session and a 1-day workshop version of their MFDG protocol and have tested their usefulness for families having been treated at the Memorial Sloan-Kettering Cancer Center. Although outcome data are available for each of these MFDGs, our emphasis in this workshop will be on how the techniques employed in our protocols (including interactive exercises and art projects) have helped families design and implement prevention strategies to reduce long-

term negative psychosocial sequelae and to increase resilience. **Learning Objectives:** Participants will be able to: (1) Describe the benefits of MFDGs over individual family therapy – especially in terms of mobilization of therapeutic factors of groups in family intervention; (2) Describe a brief history, rationale, and approach to program development for each of the MFDGs presented; and (3) List at least 4 specific resilience-promoting exercises from each of the MFDGs (8 techniques/exercises in total).

### **CS-206 Bringing Family Therapy to Psychiatry and Integrative Care**

*Ellen Berman, Jacqueline Hudak, Tziporah Rosenberg*

In the 60's and 70's, many programs in family therapy began in hospitals and psychiatric training programs, ending years later - exhausted by the medical hierarchy and the demand to medicalize psychiatric treatment. Now, the new emphasis in Recovery in serious mental illness, an increased interest in psychosocial therapies as well as medication, and the demand for integrative care, gives our profession new possibilities of joining with the medical system to support families. In family therapy, culturally informed, evidence based treatments and well documented curricula are available for beginning programs. In this workshop, the Center for Couples and Adult Families at Penn and the Family Institute of Rochester present their models of collaboration with psychiatry and medicine. This includes combined family/culture curricula for residency training, the need for psychoeducation as well as family therapy, (Carol Anderson was right) and ways of truly integrating family support into inpatient and outpatient medicine. Barriers and opportunities for working within the medical system will be discussed. With integrative care becoming a real possibility, it becomes important for all of us to consider how to work within the system as well as outside it. **Learning Objectives:** (1) Identify ways of developing

programs, and barriers to development, within departments of psychiatry; (2) Consider the differences between family care, family consultation, family psychoeducation and family therapy as treatment modalities within medicine; (3) Discuss current curricula and what aspects of training would be most useful in your settings; and (4) Investigate the possibilities of working within a medical framework and integrative care.

### **CS-207-A If Turkey was a Family: Assessment and Treatment Plan for a Country Dealing with a Crisis**

*Yudum Akyil, Tuba Aydın Erol*

Countries, just like families, are systems that have intergenerational patterns, structure, interactional communication patterns and internal/external resources that affect the way they function in their socio-political context. These characteristics also have a huge impact on how they cope with traumatic experiences that they encounter. In this seminar, Turkey will be conceptualized as a family, going through tough times. Genogram will be used to discuss systemic characteristics of "The Turkey Family" to understand the way it faces terrorist attacks, economic depression and internal polarizations. Finally, alternative treatment plans using different approaches in family therapy will be discussed. Some of the issues that will be explored via the Genogram will be: Critical life events (migrations, traumas and good events); Social, political and economic context; Structure and development in time; Resilience and resources, past successes, important friendships, and social life; Concurrent life stressors such as economic depressions, wars, terrorist attacks; Anniversary reactions; Life cycle and a transgenerational point of view; Relational themes, both intrafamilial and intersystem communication patterns; and Religious and spiritual issues, meaning-making and coping strategies. **Learning Objectives:** (1) Apply systemic principles to understand countries' dynamics; (2) Explore countries' trauma reactions in terms of systemic theory;

and (3) Discuss alternative strategies to help countries to cope better with traumatic experiences.

### **CS-207-B Working with Loss in Arab, Jewish, and Dominant U.S. Cultures**

*Khawla Abu-Baker, Jodie Kliman*

This session compares culturally-embedded family responses to loss for Muslim, Christian and Druze Arabs; US Jews; and in dominant U.S. culture. While North American family therapists may know something of Jewish mourning traditions, few are familiar with Arab mourning traditions. With a growing U.S. Arab population, some having suffered great losses, familiarity with culturally-affirming grief work for Arab families is important. This session will address Arab grieving practices and narratives in Palestine and Israel, U.S. Jewish grieving practices, and those of dominant U.S. culture, with some attention to other immigrant groups' grief processes. It will propose culturally-affirming therapeutic practices for bereavement.

**Loss and Trauma Among Arabs through a Cultural Lens, Khawla Abu-Baker** - Arabs in collectivist societies experience traumatic events together with their extended families and communities. Communal traditions and ceremonies support individuals, families and communities through grief and loss. People unacquainted with cultural codes of loss and grief may misinterpret Arab men's calmness or women who thank God for their trauma. This presentation will present major features of the signs and codes of grief among Arabs following traumatic events. Social and anthropological explanations help us to understand common Arab presentations of feelings and gender differences in symptoms. A culturally sensitive therapy, supported by religious and traditional rituals, will be presented. **Grieving Jewishly, Jodie Kliman** - U.S. culture prizes "closure," encouraging the bereaved to put their dead behind them and "move on," sparing others continued expressions of grief. Jewish approaches to loss, however, value active,

lifelong, communal remembering (not unlike narrative "re-membering" of lost family and network members). The speaker will share clinical and personal experiences of Jewish mourning work and comparisons to culturally-affirming grief work in relation to other religious and cultural backgrounds. Participants are asked to bring in their professional and personal cultural experiences of grief work. **Learning Objectives:** Participants will be able to: (1) Identify and understand individual, family, and societal responses to loss and related trauma, in relation to Arab, Jewish-American, and dominant U.S. cultural contexts; (2) Identify and understand, the psychological contributions and challenges of Arab, Jewish, and dominant U.S. cultural customs on the wellbeing of families, individuals, and their networks during and after times of loss; and (3) Draw on culturally sensitive approaches for therapeutic work with families and individuals from Arab, Jewish, dominant U.S., or other immigrant cultures after loss, particularly traumatic loss.

### **CS-208 Family and Therapy in Asia**

*Takeshi Tamura, Shin-ichi Nakamura, Tazuko Shibusawa, David McGill, Monica McGoldrick*

Family therapists in Asia had started networking within neighboring countries. Asian Academy of Family therapy will hold the 4th Annual Conference in Tokyo in November 2017. Shin-ichi Nakamura and Takeshi Tamura are board members and approved supervisors of Japan Association of Family Therapy. David McGill had taught family therapy in Kyoto for two years in the 1980's. Tazuko Shibusawa was born and raised in Japan and now practices in New York. Four presenters will share their clinical experiences both in Japan and the U.S., followed by Monica McGoldrick who will contrast differences and similarities of family process across cultures and illustrate clinical implication for families in various cultures. Families in Asia have strong parent/child bond all through their life cycle, and use implicit and intuitive communication strategy. They still hold

traditional gender role division in the family and society. Process of interdependence and enmeshment are preferred more than independence and self-reliance. Therapists in Asia actively use silence and intuition rather than emotional expression in therapy. They facilitate empathic communication rather than assertive one. Case example of social withdrawal family will be presented to explain this cultural process. It is called Hikikomori, a unique cultural bond pathology. This pathology is so widely spread among Japanese youth from teens to thirties, they stay home without any social contacts for years. Culture defines not only what's normal/abnormal in the family and society, but also work of the therapists. Our presentation aims to offer opportunity for American therapists to stay meta-position to their own cultural framework and to explore new area of the practice. **Learning Objectives:** Participants will be able to: (1) Identify cultural values and norms which influence family process, e.g. family life cycle, developmental process in adolescence, marital relationship, parent-child relationship, gender pattern, and communication pattern; (2) Describe how culture of the therapist influence his/her preferred work orientation in therapy sessions; and (3) Facilitate cultural competency by not only understanding culture of the client family but also understanding culture of self of the therapist.

### **CS-209 Sociocultural Emotion in Clinical Supervision**

*Elisabeth Esmiol Wilson, Carmen Knudson-Martin, Lana Kim, Jessica ChenFeng*

Attunement to sociocultural emotion (SCE) enables clinicians to understand human experience through the lenses of societal power and context. This relational process has been theoretically understood as the fulcrum of therapeutic change in couple's therapy (e.g., Knudson-Martin & Huenergardt, 2010, 2015), but has not yet been applied to the supervisory context. Attunement to sociocultural emotion in

supervision represents a significant departure from supervision as an instructional, supportive process focused primarily on modalities, theories, and case conceptualization. Instead, when we center sociocultural emotion (SCE) in the supervision system, we intentionally assume a value stance that attunement to emotion as a sociocultural experience is at the heart of relationship building and is critical for the change process-for both client and the supervisee. In so doing, we honor the intersectional identities of ourselves, our supervisees, and our clients. Supervision grounded in attunement to SCE mirrors our approach to clinical practice and is based on three premises: (1) We begin with sociocultural attunement that seeks to go beyond awareness or understanding to experience resonance at an affective level; (2) This involves a socio-contextual theory of emotion that cannot be separated from intersecting power positions of one's social location (Wetherell, 2012); and (3) Potential for therapeutic change necessitates activating the social engagement system (Porges, 2009), a neurobiological process in which the experience of "feeling felt" (Siegel, 2001, p. 68) opens one to another and enables safety, healing, and transformation through relationship (Cozolino, 2016; van der Kolk, 2014). Intentionally seeking to attune to power, context, and SCE helps to facilitate a context of cultural humility and safety. Attuning to supervisees' SCE and taking accountability when supervisors make mistakes related to SCE encourages supervisees to take risks, accept client and supervisor feedback, and worry less about their own performance. **Learning Objectives:** Participants will: (1) Examine the value of sociocultural attunement in creating safe, equitable relationships in supervision; (2) Apply sociocultural attunement to the triadic relational process model (supervisor-trainee-client) through a live supervision demonstration; and (3) Identify personal goals for increasing competence in attuning to supervisees' sociocultural emotion.

## **CS-210 The Vicarious Resilience Scale and updated studies in Colombia**

*Pilar Hernandez-Wolfe, Kyle Killian, Victoria Acevedo*

Vicarious resilience (VR) describes a specific resilience process occurring as a result of therapists and other helpers' work with trauma survivors. It refers to the transformations in the therapists and other helpers' inner experience resulting from empathetic engagement with the client's trauma material. This presentation will discuss the development of the Vicarious Resilience Scale (VRS) and offer an update of current studies in Colombian community settings. Vicarious resilience develops in the social and cultural context of a therapeutic and other helping relationships. Intersections of diversity (class, gender identity, sexual orientation, ethnicity, ability) dimensions shape vicarious resilience. These dimensions are explored as they apply to therapeutic and other helping practices to offer therapists and other helpers a cultural equity framework in which to understand vicarious resilience. Learning Objectives: Participants will be able to: (1) Apply the Vicarious Resilience Scale (VRS) in clinical settings; (2) Understand the application of vicarious resilience across settings and populations; and (3) Explore how to use vicarious resilience to track, nurture and sustain helpers in their work with clients who experienced traumatic stress.

## **CS-211-A Family Therapy in the Post-Postmodern World**

*Chris Hoff, Justine D'Arrigo-Patrick*

The family therapy field is faced with increasing challenges that will require a hybridization of knowledges and practice approaches. Family therapists, educators and supervisors are required to cross the epistemological spaces of modernism, postmodernism, and critical theory. Students struggle with the same demands of learning multiple ontologies. New practice domains are opening up for practitioners of

family therapy in the medical, organizational, and human relations fields to name a few. It could be argued that family therapy, education, and supervision is now being confronted with 'incommensurate discourses' between practices and knowledges. In this presentation, we will explore the work of Bruno Latour and his modern approach, along with the post-oppositional work of Dr. Ana Louise Keating, as a path out of the false dichotomy of modernism and postmodernism and as a way for family therapists, educators and supervisors to create relationships that explore, experiment, and develop ways that avoid 'imposing' and 'setting aside' all possibilities of therapeutic potential. **Learning Objectives:** (1) Examine how family therapists, educators and supervisors create relationships that explore, experiment, and develop ways that avoid 'imposing' and 'setting aside' all phenomenological possibilities of therapeutic potential. (2) Analyze how efforts of justice doing generally rely on the dialectic of modernism and postmodernism and often lead those that seek our help into having to make a decision between ideas born out of the dominant culture, or to align themselves with the counter culture, seemingly leaving them stuck in another binary, with little room to decide for themselves how they might blend all possibilities that might be available to them; and (3) Create a vision for how a family therapist working under the influence of critical theory and postmodernism might maintain the link to the small and maintain critical proximity, rather than being pushed farther and farther into a position of critical distance.

## **CS-211-B Relational Meditation: Addressing Social Justice**

*Jerry Gale*

Meditation has been critiqued as supporting a neo-liberal ideology that is a technology of self-management that ignores political ideological influences, does not attend to social inequities and maintains an emphasis on individual identity. This presentation will provide an

overview of relational meditation as an engaged approach from an epistemological framework of identity and action that decenters an ego-driven-self-identity, does not pathologize emotions, is not commodifying a person's worth, labor or happiness, and is not an intervention for fixing or curing people. Meditation practices can help parties shift their attention from individual needs, positions and short term outcomes to a perspective that is beneficial for the community (e.g. family, generational, local, national, global, etc.) and beneficial for the long term. Engaged meditation is not a technique, but an approach for relational engagement in the world. Relational meditation is about connection, within one's selves, and with the world. It is holistic in that it views the entire world as ecologically connected and that each action, regardless of intention, has consequences: and in these consequences how each person is accountable for intended and unintended consequences. The practice invites a compassion and respect for the world rather than an 'othering' of self, people or things as separate (marketable) entities. Meditation as a relational practice is a counter measure to what Foucault refers to as people as docile bodies who both objectify themselves and get objectified by others in relational power dynamics. Relational meditation offers a practice to attend to the arising of objectification of self and/or other, and to develop pathways of connection, respect, compassion and grace. Theory, practice and application will be presented for using relational meditation to address social justice, social determinants of health and establish new frameworks for clinical practice. **Learning Objectives:** Participants will: (1) Learn several operational definitions of relational meditation; (2) Learn at least 5 practices of relational meditation; (3) Learn how to apply relational meditation to social justice; and (4) Learn how to apply these practices for self and for others.

## **CS-212-A Community Work with Migrant and Immigrant Families**

*Angelina Belli, Sueli Petry*

This presentation will describe community work with migrant families in Rio de Janeiro and Brazilian immigrant families in New York and Newark, NJ. We will highlight community work in Rio de Janeiro with families who migrate within Brazil, and in New York City with Brazilian immigrant families in the United States. Families who immigrate or migrate face unexpected struggles even as they demonstrate remarkable resiliency. Sharing their difficulties related to family separations and cultural barriers, and increasing participation with others in their immigrant/migrant communities helps to improve mental health and a sense of wellbeing. Video of the community groups will be presented. **Learning Objectives:** (1) Describe community work with underserved populations of migrant and immigrant families; (2) Examine how community involvement helps families deal with modified role expectations for immigrant families regarding gender, parenting and sexuality; and (3) Discuss losses as well as factors that forge resiliency and a sense of wellbeing for immigrant families.

## **CS-212-B Family Support: Concurrent Group Work with Adolescents and Parents**

*Michael G. Saad*

A synthesized experiential and psycho-educational model illustrating group/family work in secondary education that yields significant clinical benefits to students of concern with parents, creating a climate of support, safety, acceptance and, ultimately, change. Although posing practice challenges to the clinician with respect to the recruitment, implementation and follow-through of a program, the benefits such as fostering the engagement of supportive student/parent communities provide opportunities for empowerment and improved academic achievement. There is intention with the creation and composition of groups. In an

attempt to facilitate necessary change and articulate attainable goals for students and parents concurrently, student and parent groups provide a supplementary resource to the family challenged with personal, contextual, structural and interpersonal challenges. Confronting such challenges, identifying difficulties within the school environment, as well as establishing developmentally appropriate boundaries for adolescents and parents provides a forum where attention is given to improve family health and functioning. This model intends to provide students and parents/guardians with a setting for personal and family learning in order to develop necessary skill-sets to reduce conflict, improve the quality of family encounters, stabilize emotionality, and restore appropriate developmental boundaries or family subsystems. The by-product of such method will promote a necessity for academic and personal learning, as well as a desire for personal growth and development within the family. Within the context of the school setting, groups will provide the following opportunities to adolescents and parents/guardians: (1) To cope with challenges personally, emotionally and behaviorally; (2) To reinforce the necessity of respect, trust and intimacy in the family; (3) To evolve, to mature and to thrive; (4) To make better decisions and exercise better judgment; (5) To restore or establish developmentally appropriate and necessary boundaries with some emphasis given to the necessity of authority, compliance and collaboration; and (6) Identification and articulation of expectations within the family: personally, parentally, academically and family goal attainment. **Learning Objectives:** Participants will be able to: (1) Inform participants how group work for adolescents and parents/guardians provide personal and interpersonal learning opportunities in and out of the family and promote the group modality as a supplemental change setting for students and parents in secondary education because they will not only reap benefits from broadening and examining from their own familial experience but also learn vicariously - from one another; (2) Stress the importance of mutual aid: That

students and their respective/affiliated adult have the capacity to learn and teach appropriate skills within their respective peer community and to one another; and (3) Assert how supplemental group work may provide a supportive learning and therapeutic environment where students and parents can examine personal and interpersonal issues and co-create opportunities for positive change.

### **CS-213 Creating a Feminist Research Team Via Distance**

*Bobbi J. Miller, Kristina Brown,  
Rebecca Harvey, Jackie Williams-Reade,  
Megan Murphy*

Academia has been under scrutiny in recent decades for being founded on gender inequities that are often invisible but remain entrenched (Antecol, Bedard, & Stearns, 2016). Despite increases in the number of women seeking advanced degrees, women still experience real effects of this patriarchal structure, including lower pay for equal work, slower career advancement, and underrepresentation at the highest ranks (Marschke, Laursen, Nielsen, & Rankin, 2007). Specifically, in the field of Marriage and Family Therapy, women continue to comprise a majority of the student body at both master's and doctoral levels, but are underrepresented at higher faculty ranks (Torres Bernal, Le, West, & Brown, in press). In response to these trends, we formed a collaborative research team to interview women in COAMFTE-accredited programs about their experiences in the field. In the process of conducting this research, we articulated five feminist tenets that guided us as we worked together as a team; these are: 1) question neutrality; 2) researcher as participant; 3) amplifying voices of marginalized individuals 4) awareness of power; and 5) recognizing feminist research as political practice. In addition, technology has provided increased opportunities for collaborative teams to work together across great distances and time zones. While these technological resources have

provided opportunities for connection, learning how to collaborate effectively across distance and dealing with the complexities involved in research conducted across several different Universities has presented challenges. The challenges experienced, particularly specific to how they were framed within a feminist context, will be explored with participants and suggestions will be provided based on the experiences of the research team. **Learning Objectives:** Participants will be able to: (1) Summarize the five feminist tenets involved in creating a collaborative team; (2) Discuss a plan to create a collaborative team in my own setting; (3) Describe your areas of strength and growth in relation to developing a collaborative team; and (4) Understand the strengths and challenges to working collaboratively across distances and be able to develop a plan for how to work effectively in this format.

### 12:15 - 1:30 PM STUDENT/EARLY CAREER LUNCH

#### How Do We Do This?

*Early Career Membership Committee  
Sponsored by Family Process*

A team of facilitators from the Early Career Membership Committee will lead a discussion covering a range of topics of interest to early career members. Topics discussed will include: (1) How do we integrate social justice into our work in authentic ways? (2) What does a modern MFT career look like? (3) How do I find my voice as a clinician? (4) We see what needs to change, how do we fix it? (5) How do I know when I am getting close to burn out? How do I stop it? (6) How do I find balance? What is balance? Participants will also be invited to bring their own topics for discussion. The goal is to begin a supportive dialogue that will continue throughout the year. **Learning Objectives:** (1) Develop the "self of the therapist"; (2) Network and connect with peers; and (3) Understand the impact of experience on the therapeutic lens.

### 12:15 - 1:30 PM LUNCH ON YOUR OWN

### 1:30 - 3:30 PM PLENARY III

#### Audacious Action with Families and Communities

*Erica Wilkins, Kameelah Mu'Min Rashad,  
Michael Tierney  
Moderator: Paulette Hines*

#### Beyond the Privilege of the Therapist's Chair: Utilizing A Systemic Perspective to Work towards Radical Change

*Erica Wilkins*

The presenter will describe her approach to a career as a Couple and Family Therapist while also embracing an identity of being an advocate/activist/clinician/educator. She will provide an overview of the ways in which, the brutal murder of Trayvon Martin and countless others, deepened her commitment to her community as well as to training the next generation of MFTs to become clinician/advocates/activists. The usefulness of approaching collaborations with community organizers from a systemic perspective will be discussed. Additionally, Dr. Wilkins will discuss strategies for engaging students in advocacy/activism, methods for including discussions about social justice and community terrorism within the therapeutic conversation and the management of "perceived resistance" to these discussions within the classroom, therapy room and the classroom. **Learning Objectives:** Participants will: (1) Learn how to address the dehumanizing effects of terrorism within educational settings, therapy; (2) Explore strategies for collaborating with community organizers as a way to fight against terrorism towards marginalized populations; and (3) Examine the idea of "perceived resistance" within the classroom, therapy room and the classroom.



**Erica Wilkins, PhD, LMFT**, is an Assistant Clinical Professor in the Couple and Family Therapy Department at Drexel University. She joined Drexel in the Fall of 2011, and currently manages Drexel University Individual, Couple and Family Therapy Services. Prior to her employment at Drexel University, Erica was the Director of Counseling and Consultation at Huston-Tillotson University and as an adjunct professor at Austin Presbyterian Theological Seminary. Erica's research agenda explores the ways in which historical-sociocultural

factors, including the residuals of slavery, affect the proliferation of HIV/AIDS in the African American community. She recently designed a community-based participatory action prevention curriculum aimed at training African American women to become HIV community educators. She has forged intercollegiate research collaborations with colleagues across the United States. Erica has also presented at local, national, and international conferences. Clinically, Erica assists clients in coping with the residual effects of slavery, recovery from various historical traumas, grief and loss, anxiety, depression, trauma and abuse and addiction. culturally competent services, and contextual therapy. Erica embraces the mantra of the venerable Assata Shakur who states that, "it is our duty to fight for our freedom." She began addressing societal inequities as a child by: writing letters to President Regan asking him to help end Apartheid, organizing student protests denouncing plans to limit arts education in public schools and writing anti-racism articles for school papers. During adulthood, Erica has participated in grassroots activism such as The Million Woman March, The Million Man March 2016, and various actions that have decried the barbaric executions of African Americans in this country.

### **#BlackMuslimFamily: Resisting Intersectional Invisibility through Spiritual Resilience & Affirming Cultural Narratives**

*Kameelah Mu'Min Rashad*

The Black community is continually bombarded with negative messages and images of inferiority, pathology and criminality. Black families continue to be depicted as dysfunctional, fatherless, drug addicted and fundamentally defective. Enduring and erroneous notions of Black pathology also impact Black Muslims. Black/African Americans represent the single largest racial group in the American Muslim community; with Black people representing nearly 60% of US born converts. Black Muslims experience intersectional or "acute" invisibility as they are not perceived as typical members of the American Muslim community (with Arab and South Asian Muslims viewed as the norm) or of the Black community (in which Christianity is the dominant religion). They also experience marginalization due to

anti-Black sentiment within the Muslim community. The perceived homogenization of American Muslims and phenomenon of intersectional invisibility has resulted in the almost complete erasure of Black Muslim attitudes, experiences and perspectives as viewed from the lens of psychology, counseling and emotional well-being. Ahmed & Reddy (2007) concluded that "Indigenous Muslims [primarily African American] often face three common mental health challenges: (a) family tension, (b) guilt, (c) identity issues". Additional stressors related to racial discrimination, religious stereotyping and profiling, cultural taboos, historical trauma and marginalization are also evident. This brief presentation will provide an overview of the Black/African American Muslim community, identify stressors that exacerbate mental health challenges and impact family wellness, and highlight ways in which the community draws on spiritual and cultural resilience to resist oppression, integrate religious and racial identity, celebrate family and

promote healthy psychological well-being. Lastly, it will provide an example of an 'audacious action' (#BlackMuslimFamily twitter campaign) launched via social media to combat stereotypes about Black Muslim families.

**Learning Objectives:** Participants will be able to: (1) List three stressors that impact family wellness; (2) Discuss barriers to seeking

counseling and behavioral health services; (3) Explore sources of spiritual and cultural resilience and religio-racial narratives within the Black/African American Muslim community; and (4) Identify several faith-based, culturally competent resources offering valuable assistance to the Black/African American Muslim community.



**Kameelah Mu'Min Rashad, MEd, MRP, MS**, is the Founder and President of Muslim Wellness Foundation (MWF), a nonprofit organization dedicated to reducing stigma associated with mental illness, addiction and trauma in the American Muslim community through dialogue, education and training. Muslim Wellness Foundation envisions a future in which faith communities are at the forefront of mental health advocacy and committed to developing an inclusive culture of compassion, understanding and holistic health. Kameelah is the Fellow for Spirituality, Wellness and Social Justice at the University of Pennsylvania (UPenn). In this capacity, Kameelah supports students in their exploration of faith-based activism, spirituality, emotional well-being and healing. Working in conjunction with the Chaplain's Office, she collaborates with other cultural centers on campus to facilitate intersectional conversations on race, religion, identity, belonging and advocacy. Kameelah served three years as the Muslim Chaplain at UPenn and continues

to facilitate discussions on religious identity development and challenges faced by American Muslim youth. She is also a resource to the wider Penn community and administration on Islam and Muslims. Kameelah graduated from the University of Pennsylvania with a BA in Psychology and MEd in Psychological Services. She has pursued further graduate education, completing a second Masters in Restorative Practices & Youth Counseling (MRP) from the International Institute for Restorative Practices and obtaining a post-Masters certificate in Family Therapy from the Philadelphia Child & Family Therapy Training Center. Kameelah is a certified instructor in Adult, Higher Education & Youth Mental Health First Aid. She is pursuing her doctorate in Clinical Psychology at Chestnut Hill College in Philadelphia, PA.

## West Virginia Dreamers

*Michael Tierney*

In 1993, a parent on Big Ugly Creek in the heart of the southern coalfields of West Virginia commented, "The problem around here is that they don't teach you to dream." In response, the West Virginia Dreamers program works with families to support their children from infancy to graduation in some of the most economically challenged rural and urban communities of a state that has seen little change, hope or respect from political leaders or systems over the past several decades. The programs also serve as a leadership and employment path for

parents from casual volunteer to full time program managers or other professions such as teaching. The presentation will cover the coalfields' history as an energy colony that inculcated pessimism toward political change that persists to this day, the challenges parents face in supporting their children in a county with patterns of chronic educational under attainment, and models for breaking through young people's hopelessness in an uncertain economy. Learning Objectives: Participants will learn: (1) To explore the persistence of political hopelessness and social pessimism from coalfield communities experience as an energy colony; (2) Models of engaging family members

who have been alienated from the school system from their own educational experience; and (3) Youth leadership models that challenge

bleak political discourse and make West Virginia one of the most exciting places to organize today.



**Michael Tierney** has created community based programs for nearly 40 years including founding Step by Step as a writing group of teens in foster care in 1988. Step by Step's work includes: West Virginia Dreamers—building the capacity of families in West Virginia to support their children's dreams from birth to interdependent adulthood; and advocacy initiatives focused on veterans of the child welfare system, those addressing racial justice and LGBTQ rights, and those marginalized as members of isolated rural or inner city housing development communities. He founded MOSAIC a program that enabled students and families to tell their stories in the midst of the violence of desegregation in Boston (1979-1987). His international experience includes work with street children in Colombia and exchanges with activists in Nicaragua, Brazil, South Africa, Slovakia, Romania, and Hungary. He is cofounder of the Lighthouse Project which exists to support survivors of trauma, both personal (sexual and physical abuse and assault) and historic and community generated (community violence, racism, disability discrimination, sexism and homophobia) in shaping their stories for their own healing, peer support and for political witness. He is a songwriter, photographer, children's literature reviewer and promoter, and teaches Non-Profit Management, Appalachian Studies, and courses involved with the WV Community Activist Archive. He graduated summa cum laude from Harvard College in 1981 and has a Masters in History of American Civilization from Brandeis University.



**Paulette Hines, PhD**, is a member of the founding faculty of the MultiCultural Family Institute of New Jersey and former Co-Director of the Cultural Competence Training Center of Central New Jersey. She is Executive Director Emerita of the Center for Healthy Schools, Families & Communities and former Chief Psychologist at the University of Medicine & Dentistry of New Jersey (now Rutgers University Behavioral Health Care). She also serves as a Clinical Assistant Professor for the Department of Psychiatry at Rutgers Robert Wood Johnson Medical School. Paulette's experience and expertise spans family therapy practice, training, and supervision and prevention-oriented program administration, design, implementation, and research. She

has served as the principal or co-investigator on numerous grants. Connecting her numerous endeavors is a dedicated focus on culturally responsive clinical and preventive intervention for historically marginalized populations. Paulette has presented widely and has authored numerous publications on African American families. Her portfolio of social innovations includes SANKOFA - an evidence-based, culturally tailored youth violence prevention program. Paulette received AFTA's Distinguished Contributions to Cultural & Economic Diversity Award in 2001 and the American Psychological Association's Carolyn Attneave Award for Distinguished Services to Diverse Families in 2008. She served as President of AFTA from 2005-2007 and most recently as Co-Chair of AFTA's Futures Committee and Chair of AFTA's Strategic Task Force.

### 3:30 - 4:00 PM POST-PLenary DISCUSSION

### 3:30 - 4:00 PM COFFEE / TEA BREAK

### 4:00 - 5:15 PM PEARLS OF WISDOM

Moderator: TBA

The eighth annual Pearls of Wisdom panel event will feature two esteemed pioneers in the field, **Evan Imber-Black** and **Lascalles Black**. 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)



**Evan Imber-Black, PhD**, is the Director of the Center for Families and Health and a Senior Faculty Member at the Ackerman Institute for the Family in New York City. She is Professor and Program Director of the MFT Program at Mercy College, Dobbs Ferry, NY. Evan maintains a private practice in Couple and Family Therapy in New York City and Westchester County. She was the editor of *Family Process*, 2004-2012. Under Evan's leadership, the journal's submissions doubled, as did the journal's impact score. She increased the journal's international presence, with all abstracts now published in Spanish and Mandarin. Evan is a Professor in the Dept. of Psychiatry at the Albert Einstein College of Medicine in the Bronx. Previously, Evan was the Founder and Director of the Urban Institute for Families and Family Therapy at Einstein. Before coming to New York, she was the Director of Training at the Family Therapy program in the Dept. of Psychiatry at the Univ. of Calgary, and Director of the Family Therapy Doctoral program in the School of Education at the Univ. of MA. Evan is a past president of the American Family Therapy Academy; recipient of the 1990 American Family

Therapy Academy Award for Distinguished Contribution to Family Therapy Theory and Practice; and the 1999 recipient of the American Association for Marriage and Family Therapy Cumulative Contribution to Marriage and Family Therapy. Throughout her career, Evan has made major contributions in thematic areas that cut across different models of practice, including Families and Larger Systems, Family Rituals, and Family Secrets. She is the author of over 75 original papers, and several books, including: *The Secret Life of Families*, *Secrets in Families and Family Therapy*, *Rituals for Our Times* (co-authored with Janine Roberts), *Rituals in Families and Family Therapy*, 2nd ed. (co-edited with Janine Roberts and Richard Whiting), and *Families and Larger Systems*. Evan is most proud of being a grandmother, as the children have helped her to know that generativity is the core value she wishes to bring forth in her work and in her relationships.



**Lascelles W. Black, MSW, LMFT**, Adjunct Professor, Mercy College, has 35 years of experience in both public and private sector mental health services, specializing in Couple, Family Therapy and systems approaches to human problems. He has held supervisory positions in agencies and hospital settings and teaching positions in universities. For the past 30 years, his public-sector work has been devoted to homelessness with the mentally ill and drug/alcohol addicted homeless, and HIV/AIDS, where he has developed a family systems approach for clients. Lascelles' work commitments have been to poor, immigrant and minority populations, and those who are learning to deliver services to them. In several venues, he has been instrumental in organizing family services within agencies which previously were convinced that homeless clients had no families, when, in fact, families were often nearby and could be mobilized. Similarly, in Lascelles' work with people with HIV/AIDS, he has created services to include

couples, adolescents, young children and extended families. All this work has enabled him to develop a keen appreciation for the dilemmas and difficulties of introducing new paradigms in to larger systems. Lascelles brings to the classroom a sense of what is required to work at the multiple levels of directors, supervisors, front-line workers, and interns in a family and community context. He has published chapters and original papers in the areas of HIV/AIDS, homelessness, and African-American and bi-racial couples and families. For the past decade, Lascelles has taught master's students in Marriage and Family Therapy at Mercy College, where he specializes in teaching group leadership and community psychology. He maintains a private practice in NYC and Westchester.

### 5:30 - 6:30 PM POSTER FESTIVAL / BOOK SIGNING

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. Authors will be present to discuss their books and to sign and sell copies.

### 6:30 - 7:30 PM SHABBAT SERVICE

We invite those attending the conference to take time and join with others for spiritual reflection. The activity planned is a Shabbat Service, which has over the years included people from many different faiths joining together in fellowship during the AFTA Meeting.

### 7:30 - 9:30 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 hoped to have moved away from contentiousness and toward vulnerability and open heartedness. That has not been an inclusive move, and we understand that this Institute may be seen as representing privilege rather than community. This year, post November, as we meet down the street from the Liberty Bell, we are, as men of AFTA, in a new world. This year's Institute is a time to network and connect across the different contexts that we bring to what seems like a new call to contribute, as both practitioners and public intellectuals, to the confusion of perspectives about the prosecution of male dominance in the Trumpian devolution. We are **the** national association of mental health practitioners consistently expressing a commitment to

systemic thinking and social justice. If not us, who? We have from 7:30 to 9:30 on Friday evening with no catered dinner, which means no expense to participate. The meeting is envisioned as a facilitated sharing of the personal and clinical perspectives emerging in teaching, practice, and activism. Upon adjournment, we can pursue connections and continue discussions on a June night in Philly. **Learning Objectives:** Participants will: (1) Learn about how colleagues are experiencing the current political situation; (2) Have an opportunity to network and connect with peers to organize collaborative approaches to the times; and (3) Express important values in a safe place.

## POSTER FESTIVAL

### Friday, June 2, 2017

#### **Risk Markers for Intimate Partner Violence Perpetration and Victimization: A Meta-Analytic Review**

*Chelsea M. Spencer, Sandra M. Stith, Bryan Cafferky*

#### **Attitudes and barriers to counseling service in Korea: A qualitative study**

*Jeehee Sung*

#### **Power Issue in Clinical Supervision from the Foucauldian Perspective**

*Wan-Juo Cheng*

#### **"He is my husband, NOT a perpetrator"-- A case study of intimate partner violence from the institutional ethnography**

*Wan-Juo Cheng*

#### **Serodiscordant Couples with HIV/AIDS**

*Claire Bell, David C. Bell*

#### **Theorizing the Process of Leaving a Violent Marriage in Iran**

*Fatemeh Nikparvar, Sandra M. Stith*

#### **Assessment Reimagined: Asserting our Systemic Lens**

*Joella Long, Michael Long*

#### **Learning to Apply Social Justice: Studying SERT**

*Erin O'Halloran, Katelyn Dunford, Carmen Knudson-Martin, Lana Kim*

#### **"She did not need to call the police...": relational anesthesia's and double-binds from the perspective of men authors of marital violence.**

*Fabrcio Lemos Guimarães, Gláucia R. S. Diniz*

#### **The Multigenerational Transmission of Loss within the Context of Parent-Child Relationships**

*Forogh Rahim*

#### **Multicultural Considerations of the Sandwich Generation**

*Naveen Jonathan, Farhat Chaudhry*

#### **The meaning making of relationships and role modification among siblings with a diagnosis of giftedness and autism.**

*Nathan A. Hough, Victoria Maneev, Casey Gamboni*

#### **Ambiguous loss in adolescents growing in transnational families. A qualitative study from Ecuador**

*Elena M. Jerves*

#### **"Match Me if You Can!" (A learning/educational sex game)**

*Afarin Rajaei*

#### **Diagnosis Prescribing Therapy**

*Porshia Cunningham*

#### **Family Therapy Boardgame: A Tool for Assessment, Intervention and Teaching in Family Therapy**

*Yudum Akyil*

#### **Exploring the Utilization of the Consensus Rorschach**

*Kristina S. Brown*

## Saturday, June 3: Day at a Glance

7:30 - 8:30 AM	Continental Breakfast
7:30 - 8:30 AM	Committee Meetings
8:00 AM - 5:00 PM	Registration and Exhibits
8:30 - 10:30 AM	PLENARY IV
10:30 - 10:45 AM	Coffee / Tea Break
10:45 AM - 12:15 PM	Concurrent Sessions (CS-301 - CS-310)
12:15 PM	Lunch on your own
12:30 - 1:30 PM	Town Hall Meeting (Members Meeting)
2:00 - 3:30 PM	Concurrent Sessions (CS-401 - CS-409) Interest Group IG-111
3:30 - 4:00 PM	Coffee / Tea Break
4:00 - 5:30 PM	Facilitated Listening Circle
6:00 - 10:00 PM	AFTA Awards Ceremony and Dinner (ticket req)

## SATURDAY, JUNE 3

7:00 - 8:00 AM CENTERING PRACTICES

7:30 - 8:30 AM CONTINENTAL BREAKFAST

8:30 - 10:30 AM PLENARY IV

### **Innovative Practices Across Cultures**

*Khawla Abu-Baker, Jelisaveta-Sanja Rolovic,  
Rockey Robbins*

*Moderator: Nydia Garcia-Preto*

### **Palestinian Young Couples in Israel: Juggling between Modernity and Traditions, Equality and Patriarchy**

*Khawla Abu-Baker*

Palestinian couples in Israel have experienced tremendous changes in recent years: they are more educated, occupy a larger portion of the

market place, are more involved in political life, and have fewer children than in the mid-20<sup>th</sup> century. Young men increasingly prefer to marry educated, working women. However, enacting values representing the modernity that women adopt create marital conflicts in patriarchal culture. Patriarchal social norms legitimate men's inconsistency in choosing between traditional and modern norms in daily events with their spouses. The speaker will address how her research and clinical work both indicate damage to the welfare of married women, as a result of these meeting points between modernity and traditions. The intersectionality of social, political, economic and gender aspects of modernity and the technical, rather than moral, adaptation of modernity are among the reasons of this situation. **Learning Objectives:** Participants will learn: (1) To have a close look regarding ways patriarchal societies control modern women achievements; (2) About the

influence of gender inequality on couple's relation and individual mental health; and (3)

Offer culturally sensitive tools when working with Arab couples.



**Khawla Abu-Baker, PhD, LMFT**, is a researcher and lecturer in behavioral sciences, education and family therapy, and professor of behavioral sciences. She is head of the M.Teach program at Alqasemi College of Education and senior lecturer at Western Galilee College. Khawla is the first doctor of family therapy among Palestinians in Israel, the first Palestinian licensed family therapist, and the first Palestinian licensed supervisor in family therapy in Israel. She is the first Palestinian woman that was promoted to professorship in the academia in Israel in all fields. Khawla has a BA in sociology/anthropology and education and a MA in educational counseling from Haifa University. Her MA thesis investigated "*The Political Socialization of the Palestinian Child through the Political Children's*

*Literature.*" Khawla received her doctorate at the School of Social and Systemic Studies, Nova Southeastern University. Her dissertation topic was "*The Impact of Immigration on Arab Families in South Florida.*" Khawla lectures about her clinical work and field research on topics such as: Palestinian minorities in Israel, the Palestinian family, Palestinian women and politics, culturally sensitive clinical work in family therapy, the impact of trauma on Palestinian family and individuals, and the impact of gender on relations in Arab families. She is a certified family therapist and has a private practice in Akko, Israel. Khawla was a Board member of the International Association of Family Therapy, is a Board member of the Satir Institute of the Pacific, and a member of AFTA, the Israel Association for Couple and Family Therapy, and the Israeli Sociology Assn. She is a cofounder of "Therapists without borders." Khawla serves as a referee for several academic journals and has published numerous articles in international, Arab, and Israeli referee journals as well as several books and book chapters. She publishes in English, Hebrew, and Arabic.

### **Reconciling Home and Homeland: "I Talk about Child Sexual Abuse: Empowering Serbia to Recognize and Address Child Sexual Abuse," a UNICEF sponsored project**

*Jelisaveta-Sanja Rolovic*

This presentation describes how I applied systemic family therapy principles to overcome social, institutional, and professional biases and the stigma surrounding child sexual abuse (CSA) in Serbia. Serbian culture maintains a profound social stigma around discussion of CSA. This leads to a trend of under-reporting by children and families and prevents health care workers from providing adequate services to children who have been victims of sexual abuse. In response to this unacceptable state of affairs and in order to facilitate the protection of children from abuse and neglect, significant

legislative measures were put in place in Serbia over the last decade. In 2009 a special protocol,

mandated by the Serbian Government, was implemented for all healthcare providers, social welfare workers and the police to protect children from abuse. Yet, despite advances in the policy sphere, there remain substantial cultural, social, psychological and institutional barriers to the implementation of these protocols in the real world. As a result, only a small proportion of children who have experienced CSA come to the attention of social/health service providers. In response to this troubling gap, I created a project to enhance dialogue among service providers by offering educational and psychosocial support to enhance their ability to recognize signs of CSA, speak openly with patients about CSA, and thus implement the existing protocol. In this presentation, I will also discuss what it has been like for me to have

a professional homecoming as well as a profound personal experience in the process. **Learning Objectives:** In this presentation we will: (1) Explore the application of systemic family therapy principles to overcoming social, institutional, and professional biases and the stigma surrounding child sexual abuse (CSA) in Serbia; (2) Discuss the ways of creating a culturally sensitive and collaborative learning environment with healthcare providers and social welfare workers that facilitates a dialogue

while offering educational and psychosocial support to enhance their ability to recognize signs of CSA, and speak openly with patients about CSA; and (3) Examine dilemmas involved in cross-cultural complexities of teaching and learning internationally, ways that one can position oneself that either contribute to or address potential issues of power in cross-cultural consultation, and share one academic's personal and professional experience of homecoming.



**Jelisaveta Sanja Rolovic, PhD**, is a clinical psychologist and family therapist in private practice in New York City. She is a Professor/Adjunct of Family Therapy at Teachers College /Columbia University, Clinical Faculty at NYU School of Medicine and an Ackerman Institute Alumna, as well as Visiting Scholar at University of Belgrade. Sanja has taught courses in family therapy, immigration, sexual and war trauma for the past 20 years. Born and raised in Belgrade/Yugoslavia, she uses her experiences as an immigrant to assist war affected populations that have endured torture, trauma and dislocation. Sanja has been an AFTA member since 2002, where she has been on the Program Committee, a Monograph Contributor, and past Board Member. Her presentations and workshops focus on intergenerational cultural tensions in post war societies, especially the manner in which the politics of national identity enters professional, personal and family life. Committed to making family therapy training and knowledge more accessible to those of non-privileged backgrounds, she has translated two books into Serbian to expand professional tools to address issues of therapy and trauma. In 2016, Sanja was awarded a UNICEF grant to address issues of child sexual abuse. In 2017, the UNICEF grant was extended to parallel work in Montenegro.

will be put in the context of a Critical Race theory which helps to understand the loss of cultural

### **Working with a Native American Family when they were preparing for a Naming Ceremony for their Son**

*Rockey Robbins*

This presentation will introduce you to the sessions done with a Muscogee Creek Native American family who came for Family Counseling to help them work through the challenging ordeal of a Naming Ceremony for their son. The presenter will describe the yearlong preparations and part of the ceremony itself. The ceremony and the therapy sessions

capital and how this ceremony may contribute something to restoring the possibility of a young Native Americans development as a tribal person. The planning of the Ceremony will be described in a way that might influence others who wish to help devise a "coming of age" ceremony for persons who might come from other cultures. The presentation will describe the use of several interventions: Paradoxical documentation, Completing the Circle, Grafting and Witnessing. Lastly, a brief discussion will

focus on how this intervention may be relevant to therapist in various cultural situations. **Learning Objectives:** Participants will learn: (1) What a Native American Naming Ceremony consist of and its potential value for a community and a young person; (2) About vital

theoretical ideas to consider when working with Native American Families; and (3) About specific interventions that were helpful when working with a Native American family in the context of a Naming Ceremony.



**Rocky Robbins** (Cherokee/Choctaw) is the training director of the Professional Counseling Program at the University of Oklahoma. He teaches Multicultural Counseling, Behavior Disorders, Group Counseling and Psychological Assessment. He has published over 60 articles the past 17 years, all in the area of Multicultural Counseling. His writing focuses primarily on Native American issues in the areas of Family, Groups, Boarding Schools, Assessment, Spirituality, and Counseling Interventions. He presents workshops around the United States throughout the year on Multi-cultural issues and ethics.



**Nydia Garcia Preto, MSW, LCSW**, is the Associate Director at the Multicultural Family Institute in Highland Pk., NJ, where she also has a private practice. She has been a Visiting Professor at the Rutgers Graduate School of Social Work, and was the Director of the Adolescent Day Hospital, at the University of Medicine and Dentistry of NJ. Nydia received her master's in social work from Rutgers Graduate School of Social Work in 1971. A noted family therapist, author, teacher, and lecturer, she has co edited with Monica McGoldrick and Betty Carter *The Expanding Family Life Cycle: Individual, Family, and Social Perspectives*, and with McGoldrick and Giordano, *Ethnicity and Family Therapy*, as well as other publications in textbooks and journals. Nydia was presented with the Frantz Fanon, M.D. Award by the Postgraduate Center for Mental Health in recognition of her work with Latino families, and received the Social Justice Award from AFTA. With her colleagues at the Multicultural Family Institute, a non-profit educational institution, dedicated to training, research, consultation and service to families and community institutions, she has developed many training programs to promote the importance of social justice and the understanding of multiculturalism in clinical work.

10:30 - 10:45 AM Coffee / Tea Break

10:45 AM - 12:15 PM CONCURRENT  
SESSIONS III (CS-301 - CS-310)

**CS-301-A The Citizen Therapist in the Era of Donald Trump**

*William J. Doherty*

The coming to power of Donald Trump has alarmed and motivated therapists to become more mindful of the public dimensions of our world. This presentation will introduce participants to the idea of the Citizen Therapist and describe examples of this work in

community settings. Simply stated, a Citizen Therapist works with the understanding of the role of psychotherapy in a democracy—democracy understood as a way of life involving collective agency and not just an election system. A citizen therapist knows that because psychotherapy not only helps people in their personal lives but also increases their capacity to contribute as members of wider communities, clinical conversations can fruitfully integrate the public dimension of people’s lives. A citizen therapist also sees the importance of promoting public mental health and supporting the foundations of democracy upon which psychotherapy depends, and seeks opportunities, small or large, to contribute in these arenas in community engagement with other citizens. After describing the idea of the Citizen Therapist, I will discuss several projects that engage me as a family therapist in the community to promote healing and democratic capacity. These include work with police officers and African American men, work on depolarizing community members with divergent political beliefs, and work to help community members maintain their balance and enact their values in the face of today’s political stress. **Learning Objectives:** Participants will be able to: (1) Describe what is meant by a Citizen Therapist; (2) Identity the connection between therapy and democracy; and (3) Describe examples of Citizen Therapist work in communities.

### **CS-301-B Together in Struggle: The Importance of Allies**

*Sheila Addison*

Even in 2017, family therapy workplaces, training programs, and conferences can still be sites of injury, exclusion, and silencing for vulnerable people. While many therapists understand the effects of oppression, few are prepared to directly intervene as allies in the moment when others experience it. Privileged people have more time, energy, and influence over changing institutional culture (Aurora,

2016) than those who are marginalized. The active ally uses their relative power to block, frustrate, and undermine systems that harm those who are less powerful. Intersectionality (Crenshaw, 1989) suggests that often, we have some identities that are privileged even as others are devalued. Therapists, faculty, and supervisors all occupy positions of power relative to clients, students, and supervisees, regardless of other dimensions of identity. Thus, strategies for ally work should be part of all family therapists’ skill set. This session will advocate for re-defining the role of “ally” as an active, interventive stance toward bias and oppression, based in the desire to undermine systems of privilege and power. The presenter will share examples of community-based models of allyship, including the work of SURJ (Showing up for Racial Justice), and the Ada Initiative’s “Ally Skills Workshop” developed originally for the tech world. The presenter will define key aspects of ally work that leverage privilege on behalf of vulnerable people who may lack the status, access, or energy needed to create cultural change. Research on the importance of ally work will be presented, along with tools for critically evaluating ally work in order to “stay in your lane,” stay culturally humble, and take guidance/feedback from those with less privilege. Finally, opportunities for applying ally skills in our professional settings will be explored via group discussion, and participants will generate ideas about next steps for their own work as allies. **Learning Objectives:** Participants will be able to: (1) Describe a model of allyship that takes an active approach to intervening in situations of bias or oppression; (2) Articulate guidelines for taking action as an ally, and the role of cultural humility in ally work; and (3) Generate examples of how they might act as allies in their own professional settings.

### **CS-302-A Using Video to Enhance Learning of Systems Theory**

*Laura Gambrel, Michael E. Sude*

Some trainees may struggle with learning systemic thinking because it can be contrary to linear or reductionist views of human behavior. Thus, the question that underlies this presentation is how best to teach systemic theory in a way that a variety of students can grasp the material. We have found that through the use of multimedia in the classroom, master's level family therapy trainees can have more direct and concrete experiences with what can be abstract and difficult to comprehend concepts. We will present a variety of ways to use reality television, movies, YouTube videos, and other multimedia clips as a way of teaching systems theory and systemic concepts. Presenters will show short media clips that have been used in teaching to demonstrate concepts such as circular causality, rigid and flexible boundaries, positive and negative feedback loops, cross generational coalitions, and differentiation. Two professors and two students will share their experiences with teaching and learning material in this way. Handouts will be given that include learning assignments and assessments based on these teaching tools so that audience members may apply them to their own classrooms or training settings. Both presenters teach in COAMFTE accredited master's level MFT programs in universities with racially diverse students. One program focuses on adult, part-time learners in a private school in a large city in the Northeast, while the other program is a full-time program in a small town in the South as part of a mid-sized public university. Both programs have primarily female students. Since there has been widespread criticism of traditional, first-order systems concepts (i.e., differentiation, cross-generational coalitions, etc.) fitting more for western, white, middle class, two-parent families, the presenters will address ways to use multimedia that is socioculturally diverse, and how to culturally critique multimedia that lacks diversity. **Learning Objectives:** Participants will be able to: (1) Describe how the use of multimedia in the classroom can help students to learn complex systems concepts; (2) List at least 3 sources of media that could be useful for

use in teaching specific systemic concepts; and (3) Translate the use of media activities to fit their own particular training setting.

### **CS-302-B Creative Teaching/Learning Relationships that Foster a Growth Mindset**

*Saliha Bava*

Teaching and learning is a creative, relational activity. Tom and David Kelley, design thinkers, authors of the book "Creative Confidence" and brothers state "you have to make an effort to stay inspired and turn creativity into a habit." Join us in an interactive, playful session where we will discuss how relational practices with students in the classroom can be generative and growthful. Drawing on improvisation, design thinking and Carol Dweck's "mindset" approach, we will play with how faculty and students can embrace challenges, learn from mistakes, and continue to persist even when facing difficult circumstances. I will share nine activities on how to engage the mindset of curiosity, creativity, and agility/improvisation in teaching/learning across diverse contexts. These relational activities embody a play-oriented pedagogy—conceptually crafted from communicative action, complexity thinking, and the performative turn in social constructionism. These student engagement activities will not only inspire your students but will also energize you! Come on and play to get your creative juices flowing! **Learning objectives:** Participants will: (1) Develop a mindset of curiosity and agility in teaching and learning; (2) Develop their play muscle for student engagement; (3) Learn activities for enhancing student participation; and (4) Learn five principles of improve to enhance their teaching practices.

### **CS-303 Relationship as a Socially Just Practice**

*Justine D'Arrigo-Patrick, Jessica ChenFeng, Lana Kim, Lindsey Lawson,*

*Elisabeth Esmiol Wilson*

In building upon the legacy of the pioneers of our field who considered relational contexts, we take an expansive view and explore how our work and larger societal systems intersect to shape people's lives. Family therapy is a pathway to creating more equitable and just societies, and this process of transformational change begins with us. Because the work of social justice and advocacy can be challenging, as early career members of the AFTA community, we seek to create sustainable practices. For the past two years, a group of us have regularly met in a virtual space to share stories and struggles related to our work. We have found that these conversations help sustain us. As we share and listen, we do so from a place of curiosity and deep appreciation for one another's experiences and questions. These conversations have taught us the power of learning in relationship with one another and the importance of using relational processes to teach and practice social justice. In this presentation, we will discuss how a relational orientation to social justice teaching and practice may in and of itself be somewhat countercultural - how do we remain socially engaged, speak "truth to power" while at the same time honor the humanity and lived experience of others? We will reflect on what we believe is at the heart of our ideas. We will also provide specific case examples from our therapy, supervision, and teaching to illustrate the ways in which our monthly, online conversations have supported our efforts to help raise critical consciousness with our students and trainees around the larger historical and sociopolitical context that extends beyond their individual experiences. We will apply existing therapeutic frameworks to distinguish between how we relate to others around social justice (process) versus the values we strive to promote. (word count: 299) **Learning Objectives:** Participants will be able to: (1) Challenge potentially colonizing practices in social justice work; (2) Relate theoretical frameworks and relational processes to social

justice teaching and practice; and (3) Identify ways to support the use of relational processes in social justice work within both personal and professional contexts.

### **CS-304-A The Role of Clinical Supervision in Reducing Vicarious Trauma in Therapists**

*Frazier Russell*

According to Maslach & Jackson (1981), the problem of burnout (also known as vicarious trauma) is endemic to the therapeutic setting. Although numerous research studies have been conducted since the problem was initially identified in the mid 1970's, the primary and most effective intervention in helping therapists process the trauma narratives of their clients, is clinical supervision. This discussion aims to examine specific supervisory interventions to address this problem, with an emphasis on therapists newly entering the field. **Learning Objectives:** (1) Utilize the initial meta-analysis discussion as well as the group discussion following the lecture to develop and integrate specific strategies to cope with and reduce vicarious trauma in the therapeutic setting; and (2) Particularly those therapists newly entering the field will learn to begin to identify the potential warning signs in their daily practice with individuals and families and how best to process them.

### **CS-304-B Facilitating Conversations about Location of Self in Family Therapy Supervision**

*Walter Vega, LCSW*

This presentation will demonstrate an approach to teaching therapist location of self to family therapy trainees. While many in the field of family therapy recognize the clinical value of location of self (Watts-Jones, 2010), many family therapy supervisors struggle to provide trainees with an approach to integrating it into the therapeutic process. Using a recorded supervision session, the presentation will show

a three-stage approach in which a group of six family therapy trainees discuss how two co-therapists in the group prepare to socially locate themselves with a white heterosexual couple. The first stage demonstrates trainees exploring the process of locating oneself with families. This stage involves trainees sharing their feelings related to disclosing aspects of their identity with families, framing the significance of locating oneself with a family, and identifying which locators to share. The second stage shows the co-therapists (one who identifies as a multi-racial woman and one who identifies as a white woman) doing a role-play exercise in which they socially locate themselves with the couple. The co-therapists disclose several locators including race, gender identity and relationship status in this enactment. The final stage involves trainees debriefing the role-play exercise. Both co-therapists share what aspects worked well for them as well as areas where they struggled. Other members of the supervision group offer reflections on what they observe in the role-play. After the debriefing, trainees in the group come away with a clearer understanding of how to approach locating themselves with families. **Learning Objectives:** Participants will be able to: (1) Identify facilitation skills and strategies supervisors can use to help family therapy trainees integrate location of self into clinical practice; (2) Implement and process role play exercises to help students prepare to socially locate themselves with families; and (3) Identify strategies to support trainees' understanding of the role that power, privilege and intersectionality play in the therapeutic relationship.

### **CS-305-A Immigrants & Allies: Biblical Models of Connection & Change** *Marsha Mirkin*

As we, our students and our clients grapple with how we can support communities of refugees and immigrants in a climate that is suspicious and fearful of so many immigrant groups, we

may experience feelings of helplessness and our own “not knowing”. One way that I have been addressing these critical issues is through an inclusive, systemic, intersectional analysis of Biblical stories and metaphors. We find a sadly familiar story in Early Exodus when unjustified fear of an immigrant population leads the leadership and many residents of the country to other, dehumanize and oppress the immigrant population and later attempt to kill all the immigrant, and children of immigrant, baby boys. However, a less familiar story is that women who were ethnically, socially, financially, and religiously diverse developed a community of resisters and saved many babies, including Moses. These women included the Egyptian daughter of the Pharaoh, the princess' maids, a Midianite daughter of a highly esteemed priest, two Hebrew slaves and two midwives of unassigned ethnic identities. The women intervened in different ways based on their personalities, backgrounds and where they were in the power structure. Together, across difference and across the power spectrum, they were a formidable group of allies. Although this is a Biblical story, God's presence is not mentioned. This story explores the sacred through human behavior during a time of urgency and offers examples of how allies follow the lead of the oppressed community. We will explore interactively how this story can be useful as we try to maintain our emotional presence and sense of purpose while also supporting our students and clients who identify as immigrants or refugees or who are working toward being effective allies and advocates. **Learning Objectives:** Participants will be able to: (1) Apply metaphors and examples from the Exodus story to contemporary immigration issues on personal, family and systemic levels; (2) Develop ideas for discussion with students or peers that connect how one may intervene when there is an injustice based on one's own level of power and privilege; (3) Evaluate examples from the story of early Exodus that can serve as a model for connecting across difference in order to oppose injustice; and (4) Assess whether the resonance with this type of

story can be used for self-care during difficult times.

### **CS-305-B Spirituality, the Social Brain, and Family Therapy**

*Larry Freeman*

Cultures and societies typically have spiritual traditions emerging from the innate human capacity to wonder: “What am I, who am I, why am I here, why can’t I stay forever, what happens next?” What is truth? What is the role of faith? Is there good and evil? Is there free will? Religious and spiritual traditions offer great variety to the expression of and answers to these questions. They all respond to our desire to make sense of our experience. The effort this yearning induces is the bedrock for ethical relationships in our families, our communities, in the world. Complex matters of social justice and diversity spring from the realization that compassion is an action, nurtured by genuine connection and tempered by authentic accountability. This presentation describes a model of spirituality which harnesses the power of these issues to induce growth and health while avoiding “sectarian” issues that so readily fragment us. Informed by social brain research and influenced by parts of Five Element Chinese Medicine theory, we will consider how to bring critical spiritual concerns into therapy. Themes held in common by spirituality, mindful practice, interpersonal biology, and family therapy are integrated with insights from evolutionary systems, complexity theory, ontology, and “new science”. We will consider an ecological view of the confounding yet critical concepts of ‘spirit’ and ‘soul’, and explore how mindful awareness of core issues of existence and their spiritual expression deepens our resonance - our attunement - with others and with ourselves. I will describe a model of human “spiritual sensibility” proposing universal “intra-“, “inter-“, and “trans-“ personal aspirations. When addressed overtly in therapy, these subjects create new opportunities for growth. The

premise of patterned cyclical and recursive “seasons” drawn from Five Element Chinese Medicine guides strategic interventions. Case examples with families, couples, and individuals are included for discussion. **Learning Objectives:** Participants will be able to: (1) Describe a “generic” model of spirituality; (2) Critique their own awareness of spiritual issues in therapy; (3) Utilize the model to assess spiritual issues in therapy; and (4) Employ the model to enhance emotional resonance in the therapeutic system.

### **CS-306-A Courageous Conversations Changing Tomorrow**

*Porshia Cunningham, Daniella Moye*

In light of recent tragedies due to social injustice, such as the loss of Eric Garner, the five police officers shot in Dallas, a therapist, Charles Kinsey, that was shot in Miami, along with many other instances, a series of conversations emerged at Nova Southeastern University. It was titled Courageous Conversations, which were embedded with shared experiences, questions, and emotions from both faculty and graduate students. These conversations were created to open space and bridge the gap between students and faculty, therapists and clients, and professionals and colleagues. It was found that students and faculty from an array of ethnic backgrounds were eager to talk about these topics and hear other’s perspectives. Many reported that they felt flooded with stories in the media, which left some feeling angry, confused, and/or disconnected. However, they were not the only ones effected; the surrounding community reached out to many of the graduate students (who were also therapists) to speak at or attend events related to such tragedies. This made it very clear that, as professionals in the field of marriage and family therapy, it was important for current and emerging professionals to have a safe place to 1.) share initial responses to heavily charged current events, 2.) honor the contextual truths of others, and 3.) build

comfortability leaning into difficult conversations. This workshop will provide an experiential activity that simulates these three key components in Courageous Conversations, because it is a unique opportunity for attendees to voluntarily participate in ongoing discussions, which in turn allows volunteers to gain hours of practice talking about taboo topics and developing comfortability throughout the diversity conversation. As therapists, higher comfortability and competency skills have a positive impact on client sessions and the therapeutic relationship; Courageous Conversations are an introspective opportunity to enhance those skills. **Learning Objectives:** Participants will be able to: (1) Practice talking about highly charged diversity issues to test my assumptions and comfortability; (2) Identify my social location and distinguish how that effects and influences others; (3) Assess my reactivity in times of social injustice and detect how that impacts others in the room; and (4) Prepare and plan for opportunities to discuss these issues with clients and colleagues.

### **CS-306-B Working Collaboratively with LGBTQ Couples and Families**

*Jeff Lutes*

The SCOTUS decision in June of 2015 finally paved the way for same-sex couples to marry in every state. Nonetheless, LGBTQ couples continue to face legal discrimination as well as rejection from families of origin and exclusion from religious institutions and other communities that routinely offer support to their heterosexual counterparts. Recent changes in the national political climate suggest a backlash by those who oppose equality. Current or pending legislation allows businesses to fire LGBT employee and refuse service to LGBTQ people. Other legislation seeks to outlaw gender-neutral bathrooms, and require school administrators to “out” children by notifying parents if they become aware that a student is gay or lesbian. The marginalization of same-sex people results in a lack of “felt-security” and an

internalized “inferior” status that threatens a couple’s ability to form intimate connections. Utilizing a collaborative therapy model heavily influenced by attachment theory and interpersonal neurobiology, the presenter will outline approaches for assisting LGBTQ couples in deepening emotional intimacy. The presentation will address ways in which clinicians can create safe therapy spaces for LGBTQ couples, join quickly with both partners in the therapeutic process, validate the legitimacy of the relationship, and assist couples in building relational resilience to withstand the threat of outside forces. A review of gender-role socialization will be included to summarize the ways in which LGBTQ couple and family communication styles might differ from those of heterosexual couples and families. **Learning Objectives:** Participants will be able to: (1) Identify specific strategies for using affirmation, empathy, and compassion to quickly build attachment with same-sex couples; (2) Assess attachment bonds within a non-pathologizing framework of the differences between same-sex and opposite-sex couples; and (3) Use collaborative questions to assist same-sex couples in creating healthy boundaries, deal with conflict, and regulate closeness and distance.

### **CS-307 Clinical Work with Immigrant Families: Multigenerational Legacies**

*Nydia Garcia-Preto, Sueli Petry, Monica McGoldrick*

This 90-minute presentation will illustrate typical dilemmas of immigrant families that are relevant for clinical practice. We will explore the issues of loss, disruption, family resilience, and the search for a sense of “home” as they intersect with multigenerational legacies within immigrant families. What are the concerns and questions we must struggle with as we work with immigrant families? These issues influence the life cycle of families for generations and lead to changes in relationship patterns. Case examples will be used to illustrate clinical

interventions. Emphasis will be on developing skills to assess, and engage immigrant families and to respond to multigenerational legacies of immigration processes. **Learning Objectives:** Participants will be able to: (1) Enhance clinicians' awareness of the value of a life cycle framework for analyzing immigrant families; (2) Expand clinicians' ability to assess and engage immigrant families in therapy; and (3) Assess immigrant families' for their strengths and resilience.

### **CS-308-A The Genogram 4.0 Interview**

*Maria Borcsa*

The presentation brings together two global developments: the increasing number of transnational families and the expansion of information and communication technologies (ICTs). It is assumed that we as family/systemic therapists and trainers have to react to these changes by providing new concepts as well as new methods. "World families" make visible how globalization becomes embodied in marital and family relations; this concept criticizes the "methodological nationalism" applied in family studies by referring to the sociological theory of cosmopolitanism (Beck & Beck Gernsheim 2010). We propose the Genogram 4.0 Interview for therapy, training and research. This tool scrutinizes unquestioned certainties like the concept of "home" and focuses on the use of digital technology in every-day communication processes in couples, families and other social systems. A case example of a Syrian refugee family shall help us to understand how one-national or transnational families are "doing family" (Morgan 1996) in the world today. Borcsa, M. & Hille, J. (2016). Virtual Relations and Globalized Families – the Genogram 4.0 Interview, in: M. Borcsa & P. Stratton (Eds.). *Origins and Originality in Family Therapy and Systemic Practice*. (pp. 215-234). Springer International. Learning Objectives: Participants will be able to: (1) Recognize and criticize the methodological nationalism in family approaches; (2) Understand the model of

cosmopolitanism; (3) Discuss the usefulness and limitations of ICTs for family therapy and systemic practice; and (4) Apply a new Interview method (Genogram 4.0 Interview) in therapy, training or research.

### **CS-308-B Decolonizing Transnational Intersectionality**

*Bertranna Muruthi, Maria Bermudez, Andrea Farnham*

Immigrant transnational living may create challenges when trying to comprehend family relationships that exist physically and/or emotionally across borders (Falicov, 2007). Incorporating decolonizing perspective into clinical practice offers an opportunity for researchers to decenter the dominant discourse of knowledge production and loosen the grip of neocolonial paradigms (Denzin, Lincoln, & Smith, 2008). This goes beyond cultural competence and intends to highlight the reflexive and multi-voiced exploration of immigrant families and develops a more complex understanding of their present experiences and how it may be linked to their past contexts (Swadener & Mutua, 2008; McDowell & Hernández, 2010). Intersectionality is based on the idea that socio demographic factors (e.g. race, class, gender) and how they relate to power and privilege should be considered simultaneously when considering individual experiences (McCall, 2005; Collins, 2008). Transnational intersectionality gives privilege to the nuances of these experiences and addresses the complexity of identity and meaning as transnational families travel between borders. Marriage and family therapists need to keep in mind the fluid nature of transnational families identity in particular the impact of having a transient "home". Western cultural norms assume everyone has a stationary "home" and therapist must seek to be culturally responsive to transnational families experience of "neither here nor there". This presentation will provide insight into experiences of immigrant families living transnationally. Additionally, therapeutic considerations for immigrants living in the

United States who are experiencing ambiguity of assimilation processes will be considered. Lastly, integration and utilization of family members living in the host country will be explored as it relates to therapeutic agents for immigrants living in the United States. **Learning Objectives:** Participants will be able to: (1) Gain insight into experiences of transnational living; (2) Discuss clinical considerations for family therapy; family structure/form, functioning, and family relationships; and (3) Discuss ways to integrate Decolonizing Transnational Intersectional framework into family therapy.

### **CS-309-A Relational and Contextual Therapy - A Radical Critique of Current Thinking about "Mental Health" and "Mental Illness"**

*Norbert Wetzel*

I will present historical/critical reflections about the basic assumptions and conceptual developments of what is called "mental illness" in our current health system. Leaving its revolutionary beginnings behind, family therapy has morphed to a large degree into a mode of therapy among many others and ancillary to the reigning bio-physiological psychiatry. We have to return to the epistemological origins of family systems therapy and re-examine our ways of thinking about "mental illness" in order to discover and practice creative approaches to relational healing. The presentation is a reflection of the epistemological shift toward relational and contextual therapy that was learned and practiced by the therapists of the Center for Family, Community, and Social Justice, Inc. in Princeton, NJ. Innovative therapeutic practices were discovered that often flipped conventional psychiatric and psychotherapeutic treatment principles upside down - with refreshingly positive results. My hope is to start a creative conversation among the participants in the session and among AFTA members at large. **Learning Objectives:** Participants will be able to: (1) Recognize and describe the epistemological shift necessary

toward a relationship-centered and context-oriented therapy; (2) Apply and practice the shift in their thinking within the context of their therapeutic service; and (3) Expand on their learning and conversations and establish new models of therapeutic practices.

### **CS-309-B Social Network/Family Therapy** *Richard W. Bailey, M. Duncan Stanton*

Social Network Family Therapy, formerly referred to as Social Network Therapy and Social Network Intervention, was created by Ross V. Speck, MD, in Philadelphia, over 50 years ago. It remains one of the most unique approaches in the field of family therapy. Dr. Speck, a great innovator, was one of the first generation of family therapists who continued to work on the evolution of Social Network Family Therapy until his death in May of 2016. From the beginning, Social Network Family Therapy, a crisis approach, used the natural group to reduce the isolation of patient and family faced with serious mental health problems. This is a short-term intervention consisting of one to six sessions using a team of three to six therapists usually from different professional backgrounds including psychologists, psychiatrists, social workers, and family therapists. The theme of this presentation focuses on how the natural group can be used to help families realign, modify boundaries, and improve the overall functioning of the larger system. The purpose of the presentation is to instruct both young and experienced therapists, on how to assist the nuclear family in mobilizing their extended family, neighbors, friends, and others who are interested in assisting the family in solving, as Dr. Speck would say, their family dilemma or predicament. Program participants will see how the network becomes an agent of change as it is guided by the network team and how the team uses the power of the network effect to mobilize the network to bring about change. The goals of the presentation are to describe the history and theory of Social Network Family

Therapy, show how to use it in practice with families, discuss past and present research, and discuss the future of Social Network Family Therapy. **Learning Objectives:** Participants will be able to: (1) Tell the history and development of Social Network/Family Therapy; (2) Identify and explain the theory of the network effect; (3) Name the phases of Network Therapy and their importance to a successful outcome; (4) Describe how the network team guides the network through the phases of the network; (5) Show how participants can begin to use Social Network/Family therapy in their practices; and (6) Propose the future of Social Network/Family Therapy.

### **CS-310 Practitioner Dialogues of 4 Question Oppression Analysis Framework**

*Laurel Salmon*

"The Four Questions" is a framework written by Laurel Salmon for integrating Oppression Analysis into clinical practice and Clinical Supervision. This special interest group will be led by clinicians who will discuss cases where they applied the framework. They will share their experiences learning and using the framework and what they learned about themselves as well as their clients. **Learning Objectives:** Participants will: (1) Learn a framework designed by Laurel Salmon for integrating Oppression Analysis into clinical practice; (2) Learn a framework designed by Laurel Salmon for integrating Oppression Analysis into clinical supervision; and (3) Learn how to practically apply strategies of the framework through dialogues from various clinicians.

**12:30 - 1:30 PM TOWN HALL MEETING /**

**BOX LUNCH or ON YOUR OWN**

**2:00 - 3:30 PM CONCURRENT SESSIONS IV  
(CS-401 - CS-409)**

**2:00 - 3:30 PM INTEREST GROUP (IG-111)**

### **CS-401 From Stonehenge 1984-86 to the Women's March 2017: Moving Forward** *Froma Walsh, Monica McGoldrick*

In two historic Stonehenge conferences three decades ago, leading women in the family therapy field met to examine gender-based inequities and abuses impacting women in families and our theory, research, and practice. We first revisit the concerns, energies, and impact of those gatherings, (with stories and photos) and consider progress, setbacks, and persisting challenges. We invite all who participated in Stonehenge to contribute their stories. We then discuss the current backlash in gender-based cultural, societal, and systemic injustices threatening the rights, equality, and wellbeing of women and LGBTQ persons, especially for the most vulnerable and marginalized. (e.g. widespread sexism, heterosexism, misogyny, sexual harassment, and assault; threat to reproductive rights). We welcome the voices, energies, and expanded vision of all AFTA members, hoping to generate productive discussion and galvanize systemic approaches to move forward for full gender-based equality, dignity, and justice. **Learning Objectives:** Participants will: (1) Gain valuable historical information and perspectives about the historic Stonehenge conferences three decades ago that brought attention to social, cultural, and professional sexism, gender disparities, invisibility of women's concerns, and demeaning treatment of women in families and in the foundational theory, research, and practice in field of family therapy; (2) Gain knowledge about how the Stonehenge gathering illuminated and supported valuable contributions of women pioneers in the field of family therapy and advanced our field to attend to gender-related issues in theory, research, and practice; and (3) Gain insights and lessons learned from the Women's Movement in the 1980s, and the backlash that occurred at the time, to address urgent concerns about

backlash to women's rights and LGBTQ gains, in the current social and political backlash in our society.

**CS-402 Emerging Technologies, Communication, Health, and Identity: Beyond Control and Towards Curiosity**

*Gonzalo Bacigalupe, Kathryn A. Cantrell, Sadie Cathcart, Bediha Ipekci, Marta E. Pagán-Ortiz, Ali Plocha, Akansha Vaswani*

Emerging communication and digital technologies are creating, defining, enabling, and intensifying, how we relate to each other and the world. In a dialogue with my doctoral research team, Kathryn A. Cantrell, Sadie Cathcart, Bediha Ipekci, Marta E. Pagán-Ortiz, Ali Plocha, and Akansha Vaswani, we will share our research focusing on the role that technology plays in our personal, family, and community life. Our team has been engaged in several projects searching for ways to theorize and understand the quite complex not neatly defined narratives and live experiences shaped by the adoption of emerging technologies: (i) How do patients engage in conversation and create community despite geographical distance? (ii) How do immigrant families are connecting and caring transnationally through public and private messaging networks? (iii) How do vulnerable communities organize to understand threats to their lives with the adoption of robotic technologies (drones)? Can top down technologies serve as the catalyst for bottom up change and participation? (iv) How does a distributed research teams develop projects crossing nations and collaborating on complex community and societal challenges? What does it mean engaging in international collaboration when we have a shared digital land? (v) How do therapists in five different cultures construe technology in the lives of families? The accelerated adoption of these technologies, not only by the elite of the industrialized world but also the most vulnerable populations have often been framed within a dual discourse. One framework is utopian and overly optimistic: we can resolve thorny social issues with the use of emerging technologies.

The opposite discourse suggests that these technologies are destructive and appeal to a nostalgic social world that is being lost. Our research intends to unpack the reductionist views of technology while also emphasizing the resilient processes that technologies can support. **Learning Objectives:** Participants will be able to: (1) Explore the questions, challenges, and opportunities, that emerging technologies pose for individuals, families, and communities; (2) Challenge the dominant discourses that frame conversations about technology for individuals, families, and communities? and (3) Distinguish and appreciate collaborative research methodologies to understand the digital and virtual experience?

**CS-403-A Working with narratives of “resistance”: Therapeutic conversations with immigrants and refugees in an oppressive political epoch**

*Monica Sesma, Rosa Maria de Prado, Salma Silim*

The concept of resistance has been discussed and conceptualized in different fields. In family therapy work, Turner and Simmons (2006) emphasize the interpersonal and social group processes that “involve opposition to threatening and oppressive conditions and the dominant discourses that support them” (p.9). Acts of oppression, marginalization, discrimination or exploitation are invitations to protest and resist. As a response, acts of resistance are performed in daily practices and conversations. For Turner and Simmons (2006) resistance is a way of surviving and an intent to change the oppressive system. Political problematics and globalization have changed people’s mobility increasing the number of refugees and immigrants, and bringing all sorts of social complexities. Immigrants/refugees are one of the most vulnerable populations worldwide, but particularly and most importantly in North America in this political epoch. Mental health is impacted in this resettlement

phenomenon. These groups experience several risk factors, for example, unemployment and language barriers, high stress levels, or decrease in their well-being. In the therapeutic room, acts of resistance could take many forms and be unfolded in the looking for solidarity and compassion, comparing and finding more value in clients' ethnic culture/traditions, refusing to accept and criticizing local customs and behaviors, remaining silent, changing subjects, preserving integrity, holding a sense of coherence, reaffirming identity, wearing traditional clothing, maintaining language accents, using local dialects, maintaining pre-colonial health practices, using alternative approaches to self-care, expressing anger or dissatisfaction with the system/culture, etc. These narratives may be unnoticed or ignored by therapists. The purpose of this discussion is to share and reflect how we identify, use, and highlight these narratives to generate change. The goals of this session are to: (1) share our therapeutic tools from our different frameworks to be more sensible to clients' stories, use of language and habits of being, and (b) reconsider the role of therapist beyond challenging dominant discourses, but as an advocate and provider of resources to combat social determinants for mental health. **Learning Objectives:** Participants will be able to: (1) Recognize how they identify, use, work with, and highlight narratives of "resistance" to generate change; (2) Share their therapeutic tools from their different theoretical/clinical frameworks to appraise how could we better work with clients' stories of resistance; (3) Analyze and reconsider the role of therapist as an advocate and provider of resources to combat social determinants for mental health; and (4) Share and reflect on their stories as advocates.

### **CS-403-B Engaging Men as Fathers: a strength-based group model**

*Ron C. Osborne-Williams*

Therapist working with men struggle to successfully engage their client's unique mental health and clinical needs in therapeutic settings along with the awareness of gender issues and socialization; alongside developing therapeutic perceptual and conceptual skills regarding gender, promoting mutual responsibility, and challenging stereotypical behaviors and attitudes. While optimal learning situations involve different modalities, it is argued that many men engage fully in group learning when the group maximizes the use of the cooperative mode. This presentation explores a strength-based fatherhood group model as an opportunity to engage men as fathers in therapy and to better understand the complexity of masculinity within a therapeutic context. Propositions leading toward a theory of strength-based therapy and stages of this model are given, representative strength-based therapy techniques are examined, and case studies are used to illustrate risk factors, protective factors, and strength assessment. Ethical, research, and training implications of the strength-based model of counseling are discussed. This presentation discusses the immediate and intimate process within the all-male therapy group. Awareness is maintained of the pathogenic effect of structural forces on men, especially how they affect their capacity to parent as their concern for the lifelong development of their children is the primary motivation for making lifestyle changes in their family. A multidimensional framework to the father theme in men's groups is presented, this consists of four interdependent processes: (1) direct discussion and sharing about fathers, (2) generating and experiencing new norms of male-to-male fathering as expressed in mutual nurturance, (3) recognizing and declaring ownership of toxic fathering, and (4) reconstructing fatherhood in life space outside the group. Strategies presented assist in (a) addressing the help-seeking process for men, (b) assess the role of masculine socialization on presenting concerns and for the therapeutic process, and (c) help work with male discomfort with emotions. **Learning Objectives:**

Participants will: (1) Review and discuss the major obstacles and barriers that effects males form engaging in therapy; (2) Learn the effectiveness of using the strength-based fatherhood group model approach with men as fathers in therapy; (3) Learn the fundamental steps to understanding the complexity of men's masculinity; (4) Learn what therapists report as being effective with men in therapy; (5) Learn how to incorporate the strength-based fatherhood group model approach with men as fathers in therapy; (6) Learn basic case conceptualization, treatment, and progress assessment skills for working relationally with men as fathers in therapy; and (7) Practice relational clinical skills working with fathers' strength-based fatherhood group model scenarios.

### **CS-404-A Addressing Grief with Children and Families Who Have Experience Previous Trauma**

*Angelle E. Richardson*

This Presentation will explore ways to work with children and families from who have experienced trauma in addition to the loss of a loved one. It will examine how trauma can affect children and families, and explore secondary losses impact in these situations. It will look at the Philadelphia ACES and how its results may impact children who are grieving. It will detail which Evidence-Based Practices work best with this population as well as detailing what interventions promote joining and trust. This workshop will provide professionals with tools to assist in understanding the challenges that children and families face, behaviors often exhibited in these families, navigating loss with these families, and identify ways to connect with them to improve positive outcomes. **Learning Objectives:** (1) Discuss specific challenges of traumatized children and families in the areas of grief and loss; (2) Understand how to build trust with families who have experienced a trauma; and (3) Recognize Evidence-Based Practices

that can promote positive outcomes for this population.

### **CS-404-B Cultural Discourses in Popular Parenting Literature about Emotions**

*Saliha Bava, Anna Michalczyk*

We will explore the family therapy implications of locating our emotions within the social context rather than the individualized or mentalized self-discourse by sharing the beginning analysis of a research project. The project explores the cultural construction of emotions within the popular parenting literature. Participants will learn what the literature teaches parents about emergence of emotions from within our social interactions and social relationships. We will explore two questions: 1. How does the popular parenting literature promote the view emotions as social processes; 2. How does the literature gender emotions? Using a case study, we will explore the family therapy implications when approaching emotions from a socio-cultural or relational perspective vs naturalistic and/or individualistic perspective. **Learning Objectives:** Participants will: (1) Learn how popular parenting books gender emotions; (2) Discuss how emotions emerge from our social interactions and our social relationships; and (3) Discuss the clinical implications of emotions embedded within socio-cultural perspective.

### **CS-405 Sociocultural Attunement & Asian American Couples**

*Lana Kim, Carmen Knudson-Martin, Jessica ChenFeng, Yuwei Wu*

Asian Americans juggle the intersections of multiple social identities and societal discourses as they respond to experiences of immigration, marginalization, and patriarchy, integrate collectivist and individualistic family values, and form families and intimate relationships. However, when we as clinicians, seek to do something uniquely different when working with Asian American clients simply based on them as

“Asian” without awareness of the multiple cultural worlds they inhabit or our own identities, we may inadvertently reify that what we see is “other.” We will present what we have learned when applying Socio-Emotional Relationship Therapy (SERT) with heterosexual couples of Asian heritage. SERT begins with sociocultural attunement and the assumption that relationships should mutually support each partner. Drawing on case examples, we illustrate how we practice sociocultural attunement as couples respond to the relational processes that comprise the Circle of Care (mutual influence, mutual vulnerability, and attunement, shared relational responsibility). We emphasize three key socio-cultural themes: (1) intangible loss; (2) quiet fortitude/not burdening others; and (3) duty to the family. The intersection between ethnic heritage and gender are foundational to these themes. We will model how to hold in tension multiple pieces: (1) our own social location and assumptions about clients, (2) the sociocultural intersections of Asian American values and client contexts, (3) sensitivity to how cultural identity and lived experience are shaped by the larger US context, and (4) therapist/client processes around power, privilege, and oppression. It involves a willingness to acculturate ourselves to clients’ multiple cultural worlds, while bringing an awareness of our own cultural realities, and recognizing that culture is always changing. Ethical and practical issues around working respectfully with issues of gender equality across diverse cultural contexts and practical clinical guidelines are addressed. **Learning Objectives:** Participants will be able to: (1) Discuss how to apply the Socio-Emotional Relationship Therapy (SERT) approach in work with heterosexual couples of Asian heritage; (2) Illustrate how Asian American couples’ gendered identities are shaped and performed in relation to key sociocultural themes; and (3) Identify the concept of sociocultural attunement and what it means to acculturate oneself to clients’ multiple cultural worlds while being aware of their own multiple cultural worlds, and recognizing that culture is always changing.

### **CS-406-A Contextual Family Therapy with Black Immigrant Families**

*Shaquinta L. L. Richardson, Bertranna Muruthi*

Family therapists have addressed the need for a more critical lens when working with marginalized immigrant populations (Dankoski & Deacon, 2000; Laszloffy & Hardy, 2000; Bermudez, Muruthi, & Jordan, 2016; Seponski, Bermudez, & Lewis, 2013). With the recent increase in the number of Black immigrant families in the U.S., it is imperative for scholars and practitioners to recognize, acknowledge, and address cultural and ethnic differences among this population (Capps, Fix & McCabe, 2012; McCabe, 2011). We propose using Contextual Family Therapy (CFT) and an intersectionality framework to fill this gap. CFT has its roots in Bowen therapy, but differentiates itself through consideration of relational ethics in relationships such as trust, care, and responsibility to the family (Boszormenyi-Nagy & Krasner, 1986; Dankoski & Deacon, 2000). These relational considerations are similar to black immigrant collectivist practices, which values strong identification and closeness to one’s nuclear and extended family (Schwartz, 2007). Yet, contextual therapy does not attend to issues of power and privilege faced by this marginalized population. We propose the integration of an intersectionality framework (Crenshaw, 1989; Collins, 1986) to capture these nuances. Utilizing Boszormenyi-Nagy & Krasner’s original framework (1986), the presenters will use an intersectionality lens to reevaluate the four dimensions of CFT: relational reality, assessing the context, the process of therapy, and how interventions are utilized with individuals, couples, and families. Integrating the intersectionality lens with contextual family therapy offers a practical model for therapy that allows the therapist to maintain a systemic orientation while prioritizing issues that are unique to Black immigrant families. **Learning Objectives:** Participants will

be able to: (1) Conceptualize and describe the foundations of the contextual family therapy model; (2) Discuss some of the issues faced by Black immigrant families; (3) Discuss the benefits of intersectionality in therapy practice; and (4) Apply the contextual family therapy model with individuals, families, and couples in Black immigrant families.

### **CS-406-B Dímelo en Español: Collaborative Therapeutic Conversations with Latino Immigrant Families**

*Silvia B. Espinal*

Despite the wish to maintain cultural awareness in therapy, Latino families are frequently faced with approaches that are incongruent to their cultural needs. In the experiences of Silvia B. Espinal, LCSW Latino families often have to adjust to the pre-established mainstream model rather than the model attending to their unique situations. *Dímelo en Español* is committed to exploring the unique dilemmas of first and second generation Latino youth and their families. As the Latino population in New York and in the entire country continues to grow, family therapists need to work from a multicultural framework that embraces a deeper understanding of the Latino immigrant experience. It is fundamental for family therapists to cultivate a compassionate understanding of the Latino youth experience in relation to their families, their sense of self and their socio-cultural contexts. Using cultural humility and a collaborative stance, we clarify the concerns that bring families to therapy, unpack the meanings attached to the family's migration narratives and help families discern the challenges of parenting and being parented in a bilingual/bicultural environment. Using video and clinical material we engage participants in conversations that will enhance therapeutic skills in working with this population.

**Learning Objectives:** (1) Cultural sensitivity that is attuned to the unique dilemmas of first and second generation Latino families; (2) Expertise addressing the losses that the

migration and immigration stories carry; and (3) Exposure to clinical cases that address traumatic immigration experiences, ambiguous losses, family separation and reunification.

### **CS-407-A We're in this together: Moments of mutuality and shared identity in family therapy**

*Marnie Rogers-de Jong*

In Western cultures, identity is generally understood as the means through which people define themselves as distinct individuals. But what about how people develop identities in and for relationships? This presentation focuses on relational identities, highlighting how people identify collectively, as "we" and "us," and create mutual belonging in family relationships. Research suggests shared identities enable groups to coordinate interactions and collaborate effectively. "We" identities have also been linked with relationship satisfaction for couples. Yet limited research has examined how partners and family members generate and sustain shared identities in their ongoing interactions. Adopting a social constructionist perspective, the presenter approaches relational identities as dynamic, dialogic, and local. She outlines her study with families in therapy at the Calgary Family Therapy Centre in Alberta, Canada. Participants were invited to discuss we-building moments; or moments they identified as contributing to mutuality and togetherness between family members, both in therapy and in their everyday lives. The presenter acknowledges that violence, power, and hierarchy are frequently enacted in families. But if a central goal in therapy is to help families engage in more positive exchanges, it is important therapists also understand how preferred family interactions can be facilitated. By studying we-building interactions, the presenter hoped to generate ideas on how productive dialogues could be purposefully invited in future conversations. Drawing on narrative and discourse perspectives, the presenter outlines what participants said about

family identity and we-building moments, as well as how they jointly negotiated those identities during research interviews. She considers how participants actively positioned themselves in talk and stories, within the micro-interactions of their joint interviews, and in relation to cultural narratives about family relationships. The presentation concludes with implications for researchers and therapists seeking to help families develop a preferred sense of “we” and “us” and consider new ways of relating.

**Learning Objectives:** Participants will be able to: (1) Outline theory and research on relational and family identities, highlighting dialogic and constructionist approaches; (2) Describe moments, interactions, and activities that contributed to mutuality and togetherness for participating families, both in therapy and in other contexts; and (3) Present therapist practices, stances, or ways of relating that facilitated we-building conversations for participants.

### **CS-407-B Exploring the Layers of Stepfamily Challenges**

*Patricia L. Papernow*

We now have 4 decades of research and clinical practice that tell us what works (and what does not) to meet the significant challenges stepfamily structure creates for intimate relationships. However, while many clinicians are gaining skills and knowledge to support healthy divorce, few clinical programs provide even the most basic training in the core skills and concepts involved in working with stepfamily dynamics. Since 42% of Americans have a close step relationship, this is a problem! This presentation will review the basic challenges stepfamily structure creates for intimate relationships. We will look briefly at evidence-based, evidence-informed strategies for helping our clients to meet them. Throughout, this presentation will have a special focus on the ways in which culture, race, class, sexual orientation, gender identity, and legal systems, impact the shape and intensity of stepfamily challenges, sometimes easing them,

often adding additional layers of complexity and intensity. Several cases will be presented that illustrate these intersections and how we respond to the multi-layered challenges they present for our clients. Because there will not be a Stepfamily Interest Group this year, there will be ample time for group discussion and sharing.

**Learning Objectives:** Participants will be able to: (1) Describe the challenges stepfamily structure creates for parents, stepparents, and children and their relationships with each other; (2) Describe evidence-based and evidence-informed strategies that meet these challenges; and (3) Describe the intersection of these challenges with differences in race, culture, sexual orientation, gender identify, class, and legal systems.

### **CS-408-A Assessment Reimagined: Asserting our Systemic Lens**

*Joella Long, Michael Long*

Attempts to encourage the American Psychiatric Association to include the power of context into DSM diagnostic criteria have been met largely with disregard. As a result, entire generations have been shepherded into a system which addresses human suffering with theories that are locked into a reductionist battle against symptoms, rather than treating the ecosystemic processes at work. This lens promotes SSRIs as “evidence-based” treatment for coping with poverty, racism, intimate partner violence, etc. A practical systemic assessment and diagnostic process that fits the perspectives of Family Therapists is overdue. Fitting all that we address as systemic therapists into biomedical language not only limits our field’s potential but also negatively impacts clients, therapists, and society. In keeping with the outside-of-the-box tradition of the field of family therapy, the authors have begun assembling core values and concepts of a systemically-oriented assessment process that will stand independently from the DSM. This system will replace the “identified patient” with “identified process”, linking a variety of systemic modalities

with statistically verifiable client outcomes. This will provide actuaries with the data required to develop corresponding reimbursement standards. The authors have produced an initial concept for a systemic assessment tool and are involved in collaboration to coordinate initial clinical validation of the core concepts and prototype assessment tool. Should this concept evolve into an operational model, it will generate a new era of autonomy for family therapists, and a new era of empowerment for our clients. You will no longer have to bow down to other disciplines, adopting their lenses, or diagnose one partner in order to receive reimbursement for couples therapy. Family therapy will no longer be an “equal member” among disciplines, but will take the lead as the most powerful champion for contextually-rooted growth, healing and justice. **Learning Objectives:** Participants will be able to: (1) Identify, understand, and implement key components of the process oriented systemic assessment and be reconnected with the fundamentals of systemic theory; (2) Develop a personal awareness of the lenses adopted in post graduate work and the ways they impact client outcomes; (3) Identify the limiting factors of the current DSM standard of practice on culture and family systems; (4) Cultivate an expanded personal awareness of other possibilities outside of the DSM and the biomedical model; and (5) Motivate family therapists to assert their position as the most contextually aware and justice-oriented mental health discipline.

### **CS-408-B Experience of married graduate students in a clinical program**

*Martha L. Morgan, Adam S. Froerer*

This presentation will highlight the experiences of married graduate students and their partners. The purpose of this study was to gain an understanding of what it is like for both the graduate student and his/her partner while going through the challenges of graduate studies in a clinical. In addition to understanding the participants experiences we also sought to

hear from the participants what clinical graduate programs might do in order to assist them in the process of balancing the demands of graduate study while remember to nurture the marriage. The participants in this study were in varying stages of marriage and at different years in the graduate program. Qualitative methods were used specifically a phenomenological approach. The purpose of this presentation is to allow conference attendees to hear the stories of the participants, consider the experience of these participants in light of their own graduate study experience and to engage in a dialog that is focused on how clinical programs might work with married graduate students in a way that will ensure that the marital relationship does not have to diminish at the expense of participating in a graduate clinical program. **Learning Objectives:** Participants will be able to: (1) Recognize the challenges and strengths of married graduate students; (2) Recall and share their own experiences of balancing a committed relationship while attending a clinical graduate program; and (3) Generate a list of ways clinical graduate programs might be more inclusive of the married graduate student as well as his/her partner.

### **CS-409 Moving Research to Policy as Advocacy for Marginalized Populations**

*Elsie Lobo, Veronica Kuhn, Lauren Foster, Brian Distelberg*

Family therapists are uniquely positioned to use our research to advocate for marginalized populations at a policy level. Families exist within larger systems that often have considerable influence over them, but that they have very little power to influence themselves. It is therefore our responsibility, as systems-informed clinicians and researchers, to work at multiple levels advocating for the families we serve. In order to do so, we need to first engage in relationship with these larger systems, conduct socially-conscious research that has the potential to reach policy-makers, and ensure that our research results are disseminated beyond our academic journals to the

policymakers that hold power to influence the systems that impact our families. This presentation will provide three examples of how we have used our research with marginalized populations to reach and impact policy. Our research examples include working with homeless families as they transition into housing to influence program changes, exploring factors impacting health care utilization of fragile families with the intention of informing health policy, and seeking to understand resilience in low-income families to inform housing policy changes. We will discuss the process of gaining access to the populations, data and policy-makers with whom we work, how we designed and conducted socially-conscious research that kept both the participants and policy-makers in mind, and the process of disseminating results to reach policy-makers and impact larger systemic change. We will also share some of the barriers and challenges we faced with our projects and our experiences of working through them. The presentation will engage participants in conversations about their areas of research, how they have been able to or intend to impact policy change and collaboratively brainstorm possibilities for disseminating research in a way that can inform and impact policy. **Learning Objectives:** Participants will be able to: (1) Describe how systemic research can be used to inform and impact policy; (2) Identify ways of establishing relationships with larger systems and policymakers; and (3) Develop action steps for conducting and disseminating own research to inform policy.

disconnection from or constriction of affect, even, as Bowlby observed, in very young children. When intractable problems persist, despite typical psychotherapeutic interventions, this is often a sign of an invisible loyalty to someone or something that has been unacknowledged in a family's history due to unprocessed trauma, loss or tragedy. Constellation work is a phenomenological process that makes visible the underlying dynamics at the root of the problem and points to what needs to happen to restore balance and connection to the family system. The work relies heavily on intuitive knowing and deep listening to the subtle movements in our body. In this interest group, we will examine how Family Constellation work is used to reconnect individuals with their own experiences as well as to work through blockages, unhelpful patterns, and unresolved issues from their families of origin. We will also share with one another other body-mind strategies that participants have found useful in their work. **Learning Objectives:** Participants will: (1) Become familiar with Family Constellation work – its principles and techniques and how to integrate it in multiple settings; (2) Engage in a Family Constellation experience and feel what it's like to participate in the work; and (3) Share with others the mind-body strategies they have found useful in their own work.

### **IG-111 - Integrating Body & Mind in Family/Couple Therapy: Family Constellation Work**

*Martha Edwards, Linda Longo-Lockspeiser*

For human beings, connection to self and to others is at the heart of our health and sense of well-being. When these connections are disrupted, people and relationships suffer and symptoms may develop that include a

### 3:45 - 4:00 PM Coffee / Tea Break

### 4:00 - 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 - 10:00 PM AFTA AWARDS CEREMONY

Join us for the celebration of the AFTA 2017 Awardees. This traditional closing dinner will feature plenty of food, a cash bar, and live entertainment.

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4/2/17, 1:15-4:30, \$90, 3 CE  
ESFT with Single Parent Families  
5/5/17, 9:00-12:15, \$90, 3 CE  
ESFT with Remarried or Co-habiting Families  
5/5/17, 1:15-4:30, \$90, 3 CE

The Art of Clinical Supervision  
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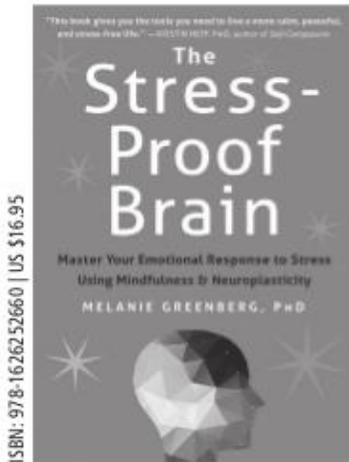
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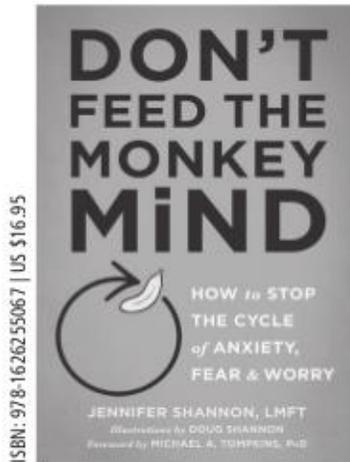
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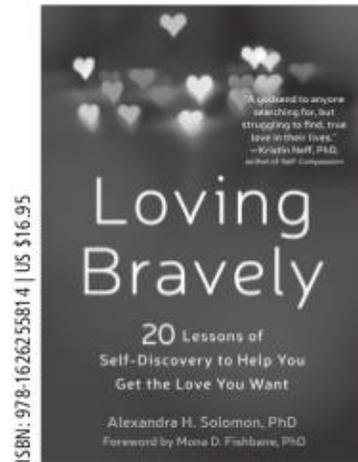
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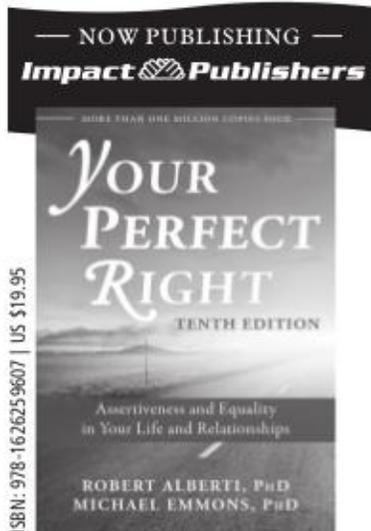
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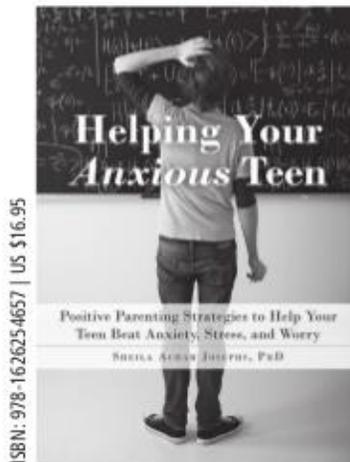
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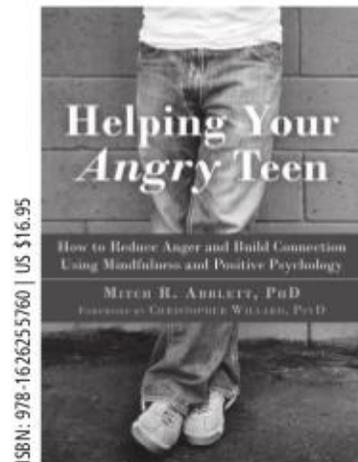
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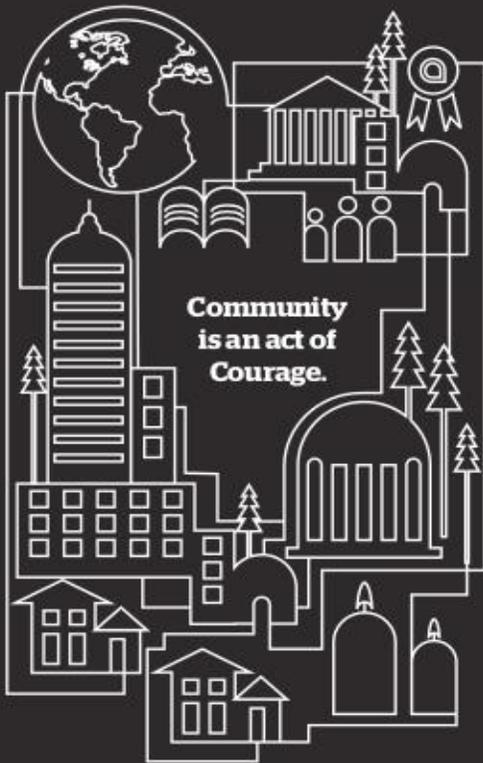
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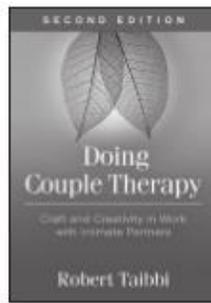
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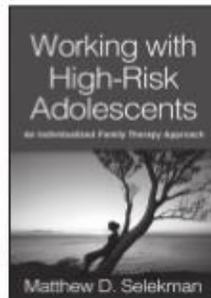


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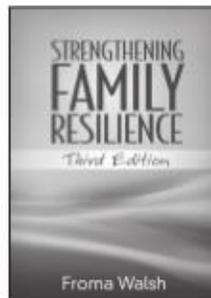
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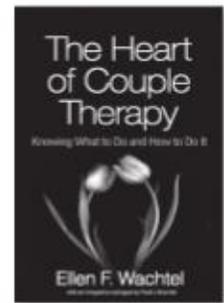


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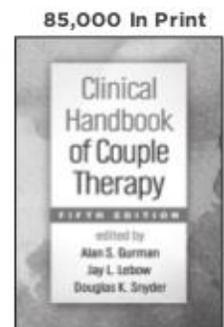
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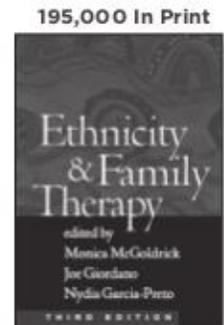


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