



# ***TOYAMA*** ***JAPAN***

April 8th - 13th  
2024



**International Family  
Therapy Association**





# WELCOME TO THE IFTA CONGRESS

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Dear Colleagues,

Welcome to Toyama, Japan! This is the International Family Therapy Association's 2024 World Family Therapy Congress.

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

The 2024 Congress Committee invites family therapists to explore both new and familiar ways to assist families.

We live simultaneously in "one world" and many worlds. Thus, family therapy is a mutual, interactive process in which we learn new ways from colleagues from many lands. Communicating and networking among over 300 therapists from over 30 countries during this congress will provide professional contacts and information to support the exchange of knowledge and the growth of family therapy in many countries.

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

*Desiree Seponski*

Desiree Seponski Ph.D.  
President

## WHAT IS IFTA?

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The International Family Therapy Association was an outgrowth of the East-West Bridging Congress conducted in Prague in 1987 with Virginia Satir and Donald Bloch as the Honorary Vice Presidents. After two years of organizational work including creating a Founding Board of Directors, with Virginia Satir on the Founding Board, IFTA launched its first World Family Therapy Congress in Dublin, Ireland, 1989.

Since then, IFTA has become the professional association for those interested in the field of marriage and family therapy throughout the world. As such, it is the only organization that provides unity for therapists from east to west, respecting traditional approaches and embracing the tradition of tomorrow.



# CONFERENCE CODE OF ETHICS

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

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

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

Congress staff will be happy to help participants contact hotel/venue security or local law enforcement, provide escorts, or otherwise assist those experiencing harassment to feel safe for the duration of the conference. We value you, your safety and your attendance.

We expect all conference participants to be professional, considerate, respectful and collaborative. Please silence mobile devices during presentations, do not interrupt others who are speaking, and avoid using shared wifi/bandwidth to download large files. **DO NOT RECORD ANY LIVE DEMONSTRATION THERAPY WORKSHOPS.**

We appreciate your help in making the World Family Therapy Congress among the very best it can be.

## MISSION STATEMENT

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Adopted December 2005

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

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

## OVER 30 YEARS OF IFTA

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# PLENARY PANEL

## “The Evolution of Family Therapy in Asia”

Sponsored by the Family Process Institute



**Takeshi Tamura**  
M.D., Japan



**Dickinson Lai-yin Chow**  
MBChB, Hong Kong



**Chew-Chung Agnes Wu**  
Ph.D., Taiwan



**Vivana Cheng**  
Ph.D., Hong Kong



**Xudong Zhao**  
M.D., China



**Tai-Young Park**  
Ph.D., Korea

## INTERNATIONAL ACCREDITATION COMMISSION FOR SYSTEMIC THERAPY EDUCATION

Created as semi-autonomous body under the auspices of the International Family Therapy Association (IFTA), the International Accreditation Commission for systemic Therapy Education (IACSTE) focuses on the development and implementation of quality standards for programs around the world that provide systemic therapy education and training. These standards are created to enhance the development of professionals who will be qualified to provide systemic therapy for individuals, couples, and families in the communities in which they live and work. Both Tier 1 (Primary) and Tier 2 (Advanced) sets of standards were created to enhance the development of professionals who will be qualified to provide systemic therapy for individuals, couples, and families in the communities in which they live and work.

**Congress attendees may request a consultation with Commission members here in Toyama. Contact the Registration Desk and ask them to contact Dr. John Lawless for an appointment.**

The Standards and Application for accreditation are available at:  
<http://www.ifta-familytherapy.org/MFTaccreditation.html>

# **From Crisis to Control: Reversing the Distress of one-Dimensional Fertility in an African Family**

Augustine Nwoye-South Africa

**Short Description:** This presentation describes one instance in which an African couple's culturally-instigated distress could not be successfully addressed by drawing solely from the Euro-American family therapy tradition. The discussion highlights six steps taken to draw from the fertility awareness principles of reproductive medicine to control the distress.

**Abstract:** Several Euro-American approaches to marriage and family therapy have been instrumental in promoting successful practice of marriage and family therapy in continental Africa. This presentation, however, describes one instance in which an African couple's culturally-instigated distress could not be successfully addressed by drawing solely from the Euro-American family therapy tradition. The primary aim of the presentation is to share with our foreign partners and several immigrant black Africans in Europe, North America, and other parts of the world, how the presenter was able to help an African couple with the distress of one-dimensional fertility to achieve insight and control over that problem by drawing from select principles of collaborative therapy and the relevant insightful knowledge from the field of reproductive medicine. A case vignette was introduced to demonstrate that with the condition of one-dimensional fertility, the problem is not that of involuntary childlessness in a marriage, but the crisis of monotony of one-sidedness in the gender equation of the children born to the marriage. The presentation highlights six steps followed by the presenter in coaching the marital pair on how through collaborative practice they can successfully apply the principles of the Billings Ovulation Method, to navigate their problem without resort to the use of the complicated procedure of IVF. The discussion suggests that time has come when the graduate curriculum for the education of marriage and family therapists in Africa and the West need to be reviewed and re-visioned to incorporate the need to expose trainees to aspects of reproductive medicine.

# **Co-research: a qualitative study on co-research as quality and evaluation method**

Anette Axelsson-Sweden

Ann-Charlotte Reich-Sweden

**Short Description:** The method is developed by Tom Andersen, professor of social psychiatry from northern Norway.

**Abstract:** The aim of the study was to investigate the evaluation method of co-research. Based on three main questions, the authors have, through interviews, both individually and in focus groups, tried to reach an in-depth understanding of the benefits and difficulties of co-research, and how this compares to society's demands for evaluation and evidence. Individual interviews were conducted with four different family therapists in a working group of nine people. In addition, four family therapists participated in a focus group, three of whom were also interviewed individually. The material was analyzed with thematic analysis and nine themes were identified. Each theme was discussed in relation to issues and theory. In essence, the study showed that the experience with co-research was predominantly positive. The participants described in unison how they gained new knowledge about what seems to be important in the treatment work, knowledge that is passed on in the further work with new clients. Based on the fact that the experiences of the different participants in co-research were so consistent, the authors chose to refer to them as a group. The silent knowledge proved to be an important factor in what clients appreciated with the treatment they had been subjected to; the importance of small gestures linked to treatment quality and relationship was evident in the study results. In relation to the results of the study, implications for future research are discussed, which is, for example, about the importance of the relationship between teacher and student linked to results. Keywords: co-research, relationship, thematic analysis, evidence, silent knowledge

# Getting Published in Family Therapy Journals: Pitfalls and Possibilities

Todd Edwards-USA

Afarin Rajaei-USA

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

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# Unfolding the Layers of Identity: An Integrative Approach to the Tripartite Personas in Family Therapy

Anna Svetchnikov-USA

**Short Description:** A journey through the groundbreaking Tripartite Personas Approach in Family Therapy. This integrative theory offers a new lens to view the individual through single, couples, and family personas, leading to a more holistic understanding of self-expression and relationships. Gain practical strategies to incorporate this approach into your therapeutic practice.

**Abstract:** The Theory of Tripartite Personas stands at the forefront of innovative approaches in family therapy. This groundbreaking model proposes that individuals maintain three co-existing and dynamic personas: the Single Persona reflecting personal identity, the Couples Persona embodying the dynamics of intimate relationships, and the Family Persona encapsulating collective family dynamics. Traditionally, therapists focus on the individual and often miss the intricacies of these personas from a relationship perspective. The Tripartite Personas Approach, however, weaves together these often-separate threads of therapy. It provides an integrated framework for understanding how individuals express themselves within the contexts of their personal lives, intimate partnerships, and family systems. In this presentation, we'll delve into the intricate dynamics of these three personas, their interplay, and their importance in maintaining healthy relationships and personal identity. We'll explore how neglect or imbalance of any persona can lead to relationship dissatisfaction, loss of personal identity, or family dysfunction. Moreover, we'll discuss the potential of this approach to fill the gap in traditional therapeutic models, providing a connection between the parallel work and allowing therapists to explore the relationships between the individual and others. The presentation will highlight the inherent flexibility of the Tripartite Personas Approach, which allows it to be effectively adapted and applied within various cultural contexts. The dynamics of individual, couple, and family personas are universal but also uniquely influenced by cultural norms and values. Participants will explore how this integrative approach can be adjusted to respect and accommodate these cultural variations, ensuring its applicability and effectiveness in a broad range of settings and populations.



# **“My Dad Told Me to Move Out”: Overcoming Thematic Barriers with Families of Adolescents who Run Away or Are Told to Leave Home**

Natasha Slesnick-USA

Caleb Cuthbertson-USA

**Short Description:** In the 1876 novel Tom Sawyer, Huckleberry Finn’s father locks Huck in the cabin, leaves and beats him when he returns. Huck leaves home because “he is tired of his confinement and fears the beatings will worsen.” In this workshop, we will address themes told by modern-day runaways.

**Abstract:** Modern-day runaways are usually running from, rather than toward, something. These adolescents often report running from high levels of family conflict, chaos, parental substance misuse, and childhood abuse. In addition, a large proportion of these youth, approximately 30%, are asked to leave home (“throwaways” or “push-outs”) because their parents are unwilling or unable to care for them. Given that one in eight adolescents will run away from home at least once before the age of 18 years, and two or more runaway episodes are associated with later homelessness, preventing future running away is essential for youth and family wellbeing. In our application of family-systems therapy, we focus intensively on helping parents and adolescents develop a readiness to renew the underlying bond of love and care which will open the way for all future change, including preventing running away from home. We guide families to thinking about their struggles as residing in relationships rather than within individuals. This is accomplished through the use of such techniques as reframes, relational questions, interpretations, and practice in perspective-taking. However, in working with hundreds of families, we have experienced multiple themes that can challenge the success of even the best family systems therapists. Therefore, in this workshop, we will review and practice how we apply our family systems approach to overcome common themes that can challenge family therapy success. Some of those themes include the following: a) Family does not answer the door for the home visit. b) Youth or parent call the therapist, or the police, frequently. c) Youth refuses to talk in session. d) Parents opine about the badness of their child. e) Parents/youth portray well-functioning family. f) Parent kicks youth out/refuses to allow them back in the home. g) Youth runs away and refuses to let parent know where they are staying. h) Parents smoke weed/drink alcohol with their adolescent. By the end of the workshop, you will have some tools that you can apply in your own work with these families.

# Chinese culture related issues encountered in social work family treatment

Li-yu Song-Taiwan

**Short Description:** This study explored the Chinese cultural issues in working with high-risk families. The findings revealed related issues such as the 'face issue', covering family problems, differential association, gender family work division, self-depreciation, authoritarian child discipline, etc. Culture-embedded strategies are needed to serve these families better.

**Abstract:** Background: Among Chinese, individuals and their families are highly interdependent. Cultural sensitivity has been well-noticed among practitioners. For example, in the family care for persons with mental illness, many researchers called for the practitioners should take into account the Chinese culture, such as attribution of cause, the need for interpersonal harmony, filial piety, face, guilt, and shame, etc., therefore they could have empathy for the inner thoughts and feelings of the family caregivers and understand why they rejected the services. Literature in Taiwan also suggested that Chinese culture and Western culture have fundamental differences, the former is ensembled individualism, and the latter is self-contained individualism. Thus, there is a need to consider Chinese culture in performing psychological counseling. Based on the literature, this study aims to explore the Chinese cultural issues in family intervention in Taiwan. Methods: This study focused on high-risk family intervention. Qualitative in-depth interviews were conducted with twelve social workers who have worked in a social service center for at least three years to explore their practice experiences and the issues related to the Chinese culture they encountered. Before the interviews, the investigator held five study groups to equip the participants' knowledge related to Chinese culture. The participants were asked to use an actual case to describe their difficulties and issues related to Chinese culture. The data has been coded and analyzed based on the open coding method in Grounded theory. Results: The findings revealed several Chinese culture-related phenomena in social work family treatment, such as 'face issue' of males (others' oriented), covering family problems, differential association (relation oriented), gender family work division, self-depreciation, authoritarian child discipline, and relationship issues with in-laws. The participants had developed some strategies to cope with these issues, such as reframing, empathy, working with important family members, etc. Discussions: Social workers encountered many Chinese culture-related issues during family treatment with high-risk families. They need to be equipped with related knowledge to increase cultural sensitivity and help to develop culture-embedded strategies to tackle these issues to serve the families better.

# Working with African American Families

Tiara Fennell-USA

**Short Description:** Given the historical racial trauma experienced by African Americans in the United States, engagement in mental health care systems has been complicated for this population. The systemic interventions to be presented intend to promote engagement and alliance-building between therapists and African American families.

**Abstract:** Given the historical racial trauma experienced by African Americans in the United States, engagement in mental health care systems has been complicated for this population. Inherent mistrust, cultural misattunement, lack of mental health knowledge, and misconceptions about institutionalized systems of care pose challenges when engaging African American families in therapy. To address these concerns, family therapists must understand the unique perspectives and needs of African American families, particularly those with legacies of enslavement. The purpose of this presentation is to provide attendees with the sociocultural context and clinical recommendations necessary for addressing the intergenerational transmission of trauma from histories of enslavement and discrimination. The systemic interventions to be presented intend to promote engagement and alliance-building between therapists and African American families. The presenter first provides information about the mechanisms of intergenerational transmission of trauma (10 minutes). Then, a brief historical summary of the racial traumas associated with enslavement will be discussed (15 minutes). Finally, the presenter will provide an overview of interventions for engaging with African American families that attune to a) family dynamics; b) emotional experiences; c) intergenerational processes; and d) therapist-client identity factors (20 minutes). Participants will be encouraged to engage in reflective prompts throughout the presentation.

# Multigenerational Transmission of Trauma Symptoms: Process Factors - Risk and Protective

Randy Braley-USA

**Short Description:** Little research by investigators is to be found, focused on systemic trauma assessment and intervention tools for clinicians. The diagnosis of multigenerational trauma and symptom transmission begins with construction of the family genogram. The genogram is a comprehensive assessment instrument for gathering copious amounts of information in a concise manner.

**Abstract:** After this workshop, the learner will be able to develop a working hypothesis for the relational impact of trauma on the family system. Intervention models can then be devised, in integrative fashion to introduce healthy, affective attachment for transgenerational healing. By systemic (i.e., circular) questioning, the clinician must gather information to identify trauma symptom transmission across relational, as well as generational boundaries. While constructing this “working hypothesis” the clinician can capture deleterious relational patterns clarified through attachment taxonomy. I would postulate that clinicians are interviewing and believing the report of one! Can we believe what is not said by our patient families? What are the seminal events in the family’s transgenerational history that need excavation to understand their reverberating impact? Identification of traumatic events (medical/surgical procedures, sexual abuse, life disruptive events or Adverse Childhood Events) are potentially catastrophic for the development of secure attachment formation in families. Genograms display family information graphically in a way that provides a quick “gestalt” of complex family patterns disrupted by trauma. Genograms become a schematic diagram of a family’s relationship system - before, during and after disruptive events. The structural map of a family system or genogram can illuminate types of boundaries (e.g., clear, perfuse and rigid or impermeable), that presage attachment types. Clinical data can then be incorporated by the practitioner into an understanding of attachment types - between marital partners/parents, parent-to-child, and sibling-to-sibling. Do we see a secure (autonomous) relationship attachment pattern between parents? Are avoidant tendencies present between family members, leading to dismissal of needs/wants? Is there an anxious (preoccupied), insecure affective bond between parent and child? The literal discovery of the presence or absence of comforting behaviors between family members is clinically compelling. Behaviors displayed that are calming, soothing and comforting serves as a litmus test for secure emotional attachment within the family hierarchy. The available literature suggests that trauma and trauma symptoms affect not only the individual but also people with whom traumatized individuals have a significant, interactive relationship. Vicarious traumatization is clinically present when considering the relational effects.



# Family Systemic Assessment Method for Substance Users

María de Lourdes De la O Chávez-Mexico

**Short Description:** The “Family Systemic Assessment Method for Substance Users” is an original design created for the purpose of a Doctoral dissertation research. The Method served two main purposes: to obtain scientific knowledge related to integrative family systemic trigenerational factors associated with substance use; and to obtain an idiographic diagnostic assessment device.

**Abstract:** With the aim of identifying family systemic factors associated with substance use, the "Family Systemic Assessment Method for Substance Users" was designed. The Method was applied in an outpatient counseling center for drug users within a city in central Mexico. 15 cases were studied, interviewing 34 participants, among users and close relatives. The interviews were conducted individually and lasted three hours each. The Method constituted an idiographic study that privileged the identification of the needs of each user and their family members. It intended to establish a bridge between the family psychotherapeutic clinic and science. The research methodology was predominantly qualitative, phenomenological and interpretative, with a grounded theory for content analysis of in-depth interviews, and complementary quantitative techniques for the application of self-report instruments. From a post-structuralist epistemological stance, the meanings of the narrated and deconstructed experiences were investigated during the interviews, integrating a systemic evaluation of each case studied. The assessment involved an individual assessment of the substance user; a systemic family diagnosis that integrated three dimensions: structure, dynamics and trigenerational history; and a complementary family assessment through two self-report instruments. The three dimensions of the family systemic diagnosis were found to be interrelated. Among the main findings were the following family systemic factors. In family structure: mothers not sensitive to their children’s needs, absent fathers; in family dynamics: predominantly conflictive intra-family relationships, denial of problems, and family dissatisfaction; in family history: trigenerational substance use, and intergenerational transmission of affective deficiency. In this regard, some hypotheses were elaborated. In the conclusions, it was observed that the non-identification of the family systemic factors that underlie substance use, generated chronic consumption, suicide attempts, violence and legal problems. The implications of the study and the contributions to the field of Systemic Family Therapy are discussed. Limitations and recommendations are presented.

# Salvador Minuchin: The Use of Failures to Drive Family Change and Theory Development

Yoel Elizur-Israel

**Short Description:** Minuchin's approach to collaborative change and the use of therapy failures to stimulate theory development will be demonstrated with video and cases from our co-authored book "Institutionalizing madness: Families, therapy and society". Our long-term follow-ups have implications for family systems therapy during the 21st century.

**Abstract:** Since "Families of the Slums", Minuchin innovated our field with concepts that provide fresh insights into complex human situations as well as effective strategies for change. In consultations, he challenged family members to shift from a linear to an interactional perspective that framed problems within their current and historical context. He used enactments and metaphors to disrupt habitual transactions, to generate new relational patterns, and to expand family members' sense of identity. His style as a collaborative agent of change evolved through decades of practice. He quickly formulated working hypotheses and intervened from an expert position. Subsequently, he attend to the family's response and made use of failed interventions to revise his approach. This created an iterative process that stimulated development in theory and practice. I will show Minuchin's approach to collaborative change using previously unscreened video segments of a consultation and of his last workshop at the age of 94. Subsequently, I will use case examples from our work on "Institutionalizing madness: Families, therapy and society" to demonstrate the use of therapy failures to stimulate theory development. I was a young professional when we began this study and he was the maestro. Nonetheless, he empowered me to use the perspective of long-term followups of his consultations to do a critique. Our investigation highlighted the effects of an overfocus on family dynamics and of insufficient attention to the powerful effects of individual and larger systems factors. These insights are relevant to the growth of family systems therapy during the 21st century, which challenges us to move towards an integrative orientation. I will illustrate the contribution of this orientation with examples from Hitkashrut, a treatment program targeting young children's conduct problems that I developed and implemented in collaboration with Israel's Educational Psychology Services. Elizur, Y., & Minuchin, S. (1989). Institutionalizing madness: Families, therapy and society. New York: Basic Books. Somech, L. Y., & Elizur, Y. (2012). Promoting self-regulation and cooperation in pre-kindergarten children with conduct problems: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(4), 412-422.

# Clinical Considerations for Engaging Family Members in Treatment for Substance Use

Jessica Chou-USA

**Short Description:** This presentation will examine potential facilitators and barriers to family member involvement in substance use treatment. Preliminary findings from an original mixed methods research study examining outreach techniques among family members for women with opioid use will be presented. Clinical considerations for delivering outreach techniques will be discussed.

**Abstract:** Substance misuse impacts approximately half of all families living in the United States (Saad, 2019). The Centers for Disease Control (CDC) has deemed the opioid epidemic ‘the worst addiction epidemic in the U.S. history. While the multitude of potential benefits for clients and families as a result of family members participating in treatment remains apparent (Chou et al., 2022), families are often not included in treatment services. Recruiting family members to initiate and participate in treatment continues to be a critical challenge for SUD treatment (Pinedo et al., 2020). Engaging support systems has been identified as an integral part of opioid use disorder (OUD) treatment for women. Family member involvement can be especially valuable for women with OUD, as research continues to highlight the positive impact of social support for recovery among women with OUD and other substance use disorders (SUD) (Fiddian-Green et al., 2019). Outreach is the first crucial step to initiate family involvement in OUD/SUD treatment. However, there are minimal guidelines that identify specific outreach techniques for family members of adult women with OUD. Existing evidence-based practices that include family members in SUD treatment have largely focused on adolescent/caregiver dyads (Rowe, 2012) or utilizing the family member to engage clients in treatment (Ventura & Bagley, 2017). Thus, there remains a gap in knowledge about outreaching adult family members for women with OUD who are enrolled in treatment. This presentation will examine the multitude of ways family members can be engaged in treatment for women with OUD, challenges to outreaching and engaging family members, and potential facilitators of family members involvement in treatment. Preliminary findings from an original mixed methods research study examining outreach techniques among family members for women with OUD will be presented. After this workshop the learner will identify barriers and facilitators to outreaching family members of women in treatment for OUD. The learner will identify clinical considerations for delivering outreach techniques among women with OUD and their family members. Potential opportunities for interprofessional collaboration among family therapists and treatment center providers to optimize family member outreach and engagement will be discussed.

# Integrating Intersectional Identities in Social Justice Supervision

Karen Quek-USA

**Short Description:** The presentation integrates social justice principles within supervision to elicit deeper conversations surrounding the social context and worldview of the therapeutic-supervisory team. Specifically, it explores the intersectional identities of the supervisory-dyad, supervisor self-evaluation, and supervisee processes. It will be didactic and conversational, with guidelines for clinical application

**Abstract:** The purpose of this presentation is to integrate social justice principles within supervision in order to elicit deeper conversations surrounding the social context and worldview of each member of the therapeutic-supervisory team. Supervision from a social justice lens takes into consideration the systemic societal inequities and the recognition of the social location of each individual within this system. This lens is an important supervisory framework for supervisors and supervisees to acknowledge and act responsibly to the systemic oppression in the forms of racism, sexism, heterosexism, classism, and other biases in clinical work. Studies (Dollarhide, et. al 2020; Mitchell & Butler, 2018) have identified different ways to operationalize the social justice ideas, which include 1) examining the intersectionality of all identity constructs (e.g., socioeconomic status, gender, race/ethnicity, sexual orientation and identities, physical embodiment) in the supervisor-supervisee-client triad; 2) gaining the awareness of the systemic oppression affecting the supervisee and how it impacts on the supervisory relationship; 3) facilitating supervisee understanding of the oppression that exists in society and how it is affecting clients who are marginalized in a clinical setting; and 4) strategizing with the supervisee on how to creatively develop interventions that effect change at systemic levels.. In this presentation, I will specifically address the intersectional identities of the supervisor and supervisee, supervisor self-evaluation, and supervisee processes in the supervisory and clinical settings. I will illustrate these ideas with my supervision experiences as an immigrant of Singapore-Chinese descent who has experience supervising supervisees from diverse background within the US, East Asia, and South East Asia for more than two decades. Additionally, to achieve a deeper understanding with supervisees, discussion will include cultural humility and honoring the uniqueness of the supervisees. I conclude with questions on other contexts to consider cultural and systemic discourses that are influencing the supervision experience, and ways of addressing them in supervision. This presentation will be didactic and conversational, leaving participants with guidelines to apply in supervision.



# Systemic Meta-Framework for Integrative Practice: Clinical and Teaching Tool

Kate Owen-Australia

Leonie White-Australia

**Short Description:** The QIFT Systemic Meta-Framework for Integrative Practice (White & Owen, 2022) is an innovative map for clinicians to guide individualized integrative psychotherapy drawing on clinician's way of being with clients, systemic alliance, assessment, and formulation informed by a decision-making perspective. Applications to teaching and supervision will be highlighted.

**Abstract:** Increasingly, practitioners are embracing integrative practice, based on the recognition that theoretical purity has less applicability in real-world settings, and as practitioners become more experienced with access to multiple different psychotherapeutic modalities, more tailored and individualized interventions are used. The idea of combining approaches in the service of the client has been highlighted by Breunlin and colleagues (2011) and LeBow (2019), however, as integrative practice has evolved over time, there are concerns in the field that it is not widely taught. At The QLD Institute of Family Therapy (QIFT) we teach the QIFT Systemic Meta-Framework for Integrative Practice (White & Owen, 2022) to provide a map for a guided reasoning process to assist clinicians to reflect on their way of being with clients, systemic alliance with neuroscience considerations, and systemic thinking to guide assessment. This process shapes hypothesizing and formulation informed by a decision-making perspective, to then guide the clinician to thoughtfully individualize an integrative psychotherapy intervention plan for the client. This workshop will present the QIFT Systemic Meta-Framework, an innovative framework encouraging professionals to adopt multiple positions rather than identifying with one perspective, and outlines a decision-making process to determine what models within and outside of systemic practice could be integrated to determine individualized integrative treatment plans. A case study with a focus on trauma as a presenting problem will be provided to illustrate the model in action. The presentation will be interesting for those practitioners wanting to take an intentional process-oriented approach to integration. It will also provide a useful framework for supervisors, teachers, and trainers in the field. References Breunlin, D., Pinsoff, W., Russell, W., & LeBow, J. (2011). Integrative problem-centred meta-frameworks therapy 1: Core concepts and hypothesizing. *Family Process*, 50(3), 293-313. LeBow, J. (2019). Current issues in the practice of integrative couple and family therapy. *Family Process*, 58(3), 610-628. White, L., & Owen, K. (2022). Systemic integrative practice: A meta-framework. *Australian and New Zealand Journal of Family Therapy*, 43, 33-53.

# Reflecting Team Supervision: From the Mirrored Room to the Digital Zoom

Leonie White-Australia

Louise Munro-Australia

**Short Description:** We present an innovative transition to online reflecting team work, demonstrating logistics of online delivery. We describe a process that maintains the intent of reflecting teams, linking practice-to-theory and highlighting advantages. Participants will be offered a creative reflective team experience without rooms, mirrors, or face-to-face contact.

**Abstract:** In 2020 the world responded to the COVID-19 global pandemic. The changes were profound for people seeking support, for counsellors, trainees, and educators. A way forward was needed, and family therapy's tradition of embracing innovation and technology aligned with the global move "online". At that time, the authors were teaching a Masters level counselling program using reflecting teams for supervision and family therapy in a university clinic, alongside Private Practices that provided group supervision using reflecting teams. At university, trainee counsellors met weekly to see counselling, family therapy and supervision clients with a reflecting team of trainees, serving the dual purpose of making services accessible to the community while providing real-life experiences for trainees. In April 2020, the pandemic closed the university clinic and all teaching and service delivery moved online almost immediately. The hurdles of online life have been widely shared. Counselling adopted the emerging telehealth exemplars but the challenge to move reflecting teams online had no precedent. In our context we faced a dual challenge. Firstly, navigating barriers to online counselling that programs around the world were managing, and secondly moving reflecting teams from rooms with mirrors and microphones to online spaces, with teams of trainees, in numerous geographical locations, with varying technology access and skills. Burgoyne and Cohn highlight the tension between managing "the context's constraints and exploiting its strengths" (2020: 974) because "when clients, therapists, supervisors, and the team of trainees are only connected online, new challenges, pitfalls, and opportunities arise" (Nadan, Shachar, Cramer, Leshem, Levenbach, Rozen, Salton & Cramer, 2020: 997). Our workshop demonstrates our response to these challenges and presents a process for delivering reflecting teams online that maintains the intent of the reflecting team process in a family therapy and supervision context. References Burgoyne, N. & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family Process*, 59 (3), 974 – 988. Nadan, Y., Shachar, R., Cramer, D., Leshem, T., Levenbach, D., Rozen, R., Salton, S., & Cramer, S. (2020). Behind the (virtual) mirror: Online live supervision in couple and family therapy. *Family Process*, 59 (3), 997 – 1006.

# **Perspectives of Religious Leaders on Gender Identity Change Efforts: Ramifications for Therapy**

Christi McGeorge-USA

Katelyn Coburn-USA

**Short Description:** Given the religious groundings behind the practice of gender identity change efforts, we explored the beliefs of Christian religious leaders about this practice and their understanding of marginalized gender identities. Nineteen religious leaders from diverse Christian traditions were interviewed. Queer theory-informed thematic analysis was used to analyze the data.

**Abstract:** Given the religious groundings that support the practice of gender identity change efforts (GICE), we sought to explore the beliefs of Christian religious leaders about this practice and their understanding of marginalized gender identities. Nineteen religious leaders from diverse Mainline Christian Protestant traditions were interviewed. Queer theory-informed thematic analysis revealed two themes related to participants' beliefs about transgender and nonbinary identities: (1) Transgender and nonbinary identities are normative and authentic, and (2) God created gender diversity. The analyses also highlighted two themes reflecting the pastors' beliefs about GICE: (1) GICE is harmful, and (2) Therapy should affirm transgender and nonbinary identities. Finally, the thematic analysis exploring participants' messages for family therapists could be organized into two themes: (1) Christian religious beliefs do not justify the use of GICE and (2) Therapists should be helpful and not harmful. These findings provide insights from religious leaders about GICE and those with marginalized gender identities that suggests family therapists are called to work affirmatively with transgender and nonbinary clients as well as not practice GICE. Further, the findings could help family therapists reconcile their own religious beliefs in order to provide more competent and ethical services to transgender and nonbinary clients, as well as help family therapists to work more effectively with religious families who have a transgender and/or nonbinary member(s). The findings also provide family therapists with additional ways of assisting transgender and nonbinary clients in recovering from the effects of GICE.

# Embracing the Elephant in the Room: Broaching Techniques for Taboo Topics

Alexis Pizzulo-USA

**Short Description:** People seek therapy to grapple with the most uncomfortable aspects of their lives. Yet, when faced with the opportunity to discuss these topics directly, many therapists shy away out of apprehension or fear. This presentation explores methods and benefits of broaching taboo topics, with special attention to clients experiencing homelessness.

**Abstract:** As systemic therapists, we are trained in recognizing and commenting on the interactions of our clients. This work includes identifying underlying assumptions held by individuals and systems and their subsequent impacts. Such assumptions include which topics are open for discussion, and those deemed inappropriate. According to the Cambridge Dictionary, subjects socially prohibited due to morality or taste are defined as “taboo.” Taboo topics can elicit a visceral response from clients and clinicians alike, resulting in neglect or outright avoidance of their discussion. Best practice requires willingness to face our own anxieties and assisting those who share our rooms with us in facing theirs. But, like a lifeguard with a fear of water, how can we provide support if we are unwilling to take the plunge ourselves? We must work past the fear and sign up for swim lessons; we prepare. And as Arthur Ashe once said, “One important key to success is self-confidence. An important key to self-confidence is preparation.” In this presentation, I shine a light on subjects often relegated to the shadows. By examining commonly avoided topics and techniques to address them, I hope to lessen the anxiety induced by their anticipation. Real-life case examples will be shared, as well as extant literature on the broaching of taboo subjects. Through the application of tools pulled from several systemic models of therapy, I explore the methods and benefits of giving our clients—and ourselves—permission to speak freely. Broaching techniques are outlined and applied to a variety of taboo themes such as: 1) Identity (Ability, Gender, Race, Sexuality) 2) Infidelity 3) Sexual activity 4) Housing status 5) Substance use 6) Victimization 7) Suicidality 8) Death Additionally, discussion time will be allotted during which attendees may share their experiences and clients’ responses upon addressing taboo topics. The goal of this presentation is for everyone to depart with new or renewed confidence in meeting client needs head on, regardless of the seemingly taboo nature of the topic. Because, in the words of Marianne Williamson, “as we are liberated from our own fear, our presence automatically liberates others.”



# **Introducing an innovative family science undergraduate course: USAD? Coping with Stress, Anxiety, and Depression**

Adam Hedelund-USA

Nicole Gerber-USA

**Short Description:** The U SAD course, which our poster will introduce and describe, expands and strengthens family science education by making mental health skills accessible to college students via an undergraduate family science class. Our poster will detail this innovative family science course, and outline next steps for empirical evaluation.

**Abstract:** This one-credit family science course, called U SAD? Managing Stress, Anxiety, and Depression, is an innovative, experiential class. In U SAD, we engage undergraduate students to “learn by doing,” practicing and refining skills to manage their mental health. U SAD is an in-person, small group format class that encourages students to create a supportive community focused on mental well-being. Specific modules help students develop insight and learn evidence-based skills to address stress, anxiety, and depression; suicide prevention; healthy relationships; substance use; physical health and activity; and self-care. This experiential class is among the first of its kind on college campuses, targeting the rising rates of adverse mental health in students. Additionally, the current mental health infrastructures on college campuses (e.g., counseling centers alone) are often insufficient. This class is prevention and intervention focused rather than purely intervention-focused, which distinguishes it from the current mental health opportunities available. Taught by current couple and family therapy (CFT) masters students, and supervised by CFT faculty, this class uses a near-peer model and age proximity to decrease stigma around mental health and therapy for undergraduate students. The purpose of this poster presentation is to describe an innovative, experiential mental health skills college course with promise to advance family science education, and to outline the next steps for empirical evaluation. This class has ignited conversations across media outlets, including Inside Higher Ed, which has led several schools across the country to inquire about replication on their own campuses. Within the classroom many students from a variety of disciplines self-reported overall improvements in their interpersonal relationships and even encouraged several students to begin their own therapeutic process. We hope this poster will showcase the need and impact of an engaged and responsive mental health curriculum, housed in a family science department, for all undergraduate students.

# Exploring Reflecting Team Interventions to Enrich Theory of Mind Skills for Deaf Adults

Louise Munro-Australia

Sigrid Macdonald-Australia

**Short Description:** We present a novel intervention for Deaf adults for whom language deprivation has resulted in compromised theory of mind skills. We describe a format where reflecting teams can be used to enrich language and social experience in non-pathologising, culturally affirmative ways for Deaf people and their families

**Abstract:** This presentation introduces an innovative intervention addressing social and relational challenges faced by Deaf adults with compromised theory of mind (ToM) skills, due to language deprivation. Approximately 95% of Deaf children are born into hearing families where parents don't have signing skills, and family members are not the primary linguistic model. Consequently, many Deaf adults have delayed language acquisition and social isolation which compromise the development of ToM. It's now recognised that ToM skills are essential for social engagement, emotional safety, personal boundaries and conflict management. Compromised ToM skills lead Deaf people to disengage from their hearing family and other social communities. While there's a burgeoning interest in the link between language and ToM, research efforts have concentrated on preventing ToM deficits in Deaf children via focused linguistic and educational interventions, and there is a notable lack of research on improving ToM skills in Deaf adults. However, there is evidence in one paper that ToM skills improved for a small group Deaf adults following two years of attending a Deaf social club. This improvement was attributed to opportunities for "overhearing" that Deaf club provided. With this paper as a basis, and drawing on two decades of direct involvement with Deaf families, we propose a reflecting team format similar to those used in family therapy contexts in order to provide structured opportunities for "overhearing". By integrating aspects of Michael White's outsider-witness practice with Tom Andersen's model for therapeutic reflecting teams, our conversations privilege participant experiences of Deaf culture and the difficulties navigating the dominant hearing world. Facilitated by a hearing psychologist and a Deaf community worker, a small group of Deaf individuals are encouraged to challenge each other, and be respectfully curious through observation and participation. Participants take turns being interviewees and reflective audience members, enabling active engagement in perspective-taking. Our approach provides a culturally affirming and non-pathologising approach to improving ToM skills that participants can use, and practice in daily life. We also see potential for this approach with broader client groups identified as needing Theory of Mind interventions.

# **Systemic Family therapy in the Queensland Foster Care System: An Integrative practice Model**

Rachel Jones-Australia

**Short Description:** Systemic Family therapy in the Queensland Foster Care System: implementation of Integrative Practice as a purposeful intervention implemented with complex “family” systems (expanding the traditional concept of family to include all relevant stakeholders for a child), to improve the overall wellbeing of children in Queensland out of home care contexts.

**Abstract:** The importance of purposeful integrative practice in the field of systemic family therapy has been highlighted in achieving change in complex family systems. Essentially, it is the purposeful use of multiple interventions designed to meet the myriad of competing needs apparent for a child and their family. In the out of home care context, integrative practice is particularly useful to promote positive change for the child and what is an extended concept of whom constitutes their family. Traditionally, a child’s family may have included biological and foster care family members but when this concept is extended to include all their relevant stakeholders (including biological family, foster carers, residential care workers, child safety, school representatives, Health and Allied Health staff, police and youth justice staff), the use of integrative family therapy can produce positive change for the child in their overall wellbeing, risk profile, social and emotional functioning, mental health symptoms and relationships across domains. By tailoring therapeutic interventions that draw on systemic family therapies from the first and second order schools of family therapy, neurobiology, solution focussed, trauma informed, play and arts therapy, and narrative interventions, clinicians can promote change by mixing therapeutic modalities with the individual and their stakeholders. This presentation will unpack the implementation of systemic family therapy using this integrative approach to formulation, and treatment for a child in out of home care in Queensland. It considers the need for intervention for the individual and in the context of the environment and relationships. By reviewing a case example, this presentation aims to highlight the simultaneous and successful use of pharmacological interventions, psychoeducational programs for carers and school staff, parenting programs, cognitive-behavioural and trauma informed interventions, play therapy, mapping genograms and meaning making, and using family and dyadic sessions for the system associated with the foster child. These elements of this integrative systemic family practice have seen success in reduction of symptoms and improve overall well-being in foster children and their stakeholders. Accordingly, a model for best practice using this integrative systemic approach is presented for this population group.

# Multidynamic Relational Therapy

Anthony Pennant-USA

**Short Description:** This presentation will introduce a practical model of therapy known as Multidynamic Relational Therapy used to treat relationships that are reflective of the diversity of identities. This framework provides clinicians with clear interventions to create flexibility in relationships which will help address issues of power, intimacy, and societal expectations.

**Abstract:** This presentation will focus on centering a theoretical framework of clinical intervention that originates from same sex couples of color. Historically, these relationships have shown a great deal of tenacity as they have dealt with issues of oppression such as homophobia, transphobia and racism yet they thrive and find harmony. This level of harmony and tenacity is found within two processes: 1) the acts of liberation and emancipation and 2) the flexibility of roles and adjusted expectations with regard to power. Research demonstrates that many same sex couples report higher levels of satisfaction (Garcia & Umberson, 2019) in their relationships and much of this is due to their ability to reimagine their roles within relationships over time. This presentation is timely as couple and family therapy is in need of more culturally attuned models of intervention that are a direct reflection of an ever growing diverse and multifaceted population. This framework provides validation of these individuals and creates templates of wellness based on their identities. Lastly, this presentation will present qualitative and quantitative research highlighting client outcomes detailing their experience of the model. Garcia, M. A., & Umberson, D. (2019). Marital strain and psychological distress in same-sex and different-sex couples. *Journal of Marriage and the Family*, 81(5), 1253–1268. <https://doi.org/10.1111/jomf.12582>

# **First Session Magic: Use of Genograms to Deepen Family Assessment and Therapy**

Anna Bohlinger-USA

**Short Description:** In this presentation, participants will learn about a method for structuring first family sessions using a genogram and observational analysis to develop systems grounded hypotheses for family dynamics, functions, and patterns. Particular attention will be paid to use of structured family assessment in short term settings, such partial hospitalization programs.

**Abstract:** Family therapy! How do you help make it useful, meaningful, and attended to the whole of the system (as opposed to aligned with one party, agenda, or system at a time)? In this presentation, participants will learn about a method for structuring first family sessions using a genogram and observational analysis to develop systems grounded hypotheses for family dynamics, functions, and patterns. Patterns related to intergenerational traumatic transmission will be discussed. Particular attention will be paid to use of structured family assessment in high levels of care, such a residential treatment or partial hospitalization programs. Family therapy can confound even very skilled clinicians. It can feel like therapists are chasing family members around the room to try to get them to engage, aligning themselves with a single person and their particular agenda (while losing sight of that person's blindspots and their own clinical point of view), or even like individual therapy with spectators. Worse yet, sometimes clinicians are inappropriately confident in their skills but find themselves providing only didactic psychoeducation, and the function of therapy is entirely obscured by the therapist's avoidance of tension, anxiety, or conflict. Finding a way to hold one's own clinical point of view and make effective use of countertransference in a family therapy situation can feel very complicated and difficult. In this workshop, participants will explore a structured method for obtaining family history, observing family patterns, developing hypotheses about family dynamics, and supporting the family in beginning to identify family level goals. Particular attention will be paid to self of the therapist dynamics throughout the family assessment process.



# **An Analysis of the Claims of Six Popular Models in the “Golden Age” of Couple Therapy**

Adam Fisher-USA

Elisabeth Bennett-USA

Emma Myers-USA

**Short Description:** The popularity of couple therapy has proliferated—a majority of therapists now work with couples. This presentation will provide an overview of six popular models of couple therapy, exploring the “claims” of each approach. An example of an integrative framework for conceptualization and intervention across models will also be provided.

**Abstract:** Prominent systems therapists have described couple therapy in the last few decades as a “vibrant force” (Gurman et al., 2015) in the field, even describing it as being in a “golden age” (Doherty & Harris, 2017). This is reflected by the growing research base, theoretical sophistication, and demand for trainings from therapists—indeed, a majority of mental health professionals now work with couples. One survey revealed that many therapists believe couple therapy will eventually surpass all other modalities in the coming decades (Norcross et al., 2013). Couple therapy is clearly popular, and has research supporting its efficacy (e.g., Lebow et al., 2012). However, dilemmas remain. Which model(s) should be pursued in training? Is integration possible and how might I go about that? We propose that each of these models have strengths and drawbacks, and that a more developed field of couple therapy might involve better navigation of competing claims of these models. We will outline theory, key research findings, strategies, outcomes, and other “claims” of six popular models of couple therapy: Gottman method couples therapy (GMCT), emotionally focused couple therapy (EFT), integrative behavioral couple therapy (IBCT), imago relationship therapy (IRT), relational life therapy (RLT) and the developmental model (DM). Along with their competing claims, this presentation will describe the common and unique factors of these models. Finally, we will describe integrative possibilities and a framework for transtheoretical integration in couple therapy.

# **Systemic family therapy approaches for young adults with chronic suicidality in Singapore**

Ka Man Cheang-Singapore

**Short Description:** In this brief presentation, the presenter will illustrate the "entry points" and "effects" of systemic therapy approaches in four adults below 30 years of age (and their families) in Singapore whose chronic suicidality did not remit with mainstream psychiatry treatment.

**Abstract:** The phenomena of “struggling to exist” amongst middle class Singaporean young adults encountered in the past few years of this presenter’s work had both been intriguing and disquieting. The repeated discoveries of the ineffectiveness of pharmacotherapy and individual psychotherapeutic work for symptoms of hopelessness, meaninglessness, isolation, loneliness, and suicidality propelled and instigated the presenter to utilize systemic therapeutic approaches in her treatment procedures. In this presentation, the presenter aims to illustrate the identification of openings or opportunities in engaging four young adults and their families in therapeutic conversations around the “un-understandable” destructive lures of death as a preferred option or solution to their misery. The presenter will share the effects of these conversations on herself, the young adult struggling to exist, and their families. The audience will have an opportunity to share their reflections and experiences in similar therapeutic issues.

# Treating Postpartum Depression in Fathers

Brandon Eddy-USA

Vaida Kazlauskaite-USA

Sara Jordan-USA

**Short Description:** Postpartum depression (PPD) occurs in approximately 10% of fathers and can have devastating consequences for individuals, couples, and families. This presentation will help participants learn to recognize the symptoms of PPD and provide guidance on how to effectively treat fathers who suffer from postpartum depression.

**Abstract:** Postpartum depression (PPD) is a disorder that is most often associated with mothers, however research shows that fathers can also suffer from PPD. In fact, approximately 10% of fathers suffer from PPD and it can have devastating consequences for individuals, couples, and families. Because the disorder is associated with mothers, much less information is known about fathers with PPD and there are far fewer resources to help fathers who are struggling. This leads to many fathers feeling neglected and forgotten by friends, family, and the healthcare system. This presentation will provide guidance on how to effectively treat fathers who suffer from postpartum depression. Participants will learn various assessments that can be used to diagnose PPD and will learn how to effectively collaborate with healthcare providers. In addition, the presenters will share their research accounts from fathers about the experience of PPD and what they found helpful in treatment. Participants will also learn about the impact that PPD has on the couple relationship and on children in the family system. The presenters have years of research and clinical experience in treating this population and have presented at regional, national, and international conferences

# **An Integrative Interactional Approach to Functional Neurological Symptom Disorder: A Case Study**

Linda Dennis-New Zealand

**Short Description:** The prevailing approach to functional neurological symptom disorder (conversion disorder), consistent with the assumptions of the medical model, draws on a reductionist paradigm, which is of limited value to the family therapist. A case study will demonstrate how applying the integrative interactional approach provides new opportunities for treatment and support.

**Abstract:** Functional neurological symptom disorder (FNSD), formerly known as conversion disorder, is a psychiatric disorder involving limb weakness, paralysis, seizures, hearing loss, and other nervous system symptoms said to have a psychological, rather than a neurological, aetiology. The typical assessment, diagnosis, and treatment of FNSD follows a lineal, reductionist philosophy referred to in psychotherapy as an intrapsychic perspective. According to this perspective, FNSD is assumed to be a function of a problem within the individual. Reductionism is, however, of limited value to the family therapist. In contrast, the integrative interactional approach draws on a person-centred, communications, and systems family therapy interactional orientation that recognises the importance of the quality of an individual's family systems relationships and, in turn, the impact of this on their overall well-being. From this approach, FNSD is described as a function of a problem of, or a deficit within, the individuals' relationship/s, rather than within the individual, per se. The application of the integrative interactional approach will be discussed using a case study to illustrate the significant potential for therapeutic and healing impacts when treatment directs the emphasis away from the individual in isolation to the person-in-interaction-with-others, a cornerstone of the integrative interactional approach.

# Exploring the Relationship between Common Factors of Change and Chronic-Illness-Related Distress in Women with Chronic Illness in Teletherapy

Afarin Rajaei-USA

**Short Description:** This study examines the efficacy of teletherapy in reducing distress in women with chronic illnesses. Utilizing quantitative methods with 200 participants, it assesses the relationship between therapeutic factors and illness-related distress through the Common Factors of Change Scale and a modified Impact of Events Scale. Multiple regression analysis applied.

**Abstract:** This research investigates the effectiveness of teletherapy in alleviating distress related to chronic illness among women, a group often facing unique psychological and emotional challenges. The primary objective is to understand how various factors in teletherapy correlate with the level of distress in chronic illnesses. Utilizing a quantitative approach, the study includes 200 women with chronic illnesses engaged in teletherapy, ensuring they have attended at least four sessions. The research tools are the Common Factors of Change Scale and an adapted version of the Impact of Events Scale, focusing on relational factors, hope and expectancy, therapeutic alliance, and therapist attributes (Lambert & Barley, 2001; Weiss & Marmar, 1997). The Common Factors of Change Scale evaluates the therapeutic relationship, empathy, and mutual goal setting, key to therapeutic intervention effectiveness (Norcross & Wampold, 2018). The modified Impact of Events Scale captures the subjective experiences related to chronic illness, emphasizing the distress elements (Horowitz, Wilner, & Alvarez, 1979). Multiple regression analysis assesses how these variables impact chronic-illness-related distress. This analysis is crucial in understanding the dynamics between these factors and their collective contribution to teletherapy's effectiveness in reducing distress (Cohen, Cohen, West, & Aiken, 2003). This research holds significant potential for enhancing teletherapy interventions for women with chronic illnesses. By identifying impactful teletherapy factors, healthcare providers can tailor approaches to meet this group's specific needs more effectively. This study enriches the literature on teletherapy and offers practical insights for improving mental health support for women with chronic illnesses (Wagner, Horn, & Maercker, 2014).



# Improving the Mental Health of College Students in Language Immersion Residence Programs

Adam Fisher-USA

Emma Myers-USA

**Short Description:** While living together in close systems akin to families—and speaking only their second language—students in language immersion residences may experience isolation and anxiety. This study examines wellbeing in these programs (Japanese, Chinese, and Korean). Meditation groups were conducted for each residence, with results showing mixed outcomes on wellbeing.

**Abstract:** Mental health challenges—exacerbated by the COVID-19 pandemic—are a particular concern in second language immersion student residence programs (LISR). As evidenced by the literature, mental health issues are more readily resolved when individuals can form social bonds within their community and express themselves via interpersonal relationships. At the same time, strict focus on second language learning can hinder expression and the formation of social connections for some students. Brigham Young University, a private university in the USA, offers a second language immersion residence program for college students. The students must speak only Chinese, Japanese or Korean (with varying degrees of strictness) while living together for at least two semesters. They share living responsibilities and dine together every evening, facing common family system challenges like conflict resolution and communication. These students are away from their families of origin, which can cause feelings of loneliness. Additionally, as a result of the second language use, they may experience isolation due to cultural differences in their new “family system.” Anxiety associated with their language learning progress is also commonly reported. This study aims to improve the mental wellbeing of second language immersion students, consequently benefiting their language skills, and enhancing feelings of community and connection in the relational systems of each language house. In the first round of the study involving 15 students from all language houses, 12 consistently attended three weekly meditation sessions. Students assessed their stress levels using the 45-question Outcome Questionnaire (OQ-45) at the beginning of each session. The sessions included a 15–20 minute meditation, followed by 40 minutes of psychoeducation on meditation, mindfulness techniques, and mental health concepts. Discussions about the students’ meditation experiences (what was it like being with their mind and body) and an additional 5–10 minute meditation followed. Gender and language variables were taken into account. Results revealed 6 out of 15 participants improved over three weekly sessions, 6 students had no room for change (rated low on the questionnaire), 2 experienced no change, and 1 worsened. Additional groups are now taking place (Fall semester, 2023) with additional data forthcoming.

# Working with the Trauma of Parental Alienation

Chip Chimera-UK

**Short Description:** Using Attachment Narrative Therapy which integrates modern attachment theory and systemic narrative practice this presentation demonstrates work with high conflict post separation families in the UK. Current neurobiological understandings of the impact on children's developing brains is integrated. Guidance for intervention is given. A practice example will be discussed.

**Abstract:** One of the biggest psychological dangers for children in today's world is witnessing their parents' relationship fall apart in acrimony and hostility. When children are triangulated into the process it may have profound implications for their psychological and emotional development, and their current and future attachments, as well as their future ability as parents. These families present with some of the most challenging dilemmas for practitioners trying to help minimise the impact on the development of the next generation of parents which these children represent. These issues will be considered through the presentation of one case where therapy has been undertaken. Using Attachment Narrative Therapy (Dallos and Vetere) theory and practices the work with both parents, separately and together, and the children, separately and together with each parent, will be explored. The use of genogram work including replicative and corrective scripts, double bind theory, an understanding of triangulation and its impact will be illustrated. This includes an understanding of the children's neurobiological adaptation to the trauma of parental conflict, and resilience factors which can be encouraged and developed. A team approach illustrating corrective therapeutic measures will be described. The presenter has many years' experience working with high conflict post-divorce parental disputes. This presentation will cover a background understanding of the dynamics of high conflict using systemic, modern attachment and up to date neurological research on the implications and outcomes for the children. Current research including the ACES (Felitti et al) and best practice in such cases is referenced.

# **Relational Responses to Shame: Moving Towards Acts of Resistance and Restoration**

Sharon Sng-Singapore

**Short Description:** The presentation focuses on the clinical principles and practice in resisting the effects of shame on a person's emotions, behaviours and relationships. It highlights narrative ideas and the transforming interpersonal patterns (TIPs) that invites more healing interpersonal patterns and restoration for the survivors of interpersonal violence.

**Abstract:** Shame not only disrupts a person's healing and well-being but it also results in deteriorating relationships. It devalues a person and creates a web of shame that consists of blame, rejection, depression, anxiety and isolation. However, shame is not just a self-conscious emotion but in an Asian context, it plays a social control function to maintain moral standards and interpersonal harmony. This presentation will explore the effects of shame on a person's emotions, behaviours and relationships. It will also highlight therapeutic interventions that uses transforming interpersonal patterns (TIPs) to bring forth healing interpersonal patterns (HIPs) as well as narrative ideas to support people's resistance to Shame and restore people's preferred identities and directions in their life. A case study method will be used to describe the clinical principles of relational responses to shame with survivors of interpersonal violence.

# **The psychotherapy-family therapy-social work: Reintegrating juvenile delinquent into society**

OHARA Takaharu-Japan

**Short Description:** Psychotherapy, family therapy and social work are connected.

**Abstract:** Psychotherapy, family therapy and social work have historically had overlapping functions as forms of interpersonal support. However, both are based on two disciplines, clinical psychology and social welfare studies. The idea of "distinct" suggests that they have unique features. This paper presents the process involved in supporting juvenile delinquent, to clarify that psychotherapy changes based on the degree of juvenile social involvement, and the uniqueness and commonalities between psychotherapy and social work. A juvenile delinquent was cut off from society and placed in an environment that encourages self-reflection. Psychotherapy worked effectively. Next, family therapy worked on the boy's relationship with his family. Support for juvenile delinquents shifted to a system wherein multiple organizations work together to provide a social environment for juveniles to enjoy greater connections with society, in the form of friendships and schooling. I show that psychotherapy and social work constitute a spectrum, and that the peculiarities of collaboration and learning gain clarity where both practices overlap.

# Can attachment buffer the risk of aggression for incels?

Iliana Anaya-USA

**Short Description:** Incels, are individuals who feel angry about their inability to form romantic relationships. Not all incels are violent, but some have committed acts of extreme violence. Attachment Theory is important to the study because it recognizes the theory of affect regulation and its impact on interpersonal relationships.

**Abstract:** The involuntary celibate (incel) community emerged in the 1990s on internet forums as a group of mostly men who felt frustrated with their lack of romantic relationships. The incel community is a unique population because self-identified incels desire to be in intimate relationships, but suffer from “unattractiveness,” social anxiety, or lack of physical resources which inhibit their success for sexual relationships (Donnelly et al., 2001). Media attention has brought national recognition to the violence and aggression perpetuated by the incel community and has created a need for research to understand why some incels become perpetrators of extreme violence and others do not. We do know that involuntary celibacy has not always been connected to violence, and research is minimal in understanding why some incels become violent and others do not. We know there have been people in celibate situations involuntarily (e.g., health conditions, old age, religious views, and relationship status) (Donnelly et al., 2001), but the emergence of violent incels and the development of self-identified incels is relatively new. This study will look at the interaction between incel status and attachment theory that accounts for the anger and aggression among its community members.?



# An Extra Language

Ady van Doornik-Netherlands

**Short Description:** As a therapist, you can create an overview and new insights for your clients with the methodology of An Extra Language. It is a powerful tool to give direction to your questions during the therapy process. An Extra Language focuses on visualising the internal and external reality of the client.

**Abstract:** My proposal for a presentation is to give a demonstration of the methodology An extra language. You can also have a look at my book.

[www.dekontekstgooisemeren.nl](http://www.dekontekstgooisemeren.nl). It was published in English in may 2023 and launched at the conference in Assisi organised by Andolfi in July 2023 An extra language is a methodology developed by Marleen Diekmann (7-4-1949 - 7-4-2007) based on the contextual theory of Ivan Boszormenyi-Nagy and the concepts of systemic family therapy. The language visualises the inner and external mental experience of the client with the help of small plastic (Duplo) dolls of various sorts: children, adults, males and females, grandparents, dolls with different skin colours or other visual marks. The client is presented with three dolls, an adult doll representing his adult rational thinking part – in other words, the coordinator – and two child dolls, which represent the emotions (on the red disc) and the coping and solutions developed in childhood (on the white disc). Other dolls can represent the family and the position they occupy in the client's experience. Symptoms and complaints can be visualised by some other material that is used in An extra language: small treasure boxes for the client's resources; pain suffered as a black (damage) figure, also used to visualise violence and fight; a barrier stick to emphasise that people have been raised in a different culture than the one in which they live now, or to visualise divorce or other break-ups. Loyalty can be shown as a thin red string between two people. The dolls and material can visualise family structures, intergenerational influences, the mourning process after loss or trauma, parenting problems, or children's developmental issue. The methodology helps to activate the inner dialogue of the client to help him to change, dealing with problems and finding other, healthier solutions or adjustments.

# **Motivational Interviewing (MI) as a Framework for Coaching/Providing Feedback to Therapists and Physicians in an Integrated Setting**

Michael Olson-USA

**Short Description:** In a multi-disciplinary learning environment, physician and therapist trainees are faced with the task of "clinical behavior change" that meets specific milestones and competencies. Motivational interviewing (MI) is a framework well suited for supervisory coaching and providing feedback to encourage learner self-efficacy and confidence to change.

**Abstract:** In a multi-disciplinary learning environment, physician and therapist trainees are faced with the task of "clinical behavior change" that meets specific milestones and competencies. Motivational interviewing (MI) is a framework well suited for supervisory coaching and feedback to encourage trainee self-efficacy and confidence to change. Motivational Interviewing (MI) is an evidence-based approach to facilitating behavior change (Miller & Rollnick, 2012) that has been widely applied across disciplines (education, criminal justice, sports, healthcare, mental health care, etc.) and cultural and linguistic bounds from 40 countries. "Motivational Interviewing is a collaborative conversation style for strengthening a persons' own motivation and commitment to change (Miller and Rollnick, 2012). In an educational setting, MI can be used as a collaborative teaching and supervisory style for strengthening learners' own motivation and commitment to change clinical behaviors. The venerable scholar and educator Marian Stuart, Ph.D., has taught that trainees will do what they feel confident doing. From the author's own experience in medical and mental health education and supervision, some tasks, procedures, and interventions are completed as a requirement of training, but often aren't connected to one's core values or level of confidence. Utilizing the "style and spirit" of MI with trainees can allow for space for feedback and coaching that honors core values and intrinsic motivation, recognizes strengths (evocative), is respectful (supporting autonomy and choice), collaborative/partnering, and attentive to learners' own values and confidence in making clinical practice change(s). In conclusion, from the Harvard Business Review, "we humans do not do well when someone whose intentions are unclear tells us where we stand, how good we "really" are, and what we must do to fix ourselves. We excel only when people who know us and care about us tell us what they experienced and what they feel, and in particular when they see something within us that really works" (Marcus Buckingham & Ashley Goodall, 2019). This presentation will offer specific examples of providing feedback/coaching in a training setting, consistent with MI and work by cognitive psychologist LeeAnn Renniger, Ph.D..

# **‘Refining the Truths We Can Tell Each Other’: Multi-Cultural Couples Therapy**

Cadmona Hall-USA

Mali Sicora-USA

Michelle Snow-USA

**Short Description:** We present an analysis of an experiential couple’s therapy session in which the therapist and supervision team join the clients in an open conversation about our dimensions of culture and how systems of oppression impact our lived experiences as women of color.

**Abstract:** The purpose of this presentation is to engage participants in an analysis of an experiential couple’s therapy session in which the therapist and supervision team join the clients in an open conversation. In the previous session with this couple, the therapist used her supervision group as a reflecting team. The clients noted afterward how safe it felt to hear from three women of color and stressed that this felt like a unique experience for them. We wondered what it would be like to have an entire session where the couple, along with the therapist and supervision team, could talk with each other about our common experiences. Our intent was to engage in an integrated social justice practice, in real time, to further individual and collective self-of-the-therapist work, and to risk being vulnerable - breaking down some of the walls between therapist and client. Our conversation spanned the impacts of religion, gender roles, capitalism, patriarchy and intergenerational trauma on our lives. We had a conversation about sadness that is not our own, but also joy and fortitude. The couple ruminated on how they talk about systems of oppression in the context of their relationship, leading to a conclusion that the care and patience they show with one another is how they want to show up in the world with others. Clients reflected on the value of this unique opportunity to share and be vulnerable alongside their therapist and colleagues. In our post-session discussion, the therapist and supervision team noted the value in facilitating this intimacy, enhancing engagement and strengthening the therapeutic work. This presentation will include video of the session, discussion and exploration of social justice dynamics, and self-of-the-therapist examination. Participants will be encouraged to consider how they create a holding environment that facilitates growth through intimacy, intensity, context, and transparency.

# Attending to Issues of Social Justice in Clinical Supervision

April Nisan Ilkmen-USA

DeAnna Harris-McKoy-USA

**Short Description:** It is crucial to search for cultural remedies for families' problems rather than trying to impose therapeutic regularities that are strange to the family. This presentation will focus on how the supervision of marriage and family therapists can better attend to issues of social justice present in diverse clients' lives.

**Abstract:** The therapist's inclination to neglect culture as part of the client's narrative; and to direct the focus of the sessions toward individual characteristics is an expected phenomenon for clients with multicultural backgrounds. Hence, shortcomings of white privilege in the therapeutic relationship come as no surprise. Generally, these clients are trained to maneuver around avoiding white discomfort. Therefore, avoiding white discomfort through cultural innocuousness (behaving in manners that may soften their racial, ethnic, and cultural expression) becomes a strategy of survival and self-protection. Our presentation will discuss tools for supervisors to train marriage and family therapists to develop attunement to clients' dimensions of culture. The practice of psychotherapy often embodies this concept, as the contemporary definitions of healthy mental functioning are based on white Westernized norms. These 'Western' interventions may not be appropriate for the unique reality of each client (Guanipa, 2003). For the denizens of White spaces, Whiteness is hegemonic: the images they consume, the knowledge they produce, and the institutions that structure their social world are shaped by White values and White ideology (Huebner, 2020). Hence, whitespaces are areas that are considered off limits for people with multicultural backgrounds. Diverse populations learn explicitly via discrimination and microaggressions about their cultural/racial positionality and how to accommodate to White people's status and emotions to stay within the limits of the whitespace. In therapy, this accommodation is done through accepting the dominant culture's norms as necessary background against which to frame their thoughts, emotions, narratives, and transference. In our presentation, we will discuss culturally sensitive assessment strategies to incorporate into clinical supervision to diversify therapeutic intervention skills of the therapists.

# The Process of Couples Healing from Infidelity: A Grounded Theory

Stephen Fife-USA

**Short Description:** This presentation highlights the results of a grounded theory study on the process of healing from infidelity. We developed a process model of healing that includes four stages: revelation of infidelity, initial reactions, stabilizing the relationship, and revitalizing the relationship. We will discuss the clinical implications and guidelines for therapists.

**Abstract:** Infidelity is a common experience in committed relationships that can lead to significant individual and relationship distress. Although many couples end their relationship following infidelity, a significant portion choose to stay together and attempt reconciliation. Infidelity is one of the most difficult issues in couple therapy, yet there are few empirical studies on the process of healing. In this presentation, we share the results of a qualitative study on the process of couple healing from infidelity. Utilizing constructivist grounded theory, we analyzed semi-structured interviews of 16 heterosexual couples who experienced sexual infidelity, chose to stay together, and identified as having experienced meaningful healing. The result of our analysis is a process model of healing that includes four stages: the revelation of infidelity, initial reactions, stabilizing the relationship, and revitalizing the relationship. Although the process may be turbulent, our analysis suggests there is a developmental progression of healing as partners work to rebuild their relationship. Following discovery or disclosure, participants reported a period of emotional upheaval and shock. They reported actively assessing the damage from the infidelity and individually determining whether to remain in the relationship. After determining to attempt to preserve the relationship, participants engaged in multiple efforts intended to stabilize the relationship, including attending individual and/or couples therapy, expressing initial forgiveness, establishing accountability practices, and seeking reconnection. Gradually, couples reported that in healing they were communicating more deeply and honestly, re-establishing trust, and deepening their forgiveness. Couples also created shared meaning out of the infidelity by identifying ways in which their relationship was stronger as a result. Our results also indicate that couples' shared history, sociocultural factors, and formal and informal support influenced how they experienced infidelity and engaged in healing. We discuss clinical implications of the research, especially the role therapy can play in facilitating healing, the importance of open communication and safe spaces to process emotions, deepening forgiveness, and the reciprocal process of restoring trust. As therapists are better informed about the process of healing, they will be better able to help guide couples through the experience of reconciliation and healing.



# Motivating Couples for Meaningful Change: SFT and ACT Fusion

Billie Tyler-USA

**Short Description:** Explore the interactional methodologies central to the integration of Solution Focused Therapy (SFT) and Acceptance and Commitment Therapy (ACT) for client transformation. Acquire practical techniques, conflict resolution skills, and value-oriented strategies within diverse couple dynamics. Expand your therapeutic tool kit through this workshop.

**Abstract:** Explore the fusion of Solution Focused Therapy (SFT) and Acceptance and Commitment Therapy (ACT), examine how this integration, based on interactional methodologies, influences diverse contexts to heal hurting couples in various cultures. SFT, with its historical relevance in Marriage and Family Therapy, adopts a strength-based approach emphasizing the present, solutions, and incremental changes (Nelson et al., 2014). Despite its strengths, SFT's application may be limited in some cases. The introduction of Acceptance Commitment Therapy (ACT), a third-wave Cognitive Behavioral Therapy, augments SFT. ACT centers on accepting uncontrollable experiences and aligning actions with core values (Harris, 2009). It prompts clients to clarify meaningful values, propelling them towards value-aligned goals and actions. Explore the shared assumptions and unique nuances of SFT and ACT, observing integration's potential in real-life contexts. Examine strategies for guiding clients in identifying values and translating them into actionable steps to. Acquire skills to address conflicts during sessions, using mindfulness to manage and redirect these moments effectively. This research-informed workshop equips practitioners to dispel common relationship myths, nurture systemic perspectives, and lay the foundation for enduring client transformation. Engage in discussions on the contextual relevance of this integrated approach, exploring its potential across diverse populations and settings. Join this session to enrich your therapeutic toolkit, understand integrated SFT and ACT intricacies based on interactional methodologies, and adeptly facilitate change within complex relationship dynamics and help heal couples in various cultural contexts. The integration of these models would benefit clients and expand best practices. References: Harris, R. (2009). Mindfulness without meditation. *Healthcare Counselling & Psychotherapy Journal*, 9(4), 21–24. Nelson, T., & Students. (2014). Major marriage and family therapy models. AAMFT, <https://aamft.kdp.io/course/330/player/1452>

# **Best Minds: How Allen Ginsberg Made Revolutionary Poetry from Madness**

Stevan Weine-USA

**Short Description:** A revelatory look at how Beat poet Allen Ginsberg transformed experiences of mental illness and madness in his family into some of the most powerful and widely read poems of the twentieth century. Ginsberg let Stevan Weine interview him and gave access to his most private papers including psychiatric records.

**Abstract:** In 1949, years before his career as a Beat poet and countercultural leader, 23-year-old Allen Ginsberg was admitted to the New York State Psychiatric Institute (PI) for an 8-month hospitalization. He had been having visions of God, and was involved with drug users and a criminal gang. For much of Ginsberg's childhood, his mother Naomi had experienced delusions, hallucinations, agitation, and suicidal ideation. She had frequent, long hospitalizations and was lobotomized. When she was home, Ginsberg was her primary caregiver. After a scandalous arrest, a deal with the prosecutor was struck, and Ginsberg was hospitalized at PI. He was diagnosed with a serious mental disorder and received treatment in the form of psychotherapy to prevent further collapse into psychosis, drug use, homosexuality, or criminality. The mid-century psychiatrist's formulations saw his sexual attraction to men as a symptom of a psychiatric disorder. He spent most of his stay on the fifth floor, nicknamed the "genius ward," which had a tradition of offering long-term psychotherapy to young, intelligent patients. The psychiatry resident who completed the initial interview was assigned to be his psychotherapist, and two other residents subsequently treated Ginsberg. They met in psychotherapy three or four times per week, documented with detailed progress notes. I was able to review these records when, in the 1980s, Ginsberg himself gave me permission to do so. No other biographical or critical writings on Ginsberg have had access to these materials. This made possible *Best Minds: How Allen Ginsberg Made Revolutionary Poetry from Madness* (2023), a case study of one of the most famous artists in the mid-twentieth century to focus on madness. This is a leap through time into American psychiatry in the late 1940s which merits caution and admiration. I will share these findings on the valuable work done by Ginsberg and his therapists addressing traumatic life experiences, family turmoil, creative writing, and spiritual seeking. How did the therapy help Ginsberg with his alleged mental disorder or his relationship to the visions? How did therapy impact his development as a young man and a poet?

# Medical Family Therapy and Alcohol and Drug Treatment

Kristy Soloski-USA

**Short Description:** Alcohol and drug use can be discovered by an MFT working in general practice. The presenter will describe research-informed practices, provide case examples, and highlight core MedFT competencies essential to effective clinical conduct. Training will include education on diagnostics, drug classifications and effects, and level of care recommendations.

**Abstract:** It is not uncommon for substance use problems to be discovered in a treatment setting that is not focused on alcohol and drug treatment. An MFT could be one of the first professionals in contact with the patient, and in a position to do screening to detect unrecognized problems with substances. MedFTs can be involved in alcohol and drug treatment in a variety of settings, ranging from residential or inpatient treatment to intensive outpatient treatment or general outpatient treatment to early intervention treatment. In this presentation, the presenter will describe the practice of Medical Family Therapy in Alcohol and Drug Treatment. They begin by characterizing the common make-up(s) and organization of integrated and interdisciplinary teams. They contextualize the work according to Hodgson, Lamson, Mendenhall, and Tyndall's (2014) five-level MedFT healthcare continuum. In residential and inpatient treatment centers, the MedFT will have an IBHC team that can include Psychiatrists, Medical Directors, Nurses, and other behavioral health providers on site. The MedFT working in outpatient treatment, on the other hand, will likely have an IBHC team of Psychiatrists, PCPs, Nutritionists, and in some cases Probation Officers or Sponsors, some of which may be located on site, but others who may be located off site. The outpatient MedFT will likely have to be more purposeful with integrating different professionals into treatment. The presenter will describe research-informed practices, provide case examples representative of Alcohol and Drug Treatment, and highlight core MedFT competencies essential to effective clinical conduct. Training will include education on diagnostics, drug classifications and effects, and level of care recommendations. Additional practice scenarios and discussion questions will be integrated into the training experience and recommended readings are provided. The presentation is intended to train MFTs who are training, researching, and designing policy for the practice of MedFT and family-centered care.

# Is this self-care? When avoidance disguises as self-care and what we can do about it

Alba Nino-USA

**Short Description:** Self-care is crucial for therapists. However, self-caring activities can turn into avoidance coping, momentarily reducing anxiety but ultimately maintaining it. In this presentation, we'll examine self-care practices, their effectiveness, and alternatives. Suggestions for shifting to being self-caring and unconventional self-care practices will be offered

**Abstract:** Self-care is an ethical imperative for mental health professionals. To care for ourselves we tend to, or are encouraged to, engage in activities that give us “a break” from the stresses of our clinical work. These activities can include watching TV, exercising, going for walks, engaging in meditative practices, gardening, playing video games, etc. Sometimes these oases are necessary to rest or to put our minds on something different, to then feel recharged and ready to re-engage in our deeply demanding work. These activities, however, can become forms of avoidance coping, which can momentarily decrease our anxiety but can maintain it in the long run by contributing to recurrent cycles of avoidance and anxiety. In this presentation, we will reflect on the ways in which we engage in self-care, consider their actual effectiveness, and contemplate some alternatives. Participants will be introduced to the concepts of avoidance coping and approach coping and their relation to anxiety. Through this conceptual lens, participants will examine whether their own self-care practices are alleviating or increasing their anxiety. Then, participants will be presented with suggestions to change their approach to self-care. These suggestions include shifting from merely 'doing' self-care to embodying a self-caring approach. We will also explore whether some practices and activities that we do not usually consider as self-care can actually have a self-caring effect. This presentation rests on numerous studies on avoidance and approach coping and their connection to anxiety, on a study conducted by the presenter on the acceptance of our own woundedness as a way to becoming self-caring, and on the presenters' supervisory and clinical experiences.

# Feeding Disturbances and Feeding Relationships in Families

Nicole Massey-Hastings-USA

**Short Description:** This workshop will address pediatric feeding disturbances and their impact on familial relationships. An evidence-based paradigm for assessing feeding disturbances, theoretical basis for understanding child development, and clinical interventions which facilitate healthy relationships will be presented. Trust based-models of parenting will also be explored in other familial disturbances.

**Abstract:** This workshop will address pediatric feeding disturbances and their impact on familial relationships. An evidence-based paradigm for assessing feeding disturbances, theoretical basis for understanding child development, and clinical interventions which facilitate healthy relationships will be presented. Trust based-models of parenting will also be explored in other familial disturbances. Control-based dynamics frequently emerge in clinical work in pediatrics and families around food consumption (and many other contexts), often leading to sub-optimal family functioning, missed opportunities for connectedness, and increased risk of eating disordered behaviors. Unfortunately, without specialized training to address these common dynamics, therapists may unintentionally reinforce dynamics which worsen feeding disturbances and family relationships. These challenging dynamics are even more likely to be present in families that were formed through adoption, due to the needs of this population. Additionally, problems are likely to be viewed as the child's problem, rather than a family problem in the feeding relationship, further exacerbating symptoms and disconnectedness. The Division of Responsibility model, originally pioneered by Ellen Satter, will be explored in within the context of attachment, attunement, and responsiveness. Additionally, the Trust Model, by Katja Rowell, MD which builds upon Satter's work to address the specific needs of feeding relationships in adoptive and foster families, will be explored at length. Developmental and physiological challenges which may complicate feeding relationships will be discussed in detail. Biologically formed families, as well as the specific needs of adoptive families, within the context of feeding, will be a focal point. This workshop will focus extensively on specific clinical skills to address feeding disturbances and aid to provide attendees with a repertoire of new skills—which are evidenced based—to improve the familial relationships. Skills are also generalizable to other types of parent-child relationship disturbances.

# Family Systems DBT a New Family Therapy Model

Matthew Metcalf-USA

**Short Description:** Dialectical Behavioral Therapy has been well documented in its ability to treat those with intense emotions. Family Systems Dialectical Behavioral therapy steps away from treating a single client and targets the family systems behaviors instead. DBT and family Systems therapy complement each other very well for families with intense emotions.

**Abstract:** Family Systems Dialectical Behavioral Therapy (FS-DBT) is a model of family therapy that is based on the comprehensive model of DBT developed by Marsha Linehan. Utilizing Systems theory, The Biosocial model, and a dialectical philosophy FS-DBT focuses on the linear targets for each person in the family system such as suicide attempts, self-injury, and substance abuse and combines them with circular targets found within a family system. These targets can include themes such as invalidation, conflict avoidance or communication difficulties. The model has four phases with the first focusing on psycho education. Psycho education sets the tone for family therapy and assist families in understanding their dynamic from a behavioral perspective. The second phase develops a “language of validation” which assist families in being able to develop and practice validation skills on one another and developing change strategies within a family system. The third phase is a transition into advanced stages of FS-DBT which assist a family in being able to balance acceptance and change as the family system while addressing ongoing conflict. The first of these advanced tasks for a family is the task of being able to develop contingencies for how to establish structure and reinforce and extinguish behaviors. The second of the advanced tasks is the transition from skill acquisition and strengthening to skill generalization. The skills being those of traditional DBT (mindfulness, distress tolerance, Walking the Middle Path, emotional regulation, and interpersonal effectiveness). Additional advanced tasks also include cognitive modification and exposure interventions. In this model, the presenter discusses the theory behind DBT and family systems theory, the stages in treatment, and treatment outcomes for clients. Participants will conceptualize the key components in the stages of the DBT model.



## **POTT as Antiracist Training Framework in Couple and Family Therapy**

Margaret MacLeod-USA

Anthony Pennant-USA

Jennifer Sampson-USA

**Short Description:** Presentation will demonstrate application of Aponte's Person of the Therapist model in training programs as explicitly anti-racist and anti-oppressive way to train new clinicians. Best training practices will be demonstrated to examine third order thinking and change in the early development stages of becoming a therapist.

**Abstract:** As a follow-up to last year's presentation in Malaga on the need for CFT training culture shifts, this four-person panel will present on the need for overt addressing of third order change in the graduate training process. Presenters will open with a review of Aponte's (2009) Person of the Therapist model and offer participants substantive examples on how the model creates opportunities to exemplify anti-racism and anti-oppressive as a therapeutic stance. The panel will also discuss the examination of self and its impact on graduate student classroom experience while learning how to apply these concepts. Finally, the panel will experientially demonstrate classroom activities that educators can use to decenter colonizing perspectives and amplify marginalized voices.

# The Continuum of Control and Freedom in Intimate Relationships: A Grounded Theory

Jason Whiting-USA

**Short Description:** Although coercion and violence are damaging, it is not always clear what types of behaviors are controlling in relationships. This study analyzed the accounts of partners to explore the continuum of behaviors that range from non-controlling, to influencing, to controlling. Implications for clinical interventions for control will be discussed.

**Abstract:** Although research identifying extreme forms of control exists, less is known about the more typical types of control and influence in close relationships. Gaps in prevalence estimates and varied definitions of control suggest a need to better define the spectrum of control in its mild and extreme forms, including looking at non-physically violent forms of coercive control. Additionally, the construct of freedom in relationships is rarely directly examined. While freedom is implicit in literature discussing how couples navigate the balance of intimacy and autonomy, there is a lack of research directly examining how freedom is experienced together. A better understanding of freedom and control could help clinicians understand the different types of behaviors couples find controlling, and the impact of these actions. Also, a better understanding of control can help therapists assess for and understand intimate partner violence in its controlling and non-controlling variations. This presentation will present results from a constructivist grounded theory study on control and freedom. Data from 39 interviews were taken from a larger qualitative project on healthy and unhealthy relationships and analyzed to examine how partners describe control and freedom in their own lives. Findings illustrate the presence of nuanced forms of emotional coercion in the continuum of control, including emotionally abusive processes (with categories of withholding, gaslighting, and verbal aggression) as well as more significant coercive processes, including monitoring, physical violence, withholding resources, and entitlement. Findings also indicate categories associated with freedom, including support, openness, and acceptance, that encourage emotional and behavioral autonomy in relationships. We will discuss implications for therapists, including how to assess for the range of tactics in relationships that tend towards control, or freedom. For instance, these findings suggest that when observing and assessing emotional and physical abuse, therapists need to be alert for nuanced varieties of emotional coercion such as verbal aggression, gaslighting, withholding. Other examples of concerning behaviors are the presence of monitoring or restriction of resources, pre-contemplative withholding, verbal aggression, gaslighting, or physical abuse, or fear when speaking one's mind. Other suggestions for increasing autonomy in relationships will be provided.

# Initiating the dialogue between infant mental health and family therapy: A qualitative inquiry & recommendations

Eliza Hartley-Australia

**Short Description:** This qualitative study explored infant-family mental health experts' perspectives and experiences regarding the inclusion of infants in the family therapy setting.

**Abstract:** Background: This qualitative study explored infant-family mental health experts' perspectives and experiences regarding the inclusion of infants in the family therapy setting. Aims: Infant socioemotional development is relational in nature and evolves in the context of both dyadic attachment relationships and broader multi-person coparenting systems. Given this, we sought to understand why family therapy interventions involving families with infants rarely include the infant in a triangular or multi-caregiver systemic approach. Methods: Clinical and/or research experts whose work integrates tenets of both infant mental health (IMH) and family theory and therapy completed interviews about stimulating a more generative dialogue between IMH and family therapy. All interviewees brought at least five years of expertise and were actively working in the field. Findings: Interviewees expressed consistent beliefs that infants have a rightful place in family therapy approaches. They maintained that infants' innate social capacities positioned them to make meaningful contributions in family therapy sessions. Noting that infants have typically remained on the periphery in family therapy, experts advocated for both expansion of practice and greater integration between IMH and family therapy while also safeguarding each individual field's identity. Most recent interplay between IMH and family therapy fields has been one-directional with family systems concepts embedded within IMH approaches, but few IMH premises included within mainstream family therapy practice. The disconnect was attributed to multiple factors, including graduate and professional training, and to theoretical, clinical, research, and sociocultural barriers, which were mutually reinforcing. Experts identified clinical gains that have been documented when infants are meaningfully included in family interventions. Common ground was also identified, with those interviewed recognising that professionals in both disciplines serve children best when including the child's total network of relationships to fully understand and resolve relational issues. Conclusions: Findings call for greater collaboration between disciplines to challenge existing traditions, with a view to more fully include infants in mainstream family therapy. Recommendations for integration of family therapy and IMH in clinical, theoretical, research, training, and sociocultural domains are presented.

# The Initial Validation of the Power in Couple Relationships Scale

Crystal Marroquin-USA

**Short Description:** This study aimed to create and validate the Power in Couple Relationships Scale (PCRS). The implication for clinicians is that the PCRS can be used to help bring necessary awareness of power discrepancies to both clinicians and clients which can, in turn, lead to more equal relationships.

**Abstract:** Power is everywhere humans are and therefore, it is inherently relational (Knudson?Martin, 2013). Previous literature in this area has noted that individuals in positions of power are less tuned in to the needs of their counterparts (Sprecher & Felmlee, 1997). At times, depending on the context, the person in the position of power may not initially recognize they are in this position. They may have naturally been in this position or they may have been socialized to take on these positions in the settings they inhabit. Due to this dynamic, we can see patterns emerge specifically in different-sex relationships. One potential characteristic found in individuals who are more unaware of their power is a lack of attunement to their partner's needs which could, over time, lead to ruptures in the relationship (Knudson?Martin, 2013). Therefore, it is essential that researchers and clinicians have a starting point to assess the power levels of clients in their romantic relationships to provide greater insight into how power exists and motivates romantic relationships. It is necessary, then, to create a scale designed to help identify and highlight discrepancies of power in couple relationships. This study aimed to create and validate the Power in Couple Relationships Scale (PCRS). Researchers utilized an exploratory factor analysis and confirmatory factor analysis to examine the factor structure of the PCRS in addition to assessing the internal consistency of the scale as a whole. Preliminary results indicate a single-factor structure with an internal consistency of  $\alpha = .99$ . The implication for clinicians is that the PCRS can be used to help bring necessary awareness of power discrepancies to both clinicians and clients which can, in turn, lead to more equal relationships.

# **1+1=3: Thinking Developmentally in Couples' Communication**

Fiona O'Farrell-USA

**Short Description:** This workshop will address how therapists can address clients' communication discrepancies using the Developmental model developed by Ellyn Bader and Peter Pearson. The presenters will engage in a dialogue about their experience learning and adopting the Developmental Model and how it has shaped their understanding of couples' communication in therapy.

**Abstract:** This workshop will address how therapists can address clients' communication discrepancies using the Developmental model developed by Dr. Ellyn Bader and Dr. Peter Pearson. Improving communication is the most common goal that couples bring to therapy. Through integration attachment theory, differentiation theory, and neuroscience, the developmental model conceptualizes the couple's communication challenge as a part of the necessary growth of a relationship. By applying non-pathologizing lenses, therapists will assess clients' arrested development in their communication and guide them for concrete steps. At the same time, they explore clients' attachment styles and educate the conflicts between the need to connect and the need to self-protect. During this session, the presenters will engage in a dialogue about their experience learning and adopting the Developmental Model and how it has shaped their understanding of couples communication in therapy. This conversation will introduce developmental assessment couples' communication breakdown and examine the therapist's role in supporting client growth. Instead of being caught in the complex content couples bring, the Developmental model therapist will focus on the level of their differentiation and arrested development. In addition, the presenters will identify how the member's differentiation will play a vital role in the progress of couple therapy, especially in the relationship's post-honeymoon or symbiotic phase.

# Practice Makes Progress: Deliberate Practice in Family Therapy

Adrian Blow-USA

**Short Description:** Supervisors play a critical role in practitioner development and supporting family therapy practice yet often receive little training to hone their supervision craft. This workshop will help supervisors, new or experienced, learn strategies to help themselves (help others) gain important systemic family therapy skills through Deliberate Practice learning activities.

**Abstract:** To train and maintain fidelity as a systemic therapist, it is essential for a supervisor to shift the paradigms under which the clinician is operating or was previously trained. Of these paradigm shifts, the most important is the shift from individual to systemic conceptualizations. These include learning to focus on process rather than content, and to be observant of interactions that occur in the present, rather than on historical fact or insights (e.g., Szapocznik & Hervis, 2020). Most failures in training and in implementation of systemic therapies occur when these paradigms cannot achieve these crucial shifts and treatment maintains a non-systemic focus (e.g., Lebensohn-Chialvo et al., 2018; Liddle, 1991). While there is often little guidance around how to supervise toward these systemic therapy aims, the research points to supervision activities such as videotape review (e.g., Tugendrajch et al., 2021) and to practice methods that engage a therapist in behavioral rehearsal of systemic treatment skills (Blow et al., 2022). Deliberate Practice (DP; Ericsson & Pool, 2016) is an evidence-based method that can effectively and reliably improve performance. When applied to psychotherapy and specifically systemic family therapy, the therapist in training is taught a set of skill criteria akin to a specific systemic therapy skill (e.g., avoiding triangulation, providing a systemic rationale for treatment) and given an opportunity to behaviorally rehearse that skill with the support of a supervisor (Blow et al., 2022). In this workshop, the presenters will discuss the common pitfalls of fidelity in systemic family therapies, emphasize the need for evidence-based methods of supporting therapist development, and engage participants in practicing systemic therapy skills as outlined in the American Psychological Association Deliberate Practice for Systemic Family Therapy book. Skills and content presented in this workshop are of interest to supervisors and therapists alike interested in developing strong systemic family therapy skills in their therapists and practices.



# Managing Triangles in Clinical Practice: In the Family and in Wider Systems

Linda MacKay-Australia

**Short Description:** Dr Murray Bowen developed the triangle concept in his seminal work with families 70 years ago. This video case presentation focuses on its direct relevance today in work with couples and families and the importance of the neutrality of the therapist in managing the interlocking triangles that are inevitably mobilised.

**Abstract:** In the latter half of the 20th Century, Dr Murray Bowen developed the concept of the triangle in his seminal research with families. In Bowen family systems theory, the triangle is not something that may or may not occur. It is fundamental to therapeutic work with couples and families to understand how triangles may or may not influence optimal functioning even beyond the family system. This video presentation highlights the role of the therapist in staying neutral in the triangles that are inevitably mobilised in the interlocking network of treating clinicians (who may be working non-systemically with one family member), and wider systems, whose goals for treatment may contrast markedly from a systems lens. The case presentation will highlight these challenges, bringing to the forefront the necessity to take triangles into account whether or not they are obvious in the initial presentation. Linda MacKay PhD is a family therapist who provides clinical supervision and training in couple and family therapy to senior practitioners and teams across the disciplines of psychiatry, psychology, social work, and child and adolescent mental health in Sydney, Australia. Linda, whose PhD in Critical Psychology, is the Associate Editor of the Australian and New Zealand Journal of Family Therapy. She has published peer reviewed articles on working with adults who have experienced trauma as children, vicarious trauma in relation to clinical work with suicidal adolescents and their families, the impact of parent involvement in the mental health of emerging adults, and what makes for effective clinical supervision. Linda utilises a Bowen family systems framework to understand the challenges of a multitude of relational issues including managing conflict, issues related to sex and intimacy, affairs, violence and abuse, and parenting symptomatic children and young people.

# Walk-in Together: A Pilot Study of a Walk-In Online Family Therapy Intervention

Eliza Hartley-Australia

**Short Description:** We developed a service, 'Walk-in Together', for families to access a once-off, online family therapy session that happens on the day they ask for it. Our pilot study findings revealed families found this service helpful in managing the presenting challenge or planning what further support they might need.

**Abstract:** Background: Many Australians are requiring mental health care, including families, leading to long wait times in order to access support. Walk-in therapy reduces barriers to mental health support services by providing support at the time that families seek help. Aims: This paper presents a proof-of-concept study investigating the acceptability and short-term effectiveness of an online walk-in family therapy service, Walk-in Together. Method: Part 1 of the paper describes the experiences of 44 family members from 22 families who presented to a public family therapy clinic for a virtual walk-in family therapy session. The session was conducted by a team of three experienced family therapists. Family members experiences were sought pre-session, post-session and at six weeks follow-up via survey and interview. Part 2 of the paper explores therapist perceptions (n=7) of the Walk-in Together approach, through thematic analysis of semi structured interview data. Findings: Post session feedback showed 85% of family members found Walk-in Together to be helpful and 50% were optimistic about their future as a family after their Walk-in Together session. Six weeks post session it was revealed that Walk-in Together supported planning for families in equipping them to move forward with 88% of family members reported that they knew what to do after the session. All therapists uniformly experienced the model as offering a timely and beneficial service, suitable for diverse presentations and constellations of families. Conclusions: These preliminary results suggest significant utility of this Walk-in Together intervention as a well-received and helpful service for families, who valued the easy access and rapid therapeutic response afforded by the online, walk-in delivery model. Implications: This proof-of-concept paper suggests the potential for further development and growth of Walk-in Together, as well as other mental health support services using a walk-in, telehealth model to meet rising demand for therapeutic support for families in distress.

# Parent-child interaction classrooms that require therapeutic guidance -through parent-child interaction

Chiemi Chiba-Japan

**Short Description:** Although measures are being taken by the government to support people with severe disabilities, it has been discovered that mothers are actually struggling to raise their children. The results showed that support from peers who share the same worries about loneliness and anxiety about the future differed from normal childcare .?

**Abstract:** Introduction: In Japan, advances in medical technology have resulted in more lives being saved due to problems during childbirth. As a result, the number of children with severe disabilities is increasing. I provided childcare support to mothers who have children with such severe condition. Target and method: Start in May 2023 at Takasaki University of Health and Welfare Child and Family Center. Parents and childcare from 3 to 4 groups visit playroom. Twice a month on the 2nd and 4th Wednesdays from 13:00 to 14:30. Exercise play between mothers and children, singing by students, reading picture books. Mothers age from 30's to 50's, children age from 2 to 10 years old. 7 groups 9 people participated. I conducted a questionnaire (PACAP, PACAP-B) survey on mothers. 7 children with severe mental and physical disabilities and 2 severe autism spectrum disorders. I conducted a questionnaire survey on the relationship between parents and children. Result: Regarding childcare concerns and circumstances of mothers with severe disability, they were worried about their children's disability and had symptoms such as difficulty sleeping. In particular, as their children grow older, mothers are said to be worried about their physical limitations and their future lives. It was also mentioned that there is no playground for children with the same severe disability, and to talk with each other. Consideration: Although measures are being taken by the government to support them with severe disability, it has been discovered that mothers are actually struggling to raise their children. The results showed that support from peers who share similar loneliness and anxiety about the future differed from that from normal childcare, making mothers of children with severe mental physical disabilities strongly consider the need for support. Summary: Mothers feel anxious about raising children, regardless of whether they have a disability or not. But those who have children with disabilities were worried about their future, because they had limited physical strength. And those with other healthy siblings have difficulty raising their children together.

## **Two Sides of the Story: Creating Real Connection between Parents and Teens**

Kerry Stutzman-USA

Palmer Skudneski-USA

**Short Description:** Kerry and Palmer’s work together was sparked by a devastating and staggering statistic: “40% of youth suicides are preceded by intense conflict with parents.” This mother-son duo will share their Family CPR model that was created with the purpose of bettering family system dynamics and improving youth wellness.

**Abstract:** Kerry and Palmer’s work together was sparked by a devastating and staggering statistic: “40% of youth suicides are preceded by intense conflict with parents.” After studying this statistic further by conducting a research project, this mother-son duo made it their life’s work to honor both teens and their parents as learners in the process of navigating the adolescent years. Kerry and Palmer will take you back in time to the raw, messy middle of their once disconnected parent-teen relationship. They dive into their real journal entries from that difficult season and share the emotions and thoughts of a mom who was hopeless and heartbroken over the trajectory her son was on and of a teenage boy who struggled deeply with depression and suicidality. They have combined what they’ve learned from their own disconnected relationship with their expertise as a family therapist and teen coach to create the Family CPR model. Through this model, they will share three incredibly impactful paradigm shifts to redefine the way parents and teens perceive and interact with each other for a closer, more connected family. Attendees will engage in perspective-shifting discussions and exercises on how to implement the Family CPR model to improve family system dynamics, gain a deep sense of understanding for parents and teens who struggle to connect, recognize some of the subtle indicators of youth suicide risk and depression, and leave with easy-to-implement strategies for helping create close, connected families that kids want to come home to.

# Cultivating the "Person of the Educator": A Cornerstone for Enhanced Faculty Training

Jennifer Sampson-USA

Margaret MacLeod-USA

Anthony Pennant-USA

Fiona O'Farrell-USA

**Short Description:** Explore the integral role of training faculty using "Person of the Educator" principles to sculpt future therapists. Highlight psychological safety, the right to fail, and a growth mindset

**Abstract:** The efficacy of a therapeutic educational model pivots upon the robustness of its faculty training program. This presentation elucidates how harnessing the "Person of the Therapist" tenets, reimagined for educators as "Person of the Educator", is paramount in curating an impactful therapist training curriculum. Faculty from historically underrepresented identities often navigate intricate terrains in academia. Inculcating principles of psychological safety allows them the space to express, innovate, and delve deep without the fear of retribution. By emphasizing the 'right to fail', educators are encouraged to embrace challenges, knowing that failures are but stepping stones to greater pedagogical proficiency. Further, fostering a growth mindset aids faculty in ongoing personal and professional evolution. This holistic approach not only ensures that educators are equipped to manage challenging student situations, thereby reducing burnout, but also guarantees that students receive enriched guidance enhancing their self-awareness and proficiency. Active and informed allyship plays a crucial role. Ensuring educators, especially those from historically underrepresented groups, don't shoulder undue emotional labor mandates collective responsibility. Through comprehensive training, we champion genuine inclusivity in the academic milieu, creating an environment where educators flourish and students thrive.

# **The Stuck Case - a process for increasing students' clinical flexibility**

Robyn Elliott-Australia

Sandy Jackson-Australia

**Short Description:** This presentation describes a process utilising students' "stuck" points in clinical work to change, in vivo, patterns, adaptive in their families of origin, but which now limit their therapeutic flexibility. Thematic analysis of essays representing the impact of this process and the development of the therapist self is provided.

**Abstract:** This presentation describes the "Stuck Case" - an in vivo process whereby students role play a case in which they are stuck and their supervisor provides an intervention based on information from the students' families of origin. This process, aimed at increasing student flexibility and effectiveness, is undertaken as part of the final year of the Master of Clinical Family Therapy at The Bouverie Centre, La Trobe University, Australia. A brief overview of relevant literature is followed by a description of the process, including video excerpts and a thematic analysis of students' essays outlining the profound and often life-changing personal and professional outcomes of this process. One of the students will provide oral testimony about the process. The presentation will finish with discussion by supervisors in the Program of models that inform their conceptualisation of the student's process during the stuck case and their decision making around intervention.



# Validation of the City Birth Trauma Scale within the Black Female Birthing Community

Briana Roberts-USA

SydneDion Lampkin-USA

**Short Description:** Perinatal PTSD affects 3-4% of women in the US, with potentially higher rates seen in Black women. The City Birth Trauma Scale, a widely used measure, is questioned for validity within non-white American populations. This study aims to assess its efficacy with Black American women.

**Abstract:** Within the United States, it is reported that up to one-third of women identify their birthing experiences as traumatic (Horsch & Garthus-Niegel, 2019). As a result, 3-4% of all women report experiencing Perinatal PTSD after giving birth. These numbers skyrocket to 16-19% when women report having had pregnancy complications, high-risk and premature pregnancies, existing trauma, and low social support (Yildiz et al., 2017). When looking at PTSD symptoms alone, Black people are disproportionately impacted due to the outcomes of systemic oppression (Asnaani & Hall, 2017). When focusing on perinatal PTSD, Black women experience higher rates of PTSD and trauma during the perinatal period and are more likely to have deviations from standard PTSD symptomology (Coleman et al., 2011; Koo et al., 2016). The City Birth Trauma Scale (Ayers et al., 2018) is a recent and widely used measure to assess perinatal PTSD. While it has been validated and shown to be reliable within the white population of the United Kingdom (Rados et al., 2019), its ability to assess PTSD symptoms in Black women is in question. Only 2 of the 758 participants in the original study were identified as Black/African/Caribbean. This is an extremely low turnout given that, according to the 2021 census for England and Wales, with approximately 59 million citizens, 9.3% of citizens identified as Black/African/Caribbean, with 1.8% coming from those who identified as mixed with white and Black/African/Caribbean. Considering that the historical impacts of racism differ in the US vs. the UK, there being variability in access to quality healthcare between the countries, and the racial differences seen within PTSD symptomology, it is essential to assess the validity of this scale with the Black American population, specifically. Perinatal PTSD has been found to impact family systems significantly (Ayers et al., 2007). As relational and systemic therapists who will work with Black couples and families struggling with the impacts of perinatal PTSD, we must have a scale that we can confidently use. This study aims to assess the efficacy of this measure with Black American mothers.

# Impact of Job Loss on Personal Identity and Family Life: A Phenomenological Study

Sebastian Perumbilly-USA

**Short Description:** This presentation explores the experience of job loss and its impact on workers' personal identity and family life. Using an Interpretive Phenomenological lens, this qualitative research project explores seven themes associated with the experience of job loss for individuals and families. The discussion focuses on clinical implications for family therapy.

**Abstract:** The COVID-19 pandemic led to increased job loss and soaring unemployment globally. Involuntary job loss led to unexpected challenges and stressors for individuals and families worldwide. In the absence of any phenomenologically focused studies on the impact of the experience of job loss during the pandemic, this study explored how job loss affected individuals and their families. At the time of the data collection, all participants had secured another job, and they were retrospectively reflecting on their past experience of job loss and how it impacted them and their family systems. A semi-structured interview schedule grounded in a qualitative research design incorporating an Interpretive Phenomenological Approach to examine the contextual features of job loss experience was used for this research project. Research participants were recruited from India. The strategy used for data collection was face-to-face (either in person or through encrypted and HIPAA-compliant versions of virtual platforms). Participation in this study was voluntary. Eight voluntary participants were interviewed for this study. After collecting the data, seven themes emerged: (1) Financial concerns and worries about the future; (2) the individual's internal dialogue and coming to terms with uncertainty; (3) reflective-decision making process related to whom to disclose the news and the amount of details associated with the disclosure; (4) turning to support systems like spouse, parents, friends; (5) new self-reconstruction; (6) compromise and flexibility to accept new jobs; and, (7) renewed personal orientation for new financial plans for the future. The themes that emerged from the data helped the presenter develop a composite description of the experience of job loss, the coping mechanisms and strategies associated with the experience, and the lessons learned. The discussion will focus on exploring the impact of job loss on research participants' personal and professional identity and family life, coping strategies, constructing a newer identity and addressing changes in family life, and newer resolutions and plans to avoid financial challenges in the future. Findings and discussions will have implications for couple and family therapists working with those who may experience job loss.

# What's coming up for me – a call for the need of person-of-the-therapist in supervision

Emily Emerson-USA

**Short Description:** Person-of-the-therapist training programs (POTT) have shown through multiple studies to increase student self-awareness and management of therapist anxiety in clinical work. This presentation is a call to action for increased integration of POTT into clinical supervision and examination of the benefits it can provide through supervision.

**Abstract:** Person-of-the-therapist training (POTT) was developed by Dr. Harry Aponte and provides a framework for new clinicians to know, access, and utilize their sense of self with the goal of improving their clinical work through the use of self. Studies have shown that clinician anxiety is a common factor in the field, even for those outside of graduate programs. POTT has been shown to help therapists in training to manage this anxiety through an increased awareness of personal matters and learning how to utilize them in a positive clinical manner. Supervision beyond being a key requirement of many professional and regulatory bodies also offers the opportunity for therapists to maintain their skills and continue to work towards professional and personal development. For instance, the AAMFT Code of Ethics asks that MFT's not only maintain competency through education, training, and/or supervised experience, but that they also seek professional assistance for issues that may impair work performance or clinical judgment. By integrating the existing POTT structure for supervision – supervisors can provide supervisees not only continued competency and discipline in the practice of POTT, but also a method for awareness and management of any challenges that may impair their clinical work, such as therapist anxiety, through structured, continued examination of the core POTT pillars of knowledge, access, and utilization of self.

# **LIFE STAGING® SUPERVISION: applying a systemic, narrative and artistic approach**

Elisabet Wollmén-Sweden

**Short Description:** A group sculpting model/philosophy embracing the embodied knowledge and non-verbal in interaction and relations. Beyond taking for granted ideas, prejudices and theories. Activating knowledge and skills that were always there but often silenced. "When the words are not in the way" what's there to see and hear?

**Abstract:** About 70-80% of all meetings consist of non-verbal communication. Yet the most common supervision formats focus on verbal expressions, often in a language that separates, states and places the "case" outside of us. Making our own part in the system less visible. Maybe reproduces what is already taken for granted? – What is professional competence as a family therapist and how does it develop in different supervision formats? Family therapy is a collaboration that takes place between and within systems in motion over time. What is reasonable then, if not supervision also offer similar arrangements? Add something to a more sedentary verbally reflective practice? A practice that involves more of each individual's (whole) unique knowledge, experience and talent? Hopefully the "next wave of supervision" – after the current verbal reflective practice– will focus more on movement, the non-verbal, on resonance and dynamic co-creation? In the Life Staging® approach we can safely try, experience and discover different positions and roles dynamically by moving between and within the different parts of the "system". Making our own participation and position more visible, verbally and non-verbally. Thereby challenging our perspective, thoughts, vision and perception. Being in a safe supervision environment that activates knowledge from many sources, focuses the relationships in the system, the silent dialog and our embodied knowledge trains our presence, makes us more perceptive. Not only leads to more complex (moving) images, but also makes us more skilled at "reading" situations, thus being able to improvise in the moment. Life Staging® offers a challenge by being a (magic) dance, moving away from dominant ideas of knowing, in ways that will move and surprise you. The, often overlooked, bodily experiences and feelings are given more space, along with a lot of liberating humor and fun. A demonstration (and try) Life Staging "live" will be offered.

# How to use Satir model meditation in family counseling

Jane Huang-China

**Short Description:** The use of Satir model meditation in family counseling will help counselors to tap the yearning of the family members, bring about the deeper and more effective changes. This lecture will show you how and let you experience the meditation.

**Abstract:** The use of Satir model meditation in family counseling will help counselors to tap the yearning of the family members, bring about the deeper and more effective changes. Outline: 1. Guiding Meditation 2. Introduction of the role of Satir model meditation in counseling. 3. Introduction of why Satir model meditation is effective: five elements and three goals. 4. How to use Satir model meditation in counseling —When will it be used —How to guide meditation How to prepare yourself, you can only bring the clients to the depth of the inside as where you are. —How to bring better results 5. Introduction to Successful Cases.

# Examining Self-Care: Context, Culture, and Socially Just Considerations

J. Maria Bermudez-USA

Bertranna Muruthi-USA

**Short Description:** This poster explores approaches to self-care when working with diverse families and promoting socially just systemic therapy. Domains of self-care are identified, examples are provided, and barriers including inequitable burdens, exacerbated distress, and lack of resources (time, money, safe spaces, culturally responsive methods) are identified.

**Abstract:** This poster explores approaches self-care in working with diverse families, addressing structure inequities, and promoting social justice in systemic therapy. Self-care is imperative for professionals, for ourselves and those we serve, and as therapists, teaching individuals and families how to cope with stressful situations. Good professional self-care helps manage the emotional toll of work, reduces the likelihood of burnout and compassion fatigue, promotes resilience in navigating challenges, fosters empathy, self-awareness, and emotional regulation, helps sustain one's ability to advocate (which requires a long term commitment and energy), and models inclusively by highlighting self-care as an equitable and just practice. Teaching historically marginalized families self-care can empower people to prioritize their well-being, give them skills to navigate challenges, promote taking care of their health, foster emotional resilience to better cope with stressors and systemic barriers, enhance a sense of connectedness within the family and larger community with shared support or strategies, help break cycles of familial/intergenerational trauma and less ideal coping, cultivate self-awareness and agency to enable advocacy for rights and participation in social change, and focus on holistic and relational healing. That said, we question how this idea of "self care" can be tentative as best, and further marginalizing at worst. The concept of "self" care can seemingly blame individuals and families as being solely responsible for their well-being, implying their challenges are only theirs to overcome, ignoring systemic barriers, and putting the onus on the r individual person/family unit; this can result in inequitable burdens and exacerbated distress. Families may lack access to self-care resources (time, money, child care, respite, safe spaces, culturally responsive methods). Finally, the idea of "self care" can be invalidating and dismissive of historical and pervasive patterns of marginalization if it goes without acknowledging the legitimacy of the struggles and working for third order change. In collectivistic cultures, where the self is decentralized, minimized and family and community is prioritized, this can be challenging for the therapist as the agent of change—how to focus on self without being "selfish".



# Effective techniques using body and touch in psychotherapy to promote holistic health

Jacqueline de Abreu-USA

**Short Description:** Most psychotherapeutic approaches and modalities, including family therapy, are based on verbal communication. The importance of body interventions and touch are minimized, despite being scientifically proven. They play an enormous role in healing emotional wounds. Learn five, multiculturally appropriate, effective interventions using body and touch for holistic healing results.

**Abstract:** Body interventions and touch play an enormous role in psychotherapy. Unfortunately, very few mental health professionals work holistically. One of the most obvious reasons is that many family therapists have never been trained on using body and touch in their practice, despite the immense benefits of such interventions. When they use body, it is usually to work on family sculpting or similar techniques, but very rarely bringing awareness of the interaction mind body, regulating the nervous system, or using touch as a healing tool. In most cases clients' bodies are completely neglected during their therapeutical experience, and touch is nonexistent. It is easy to forget that skin is our largest organ, which influences and is influenced by our nervous system, and that it is constantly in direct connection with the outside world. During this presentation you will learn five effective techniques to use body and touch in a consensual and respectful way in therapy to improve relationships, reduce anxiety, regulate the nervous system, and promote holistic health. You will receive handouts explaining each technique, which you can simply copy and give them directly to your clients or forward to them electronically. You will also receive suggestions of creative ways to use the techniques with clients of different ages, including children.

# Community-Based Research Theories and Methods for Social Change

Bertranna Muruthi-USA

J. Maria Bermudez-USA

**Short Description:** Community-based participatory research ensures that research benefits community members to promote effective practice and policy change. The methods and theories of four community-based projects will be presented. Implications will be provided.

**Abstract:** Given our rapidly changing global context, family therapists have expanded their practice to community work; whether working in specialized community agencies, providing psychoeducation to targeted populations, or conducting research on a community's unique needs and resources. Community-based participatory research is a collaborative process that ensures that the research process and outcome benefit community members through collaboration - creating effective practices and policy changes. In this presentation, we present four unique community-based projects implemented by MFTs and family scientists; 1) a mental health community assessment among African and Caribbean immigrants living in an urban context, 2) a health fair for Southeast Asian refugees living in coastal Alabama (south eastern USA), 3) working with promotoras to help underserved immigrant Latinx population access local resources and services Southeast Georgia. 4) understanding the relationship between social support and psychological distress in rural Kenya among older Kenyans We will begin with an explanation of community-based research with marginalized populations. Then we will discuss the importance of building relationships within vulnerable and/or protected communities and how to work collaboratively to ensure that the process and results directly benefit communities. Then we will present our current community-based projects that focus on theory and methods. Lastly, we will discuss clinical implications and exchange ideas and information among participants in the audience.

# **Socioculturally Attuned Family Therapy: Honoring Culture While Challenging Oppression**

J. Maria Bermudez-USA

Bertranna Muruthi-USA

**Short Description:** Equitable and just family therapy requires third order thinking and change. The aim of this workshop is to review socioculturally attuned family therapy as a way to navigate systemic change and manage the tension of honoring cultural values and traditions while interrupting and challenging oppressive relationships and societal systems.

**Abstract:** Family therapists and researchers are often caught in binds as therapists, educators, and scholars working toward equitable and just social change. Our ability to think from second and third order perspectives is paramount to navigating the many practical and ethical considerations that support equitable relationships in systems that are often unjust. McDowell, Knudson-Martin, and Bermudez (2023, p. 12) apply Gregory Bateson's levels of learning to engage in third order thinking and change. They contend that "taking a third order perspective means taking a metaview of systems of systems to map relationships between society, ourselves, and families. This requires us to attune to sociocultural experience and adopt perspectives that include frameworks for understanding societal context and power." They define systems of systems as a complex interaction within and between societal systems (e.g., economic, political, social). Third order thinking expands our thinking beyond what is, and allows us to conceptualize alternatives within interconnecting systems. This enables us to respond appropriately, providing a new framework for how to integrate heightened sociocultural awareness more effectively across our practices. In essence, it is taking a metasystemic perspective and changing the ideologies (e.g., colonialism, patriarchy, capitalism, etc.) to generate transformational change that creates equitable lived realities. Conducting ethical family therapy requires us to work toward equitable and socially just practices. Attending to unequal power dynamics and disrupting oppression is challenging, especially within cultures that reinforce an unequal distribution of power and influence. Thus, we aim to do the following in our workshop: 1) introduce tenets of socioculturally attuned family therapy, 2) describe the concepts of third-order thinking, ethics, and change, and 3) discuss the tension of honoring cultural values and traditions while challenging oppression among couples, families, and social systems. We invite participants to consider the tensions they hold as they navigate their commitment to socially just family therapy in ways that feel honoring and respectful to clients. We hope that highlighting these contextual issues and ethical tensions will help us become more socioculturally attuned as we work as agents of third order change.

# Symptoms of Emotional Regulation Rupture in Adult Sexual Assault Survivors and Trauma Recovery in Family Therapy

Sung-Hsien Sun-Taiwan

**Short Description:** This study, based on attachment theory, conducted qualitative interviews with five Taiwanese counselors to identify seven symptoms of emotional regulation rupture in adult survivors of sexual assault. Finally, it illustrates, through a practical case, how to rebuild attachment relationships in family therapy to facilitate the trauma recovery process.

**Abstract:** In Taiwan, there are many adult cases of sexual assault survivors, with most experiencing their traumatic events during their early years, before turning 18. These experiences are often accompanied by adverse childhood experiences and emotional regulation difficulties. This study aims to explore the nature of emotional regulation difficulties in adult survivors of sexual assault from the perspective of attachment theory. It seeks to provide insights for psychological assessment and interventions in family therapy practice. Using a qualitative research approach, this study interviewed five Taiwanese counseling psychologists (1 male, 4 female) to gain an understanding of emotional regulation difficulties in sexual assault survivors. Content analysis was employed for text analysis. The results revealed that adult survivors of sexual assault exhibit "symptoms of emotional regulation rupture" in their emotional regulation functioning, including: 1. Hyperarousal; 2. Lack of buffering; 3. Never again; 4. Attentional constriction; 5. Negative emotion response; 6. Alexithymia; 7. Self-shame. This study also applies its findings to family therapy practice. Through a practical case example, it illustrates how repairing attachment relationships between survivors and their original families can facilitate the trauma recovery process in family therapy.

# **The Body Remembers What the Mind Forgets: A Model For Quantum Healing of Cultural Trauma**

Norma Lord-USA

**Short Description:** Explore beyond Bowen and the theory of generational transmission to "A Model of Quantum Healing of Trauma" that explores genetic memory and the necessary processes needed to bring about healing and change to individuals, families and groups.

**Abstract:** A step beyond Bowen and the theory of generational transmission. A Model of Quantum Healing of Trauma that explores the genetic transmission of memories based on the theories of David Bohm, Dr. Stuart Hammeroff, Anne Ancelin Schutzenberger, PHD and Dr. J.L. Moreno, the father of Psychodrama. This presentation will demonstrate the process of healing from a bio-physics perspective and a psychodramatic perspective by explaining the synthesis of change.

# **The German Research and Care Network CHIMPS-NET (Children of Mentally Ill Parents)**

Theresa Paumen-Germany

Silke Wiegand-Grefe-Germany

**Short Description:** CHIMPS-NET, a Germany-wide research and care network, has been implementing and evaluating four new forms of care (three face-to-face, one online) for families with mentally ill parents since 2020. Findings on both the families' burdens and their expectations of a family-based intervention are presented.

**Abstract:** A parent's mental illness affects the entire family and families with mentally ill parents are exposed to a variety of stressors. Nevertheless, the German healthcare system currently operates on an individual-centered basis so that affected children are not adequately cared for. The German research and care network CHIMPS-NET aims to improve the situation of affected families. Numerous consortium partners are united under the umbrella of the project to implement and evaluate four new forms of care – CHIMPS-Therapy, CHIMPS-Multi-Family-Therapy, CHIMPS-Prevention, and the online intervention iCHIMPS. Between 2020 and 2023, 406 families at participating centers across Germany were included in a two-arm (Intervention group vs. Treatment as usual control group) randomized-controlled study. Data were collected from the perspective of the mentally ill parent, their (ex) partner, children aged 8 and over, external raters and therapists at baseline and 6, 12 and 18 months later. Initial insights into the data are presented, with a focus on the sample's burdens and their expectations of a family-based intervention to evaluate whether the CHIMPS intervention agenda meets the needs of those families. Evidence for effectiveness of those new family-based forms of care will facilitate their long-term integration into routine care.



# **Expressive Family Therapy Reveals What Words Conceal: Inclusive Systemic Interventions**

Daniel Sweeney-USA

**Short Description:** Despite the importance of systemic family therapy, family members from all developmental levels are often left out of the process. Expressive family therapy is inclusive – it “levels the playing field” for all family members, and developmental levels are honored when all are treated as equal members of the system.

**Abstract:** Family therapy is challenging, regardless of the therapeutic approach. Often, one or more family members are reluctant to participate in therapy. Presenting issues are frequently complex and entrenched, as many families delay seeking treatment until crises develop. Patterns of communication may be difficult to assess. Expressive family therapy interventions provide safe, expressive, and nonverbal avenues for families to present and process therapeutic issues. Expressive family therapy and projective therapeutic modalities offer the opportunity to process painful issues without having to directly verbalize. When family members are unwilling or unable to verbally express themselves, in daily relationships and during therapy, providing a nonverbal means of expression is welcome. The use these techniques in family therapy can also “level the playing field” for family members, particularly children. Using expressive family therapy and projective techniques in the process of family therapy work allows family members to express their own perspective on the family, giving the therapist and clients opportunity to uniquely view family relationships and communication dynamics. The contribution to the process may also be a reflection of the investment that family members have in family functioning and relationships. The frequent verbal “dancing” that family members engage in to avoid issues emerge in expressive and projective work, creating opportunities for a new waltz to begin. Triangles and related emotional processes can be identified and resolved. Recognizing that progress in family therapy often requires participants from various developmental levels to address feelings and experiences that generate significant discomfort – how can we help family members face what they tend to avoid? How can we promote more congruent family communication? This workshop will focus on a variety of expressive and projective interventions in family therapy. This practical workshop will look at creative engagement, assessment, and treatment interventions that can be used in family therapy. Interventions that take advantage of expressive and projective techniques in therapy – in the family systems context will be discussed that are both effective and meaningful for family members.

# Tongues of Love: EFT as a Framework for Enhancing Bilingual Couple Communication

Hitiura Anihia-USA

**Short Description:** Nearly 68 million individuals in the U.S. speak a non-English language at home, highlighting bilingualism's impact on relationships. Bilingual couples seek therapy for communication improvement. Language proficiency affects emotion expression and communication dynamics. We propose Emotionally Focused Therapy to address language complexities and meet relationship needs.

**Abstract:** In 2019, the United States saw nearly 68 million individuals speaking a language other than English at home (Dietrich & Hernandez, 2022), emphasizing the profound influence of bilingualism on relationships. One of the most common reasons couples seek therapy is to enhance their communication skills (Doss, Simpson & Christensen, 2004). For bilingual couples, a distinct set of stressors arises, encompassing role dissensus, family and societal disapproval, as well as cultural barriers (Imamura, 1986; Donovan, 2004). Extensive reviews establish the efficacy of high-quality, research-based couple therapy in addressing the concerns of distressed couples (Jacobson & Christensen, 1998; Sprenkle, 2002; Wittenborn & Holtrop, 2022). The therapist's multicultural competency is important as it facilitates the adaptation of treatment approaches to ensure cultural relevance, ultimately fostering a robust therapeutic alliance and enhancing client satisfaction (Asnaani & Hofmann, 2012). While existing literature delves into "code-switching" between languages (Dumanig, 2010) and other dynamics of language choice (De Klerk, 2001) within systemic contexts, our poster hones in on the specific role of language in the communication of bilingual couples. This examination focuses keenly on its repercussions on conflict resolution, intimacy, and overall relationship satisfaction. For instance, bilingualism can either blur family boundaries or strengthen parent-child bonds through shared languages (Softas-Nall et al., 2015). Language proficiency and having the vocabulary to express complex emotions affects communication. Emotionally Focused Couples Therapy (EFCT) is an evidence-based practice that uses humanistic-experiential and systemic interventions that are informed by attachment theory (McCracken, 2018). EFCT draws from attachment theory to explore met and unmet needs while first ensuring that a level of safety has been established between partners (Johnson, 2009). We believe language plays an important role in both the attachment and emotional safety of couples. In this poster, we synthesize existing literature that investigates the intricate interplay between language and communication within bilingual couples. Additionally, we present valuable clinical insights with implications for couple, marriage, and family therapists. Lastly, we suggest the use of EFT interventions to enhance healthy communication of emotions in bilingual couples.

# **The educator-student relationship as a teaching tool: Isomorphism in educational settings**

Kelly Shearer-USA

**Short Description:** This presentation explores how relational teaching can be used as an isomorphic process for training MFT students in relational skills essential to clinical practice. Five components of relational teaching- roles, responsivity, reflexivity, regulation, and repair - will be discussed with implications and suggestions for educational practice.

**Abstract:** Relational pedagogy posits that the relationships marriage and family therapy (MFT) educators have with MFT students are a vehicle for teaching students relational skills that are essential for systemic family therapy. The manner in which we teach the discipline of systemic therapy influences the way our students perform therapy. Therefore, the sum of MFT training is greater than the mere information disseminated. It is an embodied learning experience that represents an isomorphic teaching process, which may be an important addition to traditional teaching methods. Relational teaching practices model essential components of therapy that are not easily taught, such as attunement, empathy, and repair of relational ruptures. Utilizing a relational teaching framework in MFT education allows MFT students to be implicitly trained in interpersonal processes and ways of relating that they will later utilize when conducting therapy. A narrative review of the literature was conducted, drawing on the relational teaching literature in mental health education from 2003-2023. A synthesis of this literature revealed five interrelated components of relational teaching: roles, responsivity, reflexivity, regulation, and repair. These components respond to one another in a synergistic manner that equips educators to clinically train students using their relationship as an isomorphic process. This presentation will review the tenets of relational teaching and its value for teaching relational processes essential to systemic therapy. Five interdependent themes - roles, responsivity, reflexivity, regulation, and repair – will be presented as a useful framework for training emerging clinicians. Practical implications such as attending to regulation, contextual stressors, and parallel processes between education and clinical work will be provided to support educators wishing to implement relational teaching practices.

# **Reducing trainee's shame in gatekeeping and remediation: Applying Aponte's POTT framework**

Rebecca Kenyon-USA

Kelly Shearer-USA

**Short Description:** Couple and Family Therapy supervisors and educators often struggle in their gatekeeping roles to support trainees' vulnerabilities while ensuring core competencies are met. This workshop will apply the Person of the Therapist Training philosophy as a means to mitigate trainee shame and increase effectiveness in the remediation process for gatekeeping.

**Abstract:** Couple and Family Therapy (CFT) supervisors and educators are tasked with the responsibility of clinically training CFTs, while gatekeeping for the profession. Research has identified that CFT trainees often experience shame and self-criticism as they begin training as therapists. Therefore, when an educator or supervisor identifies that further skill remediation is necessary to meet CFT core competencies, the shame and self-criticism may become exacerbated and create further barriers to effective skill development. The philosophy and structure of the Person of the Therapist Training (POTT) model are rich additions to couple and family therapy training. This model encourages therapists to embrace their identity as wounded healers to bring their full selves to the therapeutic experience, including their emotional vulnerabilities. Rather than CFT trainees suppressing their vulnerabilities, the POTT model encourages the dual process of identification to foster empathic connection and differentiation to guide treatment interventions. Use of the POTT model's "come as you are" mentality coupled with the educator's/supervisor's empathic attunement to the trainee's shame can provide regulation for CFT trainees. Trainees' increased regulation can increase their access to self-compassion and improve clinical judgment. This presentation will summarize the research on current gatekeeping strategies and challenges. A brief overview of the POTT philosophy and its benefits for clinical training will be offered, followed by a conceptualization of POTT-informed remediation as an additional tool for clinical skill development that reduces shame, thus allowing for greater effectiveness of remediation efforts.

# Evaluation of an Affirmative Approach to Working with Incarcerated Sexual and Gender Minorities.

Castolina Haro-USA

**Short Description:** Incarcerated sexual and gender minority (SGM) individuals have a higher prevalence of mental health issues than their heterosexual counterparts. Utilizing the Minority Stress Model with an affirmative approach in group therapy can provide essential insight into experiences of SGM and best practices to support this population's mental health needs.

**Abstract:** The purpose of this research study is to understand the experience of incarcerated sexual and gender minority (SGM) individuals who participate in group therapy utilizing Minority Stress Model with an affirmative approach. The SGM population has a higher prevalence of mental health issues than their heterosexual counterparts. Limited access to mental health resources. Traditionally, incarceration can lead to a higher risk of suicide, hospitalization, and recidivism. When services are offered in custody, it is geared toward a heteronormative audience and are not attentive to the specific needs of the SGM incarcerated individual. Currently, few correctional facilities offer therapeutic services tailored to incarcerated SGM individuals. This specific population is often excluded from educational programs and services due to strict housing protocol, and when provided, it does not address the needs of the SGM individual. Research advocates for culturally competent counseling with SGM incarcerated individuals, and many in the mental health field have identified the importance of this methodology. This approach provides a safe space for SGM incarcerated individuals to process their experience as a minority group along with other marginalized groups with similar life stressors, such as discrimination, violence, and rejection related to their sexuality or gender expression. Utilizing an affirmative psychotherapeutic modality informed by the Minority Stress Model within group therapy is an approach that may be useful supporting incarcerated sexual and gender minorities. Taking this approach helps providers to both understand how social psychological experiences lead to poor mental health and the therapeutic interventions and practices that best support the mental health wellbeing of incarcerated SGM. At the end of this presentation case examples and practical implications will be provided on how affirmative mental services can be implemented into correctional facilities.

# Blank Space in Session? Shake it Off with Person-of-the-Therapist

Emily Emerson-USA

**Short Description:** Utilizing person-of-the-therapist concepts, specifically the utilization of self, I highlight how therapeutic use of her lyrics can open the door for clients looking to speak now.

**Abstract:** Emily Emerson, a Master's candidate at Antioch University - Seattle, and also a "Swiftie" presents an example of how utilization of self, specifically looking at the lyrics of Taylor Swift and how they can offer a fresh perspective on therapeutic engagement. Taylor Swift is a unique bridge between therapist and client, her lyrics resonate with a wide spectrum of human emotions and relational dynamics and provide therapists with an opportunity to connect with the core pillars of person-of-the-therapist. By immersing oneself in Swift's diverse narratives, therapists can deepen their empathy, broaden their understanding of relationships, and connect further with their clients. Amidst Swift's extensive discography, we discover a treasure trove of themes – from heartbreak and vulnerability to resilience and personal declarations that mirror the complex dynamics encountered within therapeutic contexts, enabling therapists the opportunity to access and utilize their sense of self with clients. Taylor Swift's global stardom transcends cultural boundaries and reaches diverse populations, making her a universal reference point and clinically relevant resource that resonates across demographics, particularly with clients who struggle to articulate their emotions. This poster presentation imagines how therapists can embrace the person-of-the-therapist model to connect with clients over popular culture in order to enhance their professional skills while bearing witness to clients. By embracing the universality of music, we can invigorate therapeutic sessions and create a space where healing and personal evolution can flourish.



# The Quality of Sexual Communication as a Predictor of Satisfaction in Couple Relationships

Lilian Saage-Estonia

**Short Description:** "Effective sexual communication is pivotal for relationship satisfaction. While struggling couples often focus on sexuality, thriving ones balance it with various forms of intimacy. Specialists' comfort in addressing this topic is crucial, and the way professionals navigate these discussions is equally vital."

**Abstract:** The Quality of Sexual Communication as a Predictor of Satisfaction in Couple Relationships Research indicates a striking correlation between the quality of sexual communication and overall relationship satisfaction. Notably, couples with poor relationship quality often define their relationship primarily through the lens of sexuality, accounting for a significant 80%. A majority of these couples seek professional guidance to navigate their relationship challenges. In contrast, couples enjoying healthier relationships attribute only 20% of their relationship definition to sexuality. This balance affords them room to enrich their bond with other facets of intimacy, fostering emotional connection, passion, and a shared sense of curiosity. The main point of addressing these dynamics lies in how professionals approach the topic. Ensuring sensitive handling while fostering open communication is very important. What are the central issues to be aware of? How can specialists equip themselves to offer effective support? Unfortunately, many practitioners shy away from this topic, continuing the idea that discussions around sexuality and intimacy are strictly private affairs. However, the more comfortable and informed professionals are regarding intimacy and sexuality, the better poised they are to assist their clients in forging deeper, more fulfilling connections in their relationships.

# Internationalizing Clinical Education in Couple and Family Therapy: Faculty Perspectives

Sebastian Perumbilly-USA

Tatiana Melendez-Rhodes-USA

**Short Description:** This presentation explores the benefits and challenges of internationalization of clinical education in systemically-focused couple and family therapy programs. The presenters are faculty with bicultural background with the experience of teaching internationally-focused clinical courses. The discussion will focus on pedagogical and supervisory strategies for internationally-focused clinical education.

**Abstract:** Since the beginning of the new millennium, many universities and clinical training programs are increasingly involved in creating global clinical initiatives, focusing on giving their students opportunities to complete clinical internships in another country. These movements have led to the internationalization of clinical education (ICE) by working collaboratively with their peers in other countries. While ICE provides numerous opportunities to advance the clinical competence of students and faculty, it poses significant cross-cultural challenges. This presentation will focus on the benefits and challenges associated with the ICE. The benefits include exposure to alternate healthcare and psychosocial-treatment systems in other countries; broadening trainees' clinical and theoretical perspectives, clinical competence, and enhanced cultural-sensitivity; advancement of clinical knowledge, improved clinical reasoning skills and cultural-competence; opportunities for personal and professional resilience and self-leadership strategies; personal-growth created by the immersion experience leading to personal and professional confidence; hands-on opportunities to work with faculty and clinical peers from other countries leading to expanded global perspectives (Kurum & Erdemli, 2021; Pechak & Black, 2013; Stasel, 2022). Challenges for students involve difficulties raising money to go overseas for clinical internships and language barriers. Benefits of ICE to faculty and training-programs include increased recognition both nationally and internationally; increased global relationship and perspective; opportunities for newer funding resources for internationally-focused innovative opportunities for clinical and research collaboration with international faculty; increased multicultural-sensitivity and a new awareness of their role as global citizens. Challenges to faculty and training-programs include ensuring the learning experience for students in host countries is similar to the home countries' clinical-training, unfamiliarity with student learning evaluation tools in host countries, and meeting accreditation requirements. During this presentation, the presenters will discuss (1) various benefits and challenges related to internationally-focused clinical education for couple and family therapy programs, (2) strategies to overcome challenges, and (3) improve current ICE practices. The presenters have experience teaching in higher education in several countries. They have created, led, and taught internationally-focused clinical courses in the United States and other countries.

# **Spirituality as a protective factor for mental health in emerging adults**

Olivia Crouch-USA

**Short Description:** Spirituality and religion serve as a protective factor for positive mental health in emerging adults (ages 18-25). When paired with mindfulness and self-compassion, the research shows those who identify as both religious and spiritual have a decrease in depressive symptoms and an increase in life satisfaction.

**Abstract:** Spirituality among emerging adults (18-25 years old) is shifting in our current culture (McGoldric, et al., 2020). Many who have been raised in traditional religions stop practicing once they leave home to attend college. Others who were not raised in religious homes seek out religion and spirituality as a place to find community. Spirituality and religion have been shown to be a protective factor for positive mental health in emerging adults (Fenzel & Richardson, 2021). While religion is defined as a specific belief system with rituals, spirituality is a more personal, non-denominational quality concerned with transcendence or meaning, or searching for and engaging with that which is sacred. One can honor and pursue the sacred without being involved in formal religious activities. This can be “God” or could be other sacred ideas such as the universe. Emerging adults can identify as Religious and Spiritual (RS), Religious but not Spiritual (RBNS), Spiritual but not Religious (SBNR), and Neither Religious nor Spiritual (NRNS) (Nadal et al., 2018). When paired with mindfulness and self-compassion, the research shows religion and spirituality can decrease depressive symptoms and increase life satisfaction (Fenzel, et al. 2021). Those who practices mindfulness, or non-judgmental awareness of the present moment, can experience personal pain and difficulty without expending the internal resources needed to suppress it (Fenzel, et al., 2021). Self-compassion, being accepting of oneself and recognizing that shortcomings are part of the shared human experience, offers an alternative to overidentifying with mistakes harsh self judgement (Raju & Sudhesh, 2023). Emerging adults with higher levels of spirituality are shown to have a buffer to life’s stressors. Religion and spirituality can also provide meaning, comfort, and direction. Emerging adults who possess spiritual orientation seem to be able to find satisfaction in life which minimizes depression even in the face of higher levels of life stressors as compared to those who lack spiritual orientation (Fenzel, et al., 2021).

# Addressing Microaggressions & Ableism within the Therapy Setting: A Clinical Guideline

Ashley Collet-USA

**Short Description:** Learning how to identify and address microaggressions related to ableism in the therapy room to decrease negative outcomes for clients. Education, self of the therapist work, and supervision are ways to enable therapists to provide a culturally sensitive environment that is safe for clients of all abilities.

**Abstract:** Disability is a broad term that includes many marginalized populations and often includes discrimination or prejudice. An example of this is ableism, which is defined as acts of prejudice or discrimination against people with disabilities. Unfortunately, no one is immune from carrying ableist ideas. Therefore, therapists who are unaware of these ableist ideas can unknowingly affect clients negatively in the therapy room. Some of the ways that ableist ideas and language can impact the client is by using microaggressions. Microaggressions are acts of aggression that occur at the interpersonal level. They are everyday occurrences that perpetuate inequalities and stereotypes against people who belong to marginalized communities. These experiences can have a negative impact on an individual's mental health and well-being. Hence, it is important that therapists are culturally sensitive and aware of these challenges and do not continue to perpetuate ableist ways of thinking in therapy settings. It is imperative that therapists can identify and address microaggressions related to ableism to attain positive outcomes in therapy. Ways to do this include education, self of the therapist work, and supervision, which can help enable therapists to provide a culturally sensitive environment that is safe for clients of all abilities.

## **Bonding and boundaries: stepfathers adapting to blended family life in Malta**

Sue Vella-Malta

**Short Description:** This presentation captures the findings of a qualitative study on blended families in Malta, from the stepfathers' perspectives. Their accounts, captured through narrative analysis, counter Mediterranean patriarchal stereotypes in their respondents' sensitivity to bonding with their stepchild; reflective boundary management; and shared responsibility for the quality of the couple relationship.

**Abstract:** Blended families provide new challenges to policy and practice in Malta, a Mediterranean island that has undergone rapid social transformation over the past two decades. The introduction of divorce in 2011 and the liberalisation of social norms have diminished social control around recoupling and seen an increase in stepfamily structures. A qualitative study of blended family formation and functioning in Malta has entailed interviews with eight couples, where the mother has a child from a former relationship and where the partners now have a child of their own. 27 interviews were conducted with the partners, the stepchild and biological father, six of which with stepfathers. This presentation focuses on the stepfathers' perspectives. The major themes emerging from this study are bonding with the stepchild; clarifying roles and setting boundaries; and the centrality of good couple communication. The findings challenge the stereotype of Mediterranean patriarchal honour and authority in many ways. The stepfathers were proud of the relationship they have forged with their stepchild which, in the words of one participant, was "love born of mutual effort and respect, not biology". Stepfathers spoke of the careful way in which they positioned themselves within the blended families; getting this right has often proven challenging, particularly during stepchildren's adolescence. However, they spoke of how they sought to develop bonds and boundaries through empathic communication rather than discipline, through practical support and shared activities, and in leading by example. They were sensitive to the role of their partner as mother and aimed not to undermine it. Household resources are shared, and stepfathers disagreed when some mothers insisted on contributing more to the household budget on account of their child's expenses. All respondents viewed their couple relationship as central to the success of the family, recognising that their mutual efforts to improve communication have been of paramount importance. They asserted that they do not distinguish in either emotional or practical ways between their stepchild and their shared child, and that the relationship between the children matters a lot, and is a source of joy.

# **El baile del amor: The cross-cultural dance of post-pandemic love**

Deisy Amorin-Woods-Australia

**Short Description:** Couples communicate in a variety of ways due to diverse factors. While this is relevant to all couples, this issue becomes more complex for couples who originate from differing cultural and linguistic backgrounds. This presentation will explore factors influencing communication between partners from different cultures and languages.

**Abstract:** Couples communicate in a variety of ways due to diverse factors. Some of these may be their style of communication or the stage of their relationship. When it comes to expressing emotions, they either over-express, under-express, or don't express at all. Consequently, they experience misunderstanding and confusion and disconnection from each other. While this is relevant to all couples, this issue becomes more complex for couples who originate from differing cultural and linguistic backgrounds. This is yet more challenging when they speak two or more languages. Australia is a multicultural society, the majority of Western Australians are born overseas, and Australians are also travelling more than ever, particularly so since the pandemic. These factors may possibly have led to an increase of partnering across cultures. In my practice, a progressively high proportion of couples accessing therapy come from different cultural and linguistic backgrounds. This presentation will explore factors influencing communication between partners from different cultures and languages, particularly those who speak two or more languages. I will discuss issues related to working with such difference, including the role of language in expressing emotions while highlighting some helpful strategies in working with these couples. This workshop will incorporate audiovisual examples of my work with cross cultural couples.



## **What we miss: The necessity of self of the therapist work with high-conflict divorce cases**

Rachel Miller-USA

**Short Description:** Estimates suggest that most high-conflict custody cases have a history of domestic violence. These families are commonly referred to therapy without disclosure of their history, leaving therapists susceptible to causing additional harm. This workshop explores this complex topic and provides an opportunity for self of the therapist work.

**Abstract:** Domestic violence (DV) does not always end when romantic relationships do, particularly when couples share children. However, in family courts in the United States and other Westernized countries, allegations of domestic violence, if presented at all, are commonly dismissed or downplayed. Family courts often function under the unsubstantiated narrative that there are high rates of false DV allegations and a lack of understanding about coercive control. Co-parenting mandates and joint custody arrangements provide ample opportunity for ongoing abuse and conflict and are contraindicated for couples with a DV history. Additionally, these can be in direct competition with “no contact” recommendations criminal courts, domestic violence advocates, and mental health professionals typically give and are required by protective and restraining orders. Yet most of these families have joint custody, must co-parent, and are referred for therapy because of the known long-term negative consequences for children of ongoing, high levels of conflict between parents or parental alienation allegations. My recent research suggests that clinicians can and do cause harm to children in these cases when they are unaware of the family’s DV history or are under-trained on DV and post-separation abuse. I posit that part of how clinicians can reduce the potential for causing harm is through focused training and self of the therapist work. Certain biases make clinicians more susceptible to being weaponized by the perpetrator to maintain power and control over their ex-partner and children. According to my findings, children who experience DV and a high conflict divorce/custody case need therapists who have done their own work, are self-aware and well-educated on, yet always learning, about this topic and demographic. This workshop aims to support clinicians in those endeavors.

# How blended families who identify as ‘doing well’ demonstrate resilience in difficult times

Angela Abela-Malta

**Short Description:** This presentation is about blended families who consider themselves as ‘doing well’. In all seven heterosexual couples, 26 family members were interviewed. The study explores how resilience manifests itself in the stories of the various family members. Thematic narrative analyses capture the richness and complexity of the stories.

**Abstract:** In our first study on blended families in Malta, we were interested in filling a gap in the literature not only in our country but also internationally by moving away from depicting blended families as families with problems. This presentation is about the stories of blended families who consider themselves as ‘doing well’. In order to capture the complexity of the relationships involved, the various family members are interviewed. Eight (8) heterosexual couples who have at least one child together and where the mother has a child from a previous relationship are interviewed. The stepchild is also interviewed as is the biological father where we had a consensus for this to happen. Twenty-seven family members participated in the study. The theoretical frameworks informing the study include a systemic framework that takes into account the triangulation of data of the different family members and the socio-cultural context in which the families are embedded. An attachment framework also helps us make sense of the quality of the relationships between and among the different family members. Finally, the work by Froma Walsh informs our study and helps us to identify the key processes that the various members go through during their journey together as a new family is built and new stages in the family life cycle are reached. The study explores how resilience manifests itself in the stories of the various family members. Thematic narrative analyses (McAlpine 2016, Reissman 2018) capture the richness and complexity of the stories whilst giving the various participants a voice. The findings shed light on what helps these families thrive in spite of adversity, how they get stuck sometimes in spite of the fact that they identify themselves as doing well, and how some of them succeed in getting unstuck again.

# **Integrated Behavioral Health and Reduction of Provider Burnout**

Michele Smith-USA

Hideki Wakabayashi-Japan

**Short Description:** Research around integrated behavioral health has historically focused on the benefits to patients and reduction of health care utilization. Recently, a benefit to physicians and other providers is being studied. This presentation highlights the potential protection for both physicians and therapists working in an integrated program.

**Abstract:** Integrated behavioral health (IBH) focuses on whole person care – addressing medical conditions and related/concurrent behavioral and/or mental health issues in the same setting. Care is provided by a team, often in a primary care setting. This team includes the patient and physician provider along with a behavioral health specialist; occasionally pharmacy and psychiatry are also involved. The benefits for patients are many, including seeing both providers in the same location, all members of the team collaborating on care, and holistic interventions for some conditions. Research shows that this approach results in reduced cost to the patient and the health care system by reducing fragmented care. Recent studies have focused on the indirect benefits to providers. Burnout for physicians and other providers has reached near-crisis levels. The recent International Health Policy Survey (2022) showed that one-third or more of younger primary care physicians in higher income countries were currently experiencing burnout, and physicians of all ages were unlikely to seek professional help. Physician burnout has potentially dangerous and deadly consequences for both patients and providers. Quality of care is diminished, mistakes are more likely to be made, and physician suicide risk increases. Many providers leave the profession or retire early, leaving large gaps in care access for people globally. Physicians reported that having behavioral health support readily available to their patients reduces the pressure they feel to provide care beyond their normal scope of practice. There is a sense of relief for both physicians and mental health providers in being able to share the care through a broader lens. One of the solutions suggested to mitigate these issues is the increase of mental health professionals dedicated to serving the healthcare workforce. We will review an alternative – how to increase behavioral health providers working alongside their primary care colleagues. But, there are some challenges that physicians and behavioral health specialists have different language and culture in their training/working places. We will also compare the development of collaboration among different countries and insurance systems. This workshop will focus on the benefits of IBH to physicians and other providers.

# **Social Justice from Start to Finish: Rethinking Systemic Family Therapy Diversity Training**

Melissa Yzaguirre-USA

Chi-Fang Tseng-Tseng

**Short Description:** This interactive workshop is designed for educators, supervisors, and trainers worldwide committed to advancing inclusive diversity training application. It provides an overview of essential concepts related to social justice and diversity curriculum models. Presenters will engage participants in experiential learning activities, applicable to systemic family therapy diversity education and training.

**Abstract:** In an increasingly diverse world, it is essential for family therapists and educators to possess relevant knowledge and skills to address and navigate critical social justice issues identified within the therapeutic context. This 45-minute interactive workshop aims to provide family therapists, supervisors, and educators with foundational tools rooted in experiential learning and social justice that can be translated into systemic family therapy diversity education and training. The workshop will begin with an overview of important concepts that promote effective diversity training, including fostering a safe context to learn, addressing power dynamics, and embodying cultural humility. Presenters will model the identified concepts by guiding participants through an experiential activity where they will share their positionality and engage in self-reflection. Subsequently, presenters will draw from supporting literature and their teaching experiences of diversity curricula in undergraduate, master's, and doctoral courses. Presenters will highlight the benefits of utilizing a social justice-oriented pedagogy, provide an adaptable diversity training model, and facilitate an interactive discussion with the participants. Given that there is no one way to approach diversity training, especially on a global scale, it is imperative to equip participants with the tools to modify the presented model and ensure the material is appropriately delivered to therapists in training. As such, participants will have the opportunity to reflect on the presented model, identify appropriate topic modifications, and explore alternative solutions with fellow participants. This session will conclude by providing participants with additional tools on how to deliver quality training through alternative approaches for topics they are not experts on. In its entirety, this workshop serves as an opportunity to normalize the complexity of diversity training, validate ongoing efforts to increase effective delivery and equip the next generation to be culturally informed.

## **Let's Talk About Sex Esteem®: Key Systemic Sex Therapy Skills Couples Therapists Can Integrate into Assessments**

Sari Cooper-USA

**Short Description:** Many general couples' therapists are unprepared when hearing the sexual dysfunction, erotic, kink, pornography and non-monogamy presenting issues with which modern partners of all ages are grappling. Certified Sex Therapist Sari Cooper offers an assessment utilizing a systemic bio-psychosocial-spiritual model for therapists increasing their professional Sex Esteem®.

**Abstract:** When partners enter couples therapy, they often keep the details of their sexual lives out of the sessions for fear of judgement by their partner(s) and the therapist. Studies have shown that medical providers and couples' therapists have not been trained to ask direct questions regarding clients' sexual health and practices. When couples therapists wait for clients to bring up a sexual or erotic conflict, the issue might never get addressed in therapy. In this workshop, Sari Cooper provides an assessment model that includes both couples and individual sessions to gain knowledge about each partner's medical, cultural, religious, and sexual history. She will offer clinical snippets to illustrate critical information regarding clients' sexual lives that might have gone unheard with other assessment models. These details enable systemic couples' therapists to determine whether they can provide a treatment plan serving the couples' therapeutic goals or whether the case is better suited for treatment by a sex therapist. Couples commonly present with issues like discrepant desire, affairs, low desire, sexless relationships, pain, erectile disorder and escalating conflicts. It is key for a therapist not to assume these issues are solely relational, but rather to explore whether the symptoms have been lifelong, recent, situational, or gradual in their presentation and whether there are medical issues that need to be evaluated by medical provider. In recent relationship therapy, partners/spouses of all ages and cultural backgrounds now come into couples therapy from a wide array of monogamy situations including infidelity, online pornography, consensual non-monogamy, polyamory and swinging/lifestyle practices. They may have had experiences that are kinky. They may identify with one orientation during in an intake session while their sexual practices may express other desires or identities that they have never before been able to articulate to themselves let alone discuss with another person. Sari Cooper's Sex Esteem® Model offers the couples therapist a framework to ask questions in a manner that normalizes, educates, and assesses the spectrum of sexuality and eroticism explored in a couple's therapy assessment.

# Social Trauma through the Prism of the Cultural Context

Tatiana Glebova-USA

**Short Description:** Complex interrelationship between the cultural context and consequences of social trauma as well as after-trauma healing will be explored using the theoretical framework (the Model of Impact of Sociocultural Trauma on Relational Well-being) and artwork metaphors.

**Abstract:** Clinicians have become increasingly aware of various individual and relational consequences of events at the societal level such as collective violence between groups (genocides, persecutions, war conflicts) as well as radical transformations of the social system that can be considered social traumata. One of the principal effects of social trauma is the demolition of “basic trust”, which is an essential component of all enduring social relationships and human agency (Sztompka, 2000). At the same time, the histories of all countries or communities are marked by social changes and various traumatic events. Their impacts as well as the assigned meanings vary and are embedded in complex historical, social, and cultural contexts that change over time. In its turn, social traumatic history impacts culture. Historical trauma may be reflected as deeply held values and beliefs that serve as scripts for everyday behaviors and practices and are passed on from generation to generation. The effect of sociocultural trauma on individual and relational well-being involves ongoing reciprocal influences with each generation dealing with trauma and its effects in its own way within changing societal contexts. In this presentation I will describe the Model of Impact of Sociocultural Trauma on Relational Well-being (Glebova & Knudson-Martin, 2023) as a possible framework for understanding the complex nature of these non-linear processes and attending to the nuances and complexities of how these may differentially impact families across diverse cultural contexts. Recovery from destructive consequences of sociocultural trauma, either spontaneous or “professionally-assisted”, is similarly shaped by history and sociocultural contexts. Different cultures and societies hold different beliefs about the importance of happiness and suffering in human life, its meaning, nature of the world around us and human interconnectedness. I will invite the audience to reflect on the influence of cultural particularities, worldviews or metaphors on the processes of after-trauma healing at individual, relational and community levels. The conversation will be initiated by a discussion of how the Japanese tradition of kintsugi as well as contemporary artworks may be applied to dealing with sociocultural trauma impact on relational well-being.



# Meta-analysis Study of the Effectiveness of Marriage and Relationship Education Programs

Manijeh Daneshpour-USA

**Short Description:** Marriage and Relationship Education (MRE) programs aim to help couples acquire essential skills for building and maintaining healthy relationships and marriages. This meta-analysis explored the effectiveness of MRE programs focusing on diverse populations. It explored the impact and whether these programs genuinely contribute to forming and sustaining healthy relationships.

**Abstract:** Marriage and Relationship Education (MRE) programs have become more popular in recent years. These programs aim to help couples acquire important skills for building and maintaining healthy relationships and marriages. It's important to note that MRE is different from couples therapy. MRE doesn't involve intensive one-on-one sessions with professionals to address specific personal issues, as therapy does. Instead, MRE offers educational interventions to groups of couples and individuals before problems in their relationships become too serious and difficult to resolve (Larson, 2004; Hawkins et al., 2008). This research's primary objective was to thoroughly investigate the effectiveness of MRE programs focusing on diverse populations. It explored whether these programs genuinely contribute to the formation and sustenance of healthy relationships. While some meta-analysis studies suggest positive outcomes (Butler & Wampler, 1999; Carroll & Doherty, 2003; Giblin et al., 1985; Hahlweg & Markman, 1988; Hight, 2000; Reardon-Anderson et al., 2005), there is a need for a comprehensive examination of the effectiveness of these programs. Several limitations in the existing literature necessitate a more comprehensive approach. Many previous studies have focused on specific demographic groups, primarily White, middle-class couples. Understanding how MRE programs work among diverse populations with varying cultural, economic, and social backgrounds is crucial. Secondly, most of the existing research has primarily examined short-term effects. This study aimed to assess the longer-term impact of MRE on relationship quality. Further, it explored the concerns about publication bias in previous meta-analyses and highlighted the need for a fresh, unbiased examination of the available literature. Finally, variability in outcome measures, research designs, and program content across studies necessitated a comprehensive approach to identify patterns and draw meaningful conclusions.

# **Inclusion, Boundaries, and Grief: Working with LGBTQA+ Clients Experiencing Homelessness**

Eugene Holowacz-USA

**Short Description:** The themes of inclusion, boundaries, and grief have been prevalent in my experience with working with homeless clients who are part of the LGBTQA+ community. My clients have reported that their fear of losing people keeps them in stressful relationships and friendships. This presentation discusses how to explore these topics.

**Abstract:** A recent study conducted offered advocacy and housing to 240 participants who were homeless between the ages of 18 – 24. It was found that 26.66% of them reported being part of the LGBTQA+ community. As an advocate for this project, I saw some themes reemerge. Many of my clients reported that they have been rejected by their family of origin because of their sexual and gender identity which led to their being homeless. They then developed relationships and friendships with individuals that were not fulfilling and reported being mistreated or abused in these relationships. However, the clients reported having a difficult time creating their own boundaries and maintaining them. Clients said that if they lost a relationship, they were unlovable. Clients were also concerned about potential grief, and how to cope with another person leaving their life. In this presentation, I invite you to take part in discussing the interplay between inclusion, boundaries, and grief as it is presented in people who are homeless and part of the LGBTQA+ community. I will present my understanding of relationship dynamics and provide suggestions of how to work with clients with these concerns who are part of a vulnerable population. Additionally, time will be allotted for feedback and personal experience from the attendees. The goal of the presentation is to provide a loose framework for working with individuals who have been discarded by their family and are afraid of what will happen if they lose another person.

# Relational Ethics, Power, and Gender

Manijeh Daneshpour-USA

**Short Description:** This presentation focuses on the intersection of gender, power, and social justice within the global context. Social justice and men's and women's issues from biological, sociological, contextual, and ecological perspectives will be examined. It will cover global social justice for systemic therapy, training, and supervision.

**Abstract:** Gender plays a central role in psychotherapy as in other domains of life. Thus, systematic influences of gendered relationships must be considered in all aspects of our lives. The modern and postmodern positions on reality and knowledge should create an ecological context for psychotherapists working with men and women in heterosexual and homosexual relationships and from different cultural contexts. This combination creates the potential for drawing widely from the whole field of psychotherapy to heal the wounds of our gendered relationships. This presentation summarizes the evolving relationship between clients and psychotherapists and how it must be based on more congruent, object-adequate, encompassing, holding, shared, emotionally safe, conscious, just, provisional, and hopeful dynamics.

# The Effects of Infidelity on the Sexual Relationship

Tina Timm-USA

**Short Description:** The effects of infidelity on the sexual relationship of the couple are often a neglected part of affair recovery. This presentation reviews four common clinical presentations of the possible effects of an affair on the sexual relationship of a couple. Case studies, assessment questions, and brief intervention suggestions are included.

**Abstract:** Even though it is well known that infidelity can cause significant harm to intimate relationships (Allen et al., 2005), there is a lack of attention in the literature on the effects of infidelity on the post-affair sexual relationship. Most treatment protocols focus on repairing the emotional relationship and addressing forgiveness (e.g., Baucom, Snyder, & Coop Gordon, 2011), paying little attention to what is happening for the couple sexually. The problem is two-fold; couple therapists often have marginal training in affair recovery, and even less training in working with sexuality or sex therapy. Even though affairs often include sexualized behavior, thoughts, or actions, it may seem taboo to ask about what has happened to the couple's sexual relationship in the wake of the discovery, especially given the huge upheavals faced by these couples. This presentation reviews four common clinical presentations of the possible effects of an affair on the sexual relationship of a couple: 1) a marked decrease in sexual activity/complete abstinence, 2) a marked increase in frequency, 3) the development of sexual dysfunction, or 4) shifts in sexual behavior and/or expression. Case studies highlight the ways in which an affair can have an immediate and/or ongoing impact on the sexual relationship of the couple. Assessment and brief intervention suggestions are included that clinicians can incorporate into their existing affair recovery protocols.

# **REST ASSURED: A mnemonic approach to suicide intervention training**

Hailey Arellano-USA

**Short Description:** With suicide rates steadily increasing, licensing boards have mandated suicide intervention training for mental health practitioners. This presentation highlights the systemic nature of suicide intervention, emphasizing the impact of practitioner process on client outcomes. REST ASSURED is a mnemonic training resource for clinicians in higher education and clinical practice.

**Abstract:** Nearly 50,000 Americans died by suicide in 2022 according to provisional data released by the Centers for Disease Control and Prevention. This is a 2.6 percent increase from the previous year, adding to the over 33 percent increase seen over the past 20 years. As a response to these harrowing numbers, states across the nation have begun mandating suicide training and continuing education as a means for licensure. While encouraging, many states require just 2 or 6 hours of training over a 2-year span; leaving many practitioners searching for adequate training that will prepare them for the inevitability of working with a client in crisis. Many clinicians feel this training is insufficient to sufficiently prepare them to face the needs of those at greatest risk. Clinician anxiety, negative attitudes towards suicidality, and insufficient training protocols have demonstrated consistently poor outcomes in managing risks in suicidality. Following extensive reviews of the literature on suicide intervention training and education, a mnemonic was created to facilitate the training process for mental health practitioners, provide a framework for supervisors, and reduce anxiety surrounding suicide intervention procedures. This presentation frames suicide intervention as a systemic process where practitioner perception impacts patient outcomes. It serves as a call to action to equip clinicians with the necessary tools required to adequately respond to the needs of their client, while recognizing the emotional impact of intervening in life and death situations. A Mnemonic device: REST ASSURED will be presented as a training resource aimed at preparing clinicians, regardless of education or experience, to address suicidality with improved perception of competence and self-efficacy. It further provides a framework for the supervisory process, balancing legal and ethical requirements with the emotional process of intervention.

# Issues in Translating Western Family Therapy Literature into Chinese

Xin Quan-USA

Chaolu Quan-China

**Short Description:** Appropriate translation of Western literature on Family Therapy into Chinese is critical for ensuring quality family therapy training in China. This study reviewed the Chinese version of several prevalent Western publications on Family Therapy to help clarify the common issues related to translating Western literature for Chinese family therapy trainees.

**Abstract:** Utilizing translated Western literature on Marriage and Family Therapy is important in training family therapists in China. As more and more Chinese trainees learn through the translated family therapy literature, the issues in appropriate translation became critical in ensuring the training quality. Researchers of this study have reviewed the Chinese version of several prevalent English written publications of Marriage and Family Therapy. A few categories of issues related to translation emerged from the review: 1) phrases were translated according to their dictionary definitions without reflecting the appropriate meaning in family therapy; 2) phrases were translated to represent something else versus remaining fidelity to the original text; and 3) Western culture-specific phrases were missing correspondence in Chinese context, leading to difficulty in accurate translation. The result of this review would help writers and translators of Marriage and Family Therapy to be aware of the particular needs of Chinese readers in engaging translated Western literature. And this study would help family therapy training programs in China become more careful in adopting translated Western literature in their training curriculums.



# Supporting BIPOC students in Supervision and Promoting Self of the Supervisor Awareness

Dara Winley-USA

Cadmona Hall-USA

**Short Description:** This presentation will provide insight on unique approaches needed for supervision support of BIPOC students and their success in the MFT program and field. The support received is directly connected to self-of-the-supervisor awareness and development and this presentation will provide recommendations to support culturally responsive supervision.

**Abstract:** The rate of Black, Indigenous and people of color (BIPOC) students entering COAMFTE MFT programs has increased significantly over the last several years. Supervision support is a unique opportunity to simultaneously encourage clinical and personal development. Supervision should be a safe space for students to disclose struggles in addition to their strengths. Supervisors, being on the receiving end of these disclosures, should be willing to support opportunities of growth and be curious about their limitations of support and what else might be needed to attend to BIPOC student's professional development. Supervisors' awareness of values, biases and self of the supervisor level is an isomorphic process that one must be attentive and responsive to in supervision. Additionally, it is necessary for supervisors to understand the systemic operations and barriers that are unique to BIPOC student's professional development experience and success upon graduating. Are supervisors attuned and trained to respond to group processes that happen between students and within the supervisory relationship? Are supervisors and core faculty available and equipped to connect students to unique resources for networks, jobs and licensure preparation? Are the clinical sites available for BIPOC students' post-graduation culturally representative and/or responsive to these clinicians' needs? Are supervisors at these sites trained to be culturally attuned and responsive (i.e., accessibility, attending to language barriers, resources/networks supporting immigration status, etc.) Developing specific strategies are needed within supervision and post-supervision experiences. Within this presentation, we plan to raise awareness of historical and current barriers to access and representation of BIPOC supervisors, tools for readiness, self-of-the-supervisor biases, and professional development tools unique to BIPOC students to prepare them for success. This presentation will provide practical questions to consider in supervision and within the self-of-the supervisor exploratory. The development of self-awareness is not confined to the professional training of students but should be an inherent part of the professional growth of supervisors that is never ending. We hope this presentation provides insight to MFT programs across the country to consider distinct proposed action steps for BIPOC students and their supervisors.

# Accommodating the Satir Model Within Context

Jessica Leith-USA

**Short Description:** This presentation examines the cross cultural implementation of the Satir Model, using empirical and clinical support to accommodate many of the primary interventions in the model with clients in various contexts.

**Abstract:** The Satir Model continues to be an innovative systemic theory that is taught at the graduate level and used in clinical practice. However, one of the many barriers to implementation include both the practical implementation of the model, as well as concerns that it is not culturally responsive, especially as it relates to emotional expression. Satir's goal to move families from hierarchy to growth is an obvious deviation from how many see themselves in relationship with one another, and proves difficult to operationalize where overt cultural rules might perpetuate this dynamic. There is increasing support in the literature that accommodating westernized practices can be an effective approach with cross cultural application, and systems theories are a natural fit for this practice due to the foundations of working with relationships in context. This presentation examines both research and clinical perspectives that support cross-cultural implementation of the Satir Model and demonstrates how many of the primary interventions from Satir can be accommodated while still adhering to its core principles.

# Once upon a time there was a little boy who, at night, urinated in every home vase.

Martine Nisse-France

**Short Description:** The boy had a silent older sister and a father who hit him every morning. The mother called the social service. I immediately called a therapist, who quickly cured the boy. The sister immediately fled, leaving me speechless in the face of this unprecedented situation. Palo Alto School HELP!

**Abstract:** Based on our journey as a family therapist over 40 years, we will present major key concepts –from systemic thinking and psychoanalytical thinking – inspired by founders, to treat incest. In 1978 in France, outside psychoanalytic thought “fantasy of incest” there was no salvation. However, without the discovery of the context, homeostasis, paradox, double bind, circularity, function of the symptom, cybernetic second order... none of us had a chance of understanding the "family dance". This boy was my first "designated patient". When his sister was found, of course he resumed his strange nocturnal wanderings. The family secret being paternal incest with his sister, he had no power to stop it, except to alert his mother and social services in creating this sexual metaphor. My professional life and private life changed: I never looked at children's behavioral disorders in the same way, I never stopped reading the founders and divorced... As French reading English – fear of not having understood –I discovered Paradox and Counter-Paradox from Selvini-Palazzoli & al in French. It opened the door to my encounter with the systemic theories stemming from the work of the Palo Alto School. Then the fundamental "Pragmatics of Human Communication » from Watzlawicz & al, my bible, is always on my bedside table, a good souvenir of my divorce. With Pierre Sabourin, translator of Ferenczi, we co-founded (Paris 1987) the first family therapy center dedicated to issues of abuses. We immediately applied and introduce the genograms into sessions with families, developing an integrative clinical method the "systemanalytic approach", adding our own clinical and judicial symbols to McGoldrick's work. The systemic approach helped me to understand context and function of the boy's symptom, urinate in secret at night in the flower's vases: sexual metaphor and attempt to reveal family's secret. Ferenczi's psychoanalysis helped us to grasp the impact of sexual trauma on children, with Arpad's story - "the little rooster man"- identified himself with the aggressor, the rooster, that had attacked him on his penis when he urinated in the backyard, a year before development of post-traumatic stress disorder.

# **Experiences of ambiguous loss among family members of dementia patients in Japan: Cross-cultural similarities and differences**

Tomoko Ogasawara-Japan

**Short Description:** This presentation demonstrates how and to what extent family members of dementia patients may experience “ambiguous loss” in the Japanese context, applying theories and of Pauline Boss (2015). The findings include cultural similarities and uniqueness drawn from a large-scale internet survey with a small interview study in Japan.

**Abstract:** Ambiguous loss (AL) is a loss that remains unclear without verification or immediate solution. According to Boss (1999), a loved one can be physically gone but kept psychologically alive, or physically present but psychologically gone. This presentation focuses on the latter type of AL that family caregivers of dementia likely experience. To date, an extensive study has been conducted on AL qualitatively, while few finding has been obtained through mixed-methods research data or culturally different settings from the West. The presenter has conducted a large-scale internet survey with 2400 Japanese participants, examining an impact of AL on family members of dementia patients through quantitative and qualitative measurements. This presentation highlights several unique outcomes including 1) to what extent family members of dementia has or has not experienced AL, 2) how an experience of AL impacts family members’ mental health, caregiving fatigues, and grief symptoms, 3) what protective factors and coping patterns are observed. Cross-cultural similarities and differences are highly notable in the presentation, given by the presenter’s work on developing a culturally adapted AL scale for the first time in Japanese.

# Managing Difference from an Identity Lens

Sar Surmick-USA

**Short Description:** Identity Theory gives a lens to explore the fundamental question of, “Who are you?” and manage the common experience of, “You’re not who I thought”. Whether this difference is encountered in the family, couple, or individual, Identity theory provides the therapeutic tools to navigate our complex systems of being.

**Abstract:** People are different from one another. As therapists and counselors, we manage this difference all the time. We do it internally, we help clients work through it when necessary, and it shows up constantly in couples and family work. When differences are small, they’re easy to talk about. But when they are significant, or in conflict with one another, it gets complicated. Identity Theory is a systemic perspective on the complexity of two of the most fundamental questions in human interaction: “Who am I?” and “Who are you?” Through this lens, difference is not only common and expected, but necessary for Identity growth and change. Instead of viewing difference as something threatening we can instead approach it with curiosity and an understanding of the systemic influence it creates. Additionally, the theory gives us tools to manage the experience of finding out we were wrong about someone. It’s human to try to make sense of someone else; to extrinsically identify them. The therapeutic work comes when something threatens those assumptions. Ideally, and where there are low stakes, we recognize the error, prioritize the other person’s Intrinsic Identity, update our understanding, and move on. But where our extrinsic understanding is rooted in our own identity, changing our assumptions can feel like an existential threat. Using an Identity Lens, we can foster a more systemic perspective for both ourselves and our clients. In this workshop we will explore Intrinsic Identity, Extrinsic Identification, and the harm caused when these two things don’t match up. We will also talk about how to discuss and affirm a client’s identity from a systemic perspective. The workshop will use some lecture, some discussion, and an identity exercise or two. Join us.

# **Good Grief: A Review of Eastern and Western Cultural Responses to Death and Dying**

Sydney Crane-USA

Abigail Satterfield-USA

**Short Description:** The present study explored the unique and diverse experiential grief responses to death and dying and the contextual factors influencing the responses across cultures. The content analysis reviewed Eastern and Western cases of families' bereavement responses to the loss of a loved one.

**Abstract:** Culture is socially understood as the beliefs, values, and morals promoting connections between diverse populations. Grief is the universal human response to loss, and is influenced by culture (Cancer.Net, 2019). There are numerous ways cultures define the meaning of death and express emotions surrounding death. What may be socially appropriate for grief and mourning rituals in one family, may not necessarily be the case for another family. This is evidenced between Eastern and Western cultures, and influenced heavily by contextual factors including religion, societal "norms," and family of origin customs and traditions. For example, the narrative created around death in Eastern cultures typically involves a sense of spirituality and hope that death is not "final" and a loved one will return in some capacity. The mourning process is typically a relational and familial experience versus an individual one (Vong, 2014). In Western cultures, dying and grieving processes are interpreted more analytically (NIH, 2009). Thoughts about death tend to bring feelings of dread and is often used in a medical sense; death is declared when the heart stops beating and breathing ceases (Gire, 2014). Bodies are often taken away quickly from the family, causing anxiety and sense of finality (Cancer.Net, 2019; Gire, 2014). Western cultures often experience bereavement autonomously and independently, with funerals or new age celebrations of life being the only communal mourning ritual. Eastern cultures often celebrate and mourn the life of loved ones with family and communities. For example, Muslim families in Indonesia will often stay with the body for several hours after death, wash and purify it, then wrap the body in a white cloth before burying it back with the Earth (Bayatrizi et al., 2021). Stories like these across Eastern and Western cultures are further explored and reviewed in this study, to best understand the unique and diverse experiences of grief, death and dying, and the contextual factors influencing these experiences. This study is important to the field as it can inform professionals of the cultural complexities surrounding death and dying, which can ultimately help them support and understand those experiencing grief and loss.



# Global Events: Navigating difficult conversations among educators and trainees

Mudita Rastogi-USA

**Short Description:** War, politics, and even court rulings are extremely divisive and stir deep emotions for us. Educators and students find themselves holding strong views that are challenging to exchange in a training setting. Participants will be invited to reflect on and share their best practices and strategies around navigating difficult conversations.

**Abstract:** Recent difficult global events have stirred deep emotions for us. War, politics, and even court rulings are extremely divisive. Information is exchanged instantly, and one's news feed become very one-sided. It is also increasingly difficult to separate responsible journalistic analysis from "fake news" and influencers peddling opinions. Faculty and students may have an increasingly difficult time being balanced regarding news events. Many instructors, in an attempt to bring the real world into therapy training reference larger systems issues that can generate thoughtful reflection. The intention of trainers is to help students consider diversity, equity, inclusion, and social justice as they relate to ongoing world events and political issues, including the impact these global events have on our clients. Trainees too may try to discuss world events that impact them and their clients. However, we often find ourselves in classrooms, leading supervision, or conversing with colleagues and students where differing opinions in the room spark strong reactions, both for educators, and for and between students and trainees. People enter the classroom with highly entrenched perspectives. This can become a tricky space to navigate. Trainers and trainees may find themselves in a dilemma; curiosity and conversation are replaced with fear of speaking up if one's views offend others, particularly of disagreeing with one's faculty. At times folks are unsure how to express themselves without shutting down further discussion. There is the risk of alienating individuals or creating further divisions among groups. Finally, in some cases, institutions may caution instructors and supervisors to "be careful" in what is stated as a leader, lest it be viewed as representing the views of the institution. This workshop will invite supervisors, educators, and students to share their challenges, dilemmas, best practices, and strategies. Using key discussion questions as prompts, participants will converse in small groups on how they have personally navigated or heard of others managing difficult conversations on recent global events in the context of psychotherapy training programs. Small groups will share their reflections in the large group, allowing participants to walk away with concrete skills in navigating difficult conversations.

# **Integrative Culinary Therapy**

Racine Henry-USA

**Short Description:** This workshop will be an experiential session to introduce clinicians to Integrative Culinary Therapy, an innovative approach to couples therapy which encourages cultural intimacy through cooking.

**Abstract:** ICT is a collaborative, systems-oriented approach informed by cultural competence and sharing traditional foods. By identifying, incorporating and respecting each partner's social location and cultural identity, the ICT therapist will collaboratively address and resolve issues within the romantic relationship using the act of cooking and eating traditional foods. Couples will be challenged as a unit, as well as individually, to explore their sociohistorical background through the cultural significance of various ingredients, foods, and meals. Inspired by the West African folklore of Sankofa, this approach to couples therapy highlights the multigenerational transmission of heritage, self-identity, and the unique coupling habits of marginalized populations. Rather than normalizing the societal standard, ICT validates and empowers the diversity of minorities and the way we establish and sustain romantic relationships. ICT is informed by Bowen Family Therapy, Collaborative Therapy, Ecological Systems Theory, Critical Race Theory and Integrative Systemic Therapy. During this conference workshop, attendees will engage in a short ICT exercise and be able to experience how this approach helps couples orient to a more relatable form of therapy while being led through transformative conversations. There will be an introduction to the ICT model with theoretical context and background information about how this model was developed.

# Cohabitation of Lesbians and Gay Men

Cole Bankston-USA

**Short Description:** Lesbian comedian Lea DeLaria jokes that on the second date, a lesbian brings a U-Haul, humorously suggesting rapid relationship progression. This stereotype, popular amongst lesbians, prompts questions about gender dynamics. Despite its humor, it sparks discussions on relationships, communication, and societal expectations, offering insights into gender roles and perceptions.

**Abstract:** What does a lesbian bring to the second date? The answer is a U-Haul, and six months later they stop having sex. The stereotype in question, humorously depicting the rapid progression of lesbian relationships, has been popularized through the comedy of renowned lesbian stand-up comedian Lea DeLaria (Kelleher, 2000). This anecdote, commonly shared within the lesbian community, humorously suggests a swift escalation of commitment, symbolized by the mention of a U-Haul on the second date, and an eventual decline in sexual activity within six months. This stereotype has been observed to elicit amusement primarily within lesbian circles, while often failing to resonate with heterosexual audiences (Bing & Heller, 2003). However, the underlying notion, as noted by lesbian psychotherapist Kali Munro (1999), raises intriguing questions about the dynamics of relationships and cohabitation. Munro's observation delves deeper, suggesting that this stereotype reflects a pattern where two women quickly transition from casual dating to a committed partnership. This phenomenon prompts us to contemplate the disparities in how men and women approach the integration of their lives and living spaces within relationships. This topic, although rooted in humor, opens avenues for scholarly inquiry into relationship dynamics, communication, and societal expectations regarding cohabitation. By exploring these facets, we can gain valuable insights into the intricate interplay of gender roles and perceptions, contributing to a deeper understanding of human relationships and societal norms.

# Working with the Families of Trans Youth

Sar Surmick-USA

**Short Description:** The number of Trans Youth is growing quickly. When a young person transitions, the whole family transitions with them. As Family Therapists it's imperative we're able to work with these families. Join us for discussion, techniques, concerns, and a robust Q&A session.

**Abstract:** As the number of youth pursuing transition, or simply identifying outside their sex designated at birth increases, Family Therapists will encounter this more frequently. While working with this population in an affirming way is essential for the individual, working with their families is often overlooked despite the way individuals within a family system are significantly impacted by each other's identities. It's imperative we find ways to work with the whole family. Transition, or other significant identity shift, disrupts family systems. Not only does it bring up emotional and mental distress, but resolution of the identity shift among one member of the family often necessitates identity shifts among all the other members. This destabilization of the family system can, with time, patience, knowledge, and understanding, resolve. Yet when it doesn't resolve, the resulting impact can tear the family apart and lead to increased risk of ostracization, abuse, depression, anxiety, and suicidality. Looking at the issue from an Identity Lens, we will explore ways to reinforce the family system in the midst of the identity turmoil. In this workshop we'll explore issues likely to come up in the family system when someone 'comes out' as Trans and as transition continues. We'll cover identity techniques to support family members as they explore both the youth's new identity and their own. The workshop will use lecture, discussion, and a significant question and answer session. Join us.

# **Sino-American Family Therapy: Unique Family Dilemmas and Treatment Approaches in the Chinese Context Part 1**

John Miller-China

**Short Description:** Contemporary family therapy originated in Western cultures, and is now being exported throughout China where it has proven to very popular. This presentation will describe some of the common family therapy issues in the Chinese context, as well as unique treatment strategies informed by Chinese cultural values.

**Abstract:** Contemporary family therapy originated in Western cultures, and is now being exported throughout China where it has proven to very popular. This presentation will describe some of the common family therapy issues in the Chinese context, as well as unique treatment strategies informed by Chinese cultural values. The presentation has implications for the larger global clinical landscape as family therapy continues to expand into Eastern contexts.

# **Sino-American Family Therapy: Unique Family Dilemmas and Treatment Approaches in the Chinese Context Part 2**

John Miller-China

**Short Description:** Contemporary family therapy originated in Western cultures, and is now being exported throughout China where it has proven to be very popular. This presentation will describe some of the common family therapy issues in the Chinese context, as well as unique treatment strategies informed by Chinese cultural values.

**Abstract:** Family therapy originated in Western cultures, and is now flourishing in China. What are common family issues in Chinese family therapy? This presentation includes a novel collectivist-informed method developed at the Sino-American Family Therapy Institute (SAFTI) over the past decade to address Chinese family therapy issues in ways that fit with unique elements of the Chinese culture. The presentation will include an introduction to the development of Western-originating family therapy practices in non-Western contexts, where counseling practices have only recently begun to develop at a broad level. Next, the presenters will discuss current international social sciences scholarly discussions regarding the intricacies of exporting complex clinical models to other contexts. What parts of clinical intervention can be meaningfully transplanted to another cultural context without much modification? What clinical intervention strategies are unique to the culture under consideration (indigenous) and must remain unique to that culture? Can certain modes of therapy be carefully adapted to other cultures and what are some guiding principles for the exportation of this endeavor? The presenters will discuss these questions during the presentation, with some suggestions for the future development of an ethos of exportation in family therapy.



# Changing Needs of Families Upon Foster Care Involvement: Vulnerabilities & Resilience

Lenore McWey-USA

Carson Outler-USA

**Short Description:** There are approximately 500,000 U.S. children in foster care and their parents are often required to participate in therapy after system involvement. We will reveal study results showing how families' needs change after foster care system involvement and what these changes mean for the therapists working with them.

**Abstract:** There are approximately 500,000 U.S. children in foster care (Casey, 2023). Families involved with the foster care system are susceptible to many disadvantages. Compared to non-foster care involved families, they face increased risk of family dysfunction in part due to higher rates of mental health concerns, substance abuse, social isolation, domestic violence, and problematic parenting strategies. These conditions contribute to poorer child health and development. Despite formidable challenges, interventions can improve families' conditions, and parents involved with the foster care system are frequently required to participate in mental health services. However, there is little research focused on what parents say they need from therapists during this difficult time. In this presentation, we will share qualitative findings from a study addressing two research questions: (1) how do parents' supports and needs change upon foster care involvement; and (2) what do parents say they need from therapists during this challenging time? Past research indicates that low parent participation, engagement, and retention in services result in a limited number of families fully capitalizing on the value of therapeutic interventions and programs (Thompson et al., 2006). However, there is little research featuring the voices of parents involved with the foster care system. Most of the existing research focuses on noting the prevalence of mental health concerns and other adverse outcomes associated with foster care involvement. The perspectives of caseworkers and providers are also widely documented. Particularly because this is such a vulnerable time, it is important to include parents' perspectives in research focused on families' needs. Our study includes a sample of parents: (a) who had child welfare cases opened within the past three months, and (b) whose children were placed in out-of-home care until they could remedy the conditions that led to system involvement. Participants described how their formal and informal support systems changed after they became involved with the child welfare system. They also discussed the mental health services received. Findings will be organized around parents' vulnerabilities and resilience. Implications for therapists working with families involved with the foster care system will be discussed.

# Using the Familiar in Unfamiliar places

Karen Story-Australia

**Short Description:** The Bouverie Walk-In Together telehealth family therapy service's important role in advancing the availability of accessible- evidence informed brief mental health care, integrating the Centre's advanced research of telehealth to family therapy, with the philosophy of walk-in methodologies, has radically transformed our service model.

**Abstract:** The Bouverie Centre, a practice-research-translation centre of LaTrobe University. Our Family Therapy service has a demonstration function, where model development is informed by both research and the infinite cycle of reflective clinical practice, Outcomes are tested, and models further developed for translation to the industry. In the context of the Covid 19 Pandemic and with Melbourne, (Victoria) enduring the harshest lockdowns in the whole of Australia, the Bouverie Centre radically transformed its services to meet the needs of families and communities impacted by the COVID pandemic. Bouverie's telehealth Walk In Together (WIT) service for families was one of these developments offering and innovative, timely service and accessible service and providing innovative, timely, high quality and accessible family therapy service at the time of greatest need. This presentation will focus on the story of the development and evaluation of the pilot WIT program, its effectiveness and usefulness to families, the incorporation of single session concepts and its use in a Telehealth context. Using results from focus group interviews, it will present therapists' experiences working in the family therapy service. It will further include key clinical practice learnings and organisational considerations and challenges faced collated over the two- year experience innovation of WIT. For example, therapists dealt with clinical issues, similar but different to face to face work, raised by telehealth family work, using and developing new practice skills by translating already known approaches into the online digital line space, including working with risk issues, severe mental health challenges, family violence, and family conflict in the brief single session online setting. The joys and challenges of co-therapy and reflecting team work has stimulated open, honest debates and clinical adaptations. Utilising Single Session Thinking (SST) and a reflecting team approach provided containment, structure, some predictability and safety for clinicians, clients and the administrative support staff. To conclude, the presentation will consider the application and adaptability of this approach to other and more diverse agencies. The mutual beneficial influences on our SST and Walk in Together paradigm will be articulated.

# The Impact of Generational Trauma on Hispanic Families

Megara Escobedo-USA

**Short Description:** Generational trauma is a major source of emotional, psychological, and physical suffering in Hispanic families, perpetuated by unaddressed wounds, parenting approaches, and cultural narratives. Mental health professionals, informed about the economic, cultural, and familial factors within Hispanic families, can improve their practices to help break the cycle of familial trauma.

**Abstract:** Generational Trauma, also known as Intergenerational Trauma, refers to trauma that is passed down from one generation, extending its impact across emotional, psychological, and physical dimensions. This enduring trauma weaves its way through multiple generations, significantly affecting the complexities of the family system. Typically, generational trauma emerges from the unresolved legacy of past experiences and can be rooted in various factors, such as unaddressed trauma, systemic oppression, violence, depression, anxiety, and addiction. Hispanic families, in particular, have frequently contended with the trauma of migration, grappling with the challenges of acclimating to a new culture while enduring discrimination and oppression, resulting in a perpetual state of stress and trauma. To address these issues, it is necessary to promote awareness, culturally sensitive mental health services, and community support to help break the cycle of trauma and promote healing. Cultural implications often act as a deterrent for Hispanic families seeking mental health support, impeding the healing process and perpetuating generational trauma. Addressing these issues necessitates a united effort to raise awareness, provide culturally sensitive mental health services, and integrate community support to break the cycle of trauma and promote healing. Mental health professionals must be aware of the stigma that exists within the Hispanic population's willingness to seek mental health support. A prevalent concern among Hispanics is the scarcity of Hispanic mental health providers who comprehend the cultural implications associated with the Hispanic culture. Consequently, there is an imperative need for mental health professionals to develop the cultural awareness to dispel misconceptions held by Hispanic families, broaden their perspective, establish empathetic connections with their clients, and offer appropriate treatment for this specific demographic.

# The Evolution of the Milan Approach

Umberta Telfener-Italy

Vincenzo de Bustis Ficarola-Italy

**Short Description:** The presenters intend to show the main evolution of the Milan Approach after the death of Luigi Boscolo and Gianfranco Cecchin, the two founders. The teachers of the Milan school have continued proposing a second order process with some specific features that will be considered.

**Abstract:** The systemic paradigm has not changed, its premises are still fundamental and could be further detailed. The difference that creates a difference in our practice are different typologies of families, the use of social devices, solitude that has invaded the sessions, the fear of the future which seems an obsession for young clients and the war which is very near Italy both in Ukraine and in Palestine. As therapists we are not swimming in the same water of the past years. Let's reflect together on the changes: 1. Communal work which includes other professionals; 2. Giving "voice" and "body" to the experiences: do and make clients do, the utilization of active techniques; 3. A different utilization of time and space: stepping out from the weekly routine; 4. Strategic thinking: what to say, when and why in order to recuperate capacities and resources; 5. The unavoidable responsibility of a co-responsibility; 6. A constant attention to undesired outcomes in order not to collude or create cronicity. These and others are aspects to which the Milan model is giving now growing attention. In this presentation we wish to actively explain the new ideas of the Milan Approach after 20 years from the death of the two pioneers Luigi Boscolo e Gianfranco Cecchin. We wish to enhance the reverent stance towards complexity, the respectful attitude and explain how we try to perturb while dancing with the others.

# Creating a Socially Just Therapeutic Space

Mialauni Griggs-USA

**Short Description:** Breaching the topic of social justice issues in the therapy room with clients can induce feelings of discomfort for clinicians. However, as systemic therapists, we have a responsibility to our clients to hold their authentic, lived experience or else we risk perpetuating a deafening silence around complex social issues.

**Abstract:** Breaching the topic of social justice issues in the therapy room with clients can induce feelings of discomfort for clinicians. Some opt to avoid such topics altogether. Do I bring it up? Do I wait for clients to bring it up? How do I have a therapeutic conversation about social issues that may be systemically impacting my client? How is this clinically relevant? As systems thinkers, we are constantly assessing and conceptualizing the ways in which external factors impact the lives of our clients. Creating space for open and honest conversations about social justice issues can be healing for clients as they have the safety of the clinician to process their lived experiences. As Couple and Family Therapists, we have a responsibility to our clients to provide this opportunity for them or else we risk perpetuating a deafening silence around complex social issues. The field of Marriage and Family Therapy has been the most progressive in the mental health arena in examining the role of systems in the problems presented in therapy. Modern and post-modern theories offer multiple perspectives on addressing client issues, including the macro and microsystems informing their relational dynamics. However, none of the theories directly addresses the historical context in which marginalized populations have existed. This lack of acknowledgment further perpetuates oppressive social structures such as White supremacy, patriarchy, and heteronormativity in the therapy room. Each approach has to be modified to accommodate the social location, lived experience, and potential historical trauma of a client entering therapy. This presentation aims to challenge the field on the clinical conceptualization of problems, initiate a conversation that critically examines the clinical focus of practitioners, and encourage an inclusive, social justice positionality in the therapy room.

# Microanalysis of Face-to-Face Dialogue: A close Look at Formulations

Sara Jordan-USA

Vaida Kazlauskaite-USA

**Short Description:** Using microanalysis of face-to-face dialogue (MFD) to examine what type of words providers/therapist summarize from clients/patients in interviews. Formulations (summaries of clients/patients) are studied using a rigorous process method (MFD) with high inter-analyst reliability. Results will be shared.

**Abstract:** Introduction: Microanalysis of face-to-face dialogue (MFD) is the detailed and replicable examination of any aspect of observable communicative behavior as it occurs, moment by moment, in a face-to-face dialogue (Bavelas et al., 2012). Microanalysis of face-to-face dialogue captures precise, moment-by-moment exchanges in dialogue. MFD has been used to examine various types of interactions in face-to-face dialogue (e.g. Bavelas & Coats, 2001). Microanalysis of face-to-face dialogue in varied settings, including lab research to identify passive listener behaviors (Bavelas et al., 2000; 2002), in psychotherapy finding significant differences in positive and negative therapist content (Tomori & Bavelas, 2007), and in medical communication when physicians deliver bad news (Del Vento et al., 2009). Method: Microanalysis of face-to-face dialogue (MFD) was utilized to observe communication efforts between a patient and a nurse practitioner, investigating the success of the conversation. The research team reviewed and analyzed each conversation piece individually, according to modified MFD rules (Korman et al., 2013), and then met to reconcile via inter-analyst reliability (Jordan et al., 2013). Two of the authors reconciled their analysis while the other acted as a mediator and recorded final reconciliation. The following stages were followed: Stage 1: Locating utterances containing formulations; Stage 2: Locating the exact words in the formulation; and Stage 4: Identifying what the formulation alters or adds. We tabulated the amount of preserved exactly, preserved deictically, preserved in altered form, and words added within the formulation (see Figure 2 & Figure 3). Results: The results of the current project show that the practitioner used a disproportionate amount of their own words versus actual or altered versions of the patient words. Results from medical dialogues are compared with psychotherapy dialogues finding similar results. Tables and graphs will be used to illustrate several detailed findings.



# Hostile helpers? A systemic reconsideration of professional relationships with young people caught up in crime

Raphael Cadenhead-UK

Hilary Dixon-UK

**Short Description:** This presentation critically examines the significance of the 'trusted relationship' concept in UK youth services, underscoring its often overlooked limitations for practitioners in the criminal justice field. We propose a fresh paradigm for addressing youth violence and criminal exploitation, drawing from key systemic concepts and insights from clinical practice.

**Abstract:** The concept of the “trusted relationship” has gained prominence in services for young people in the UK, especially in the criminal justice space – yet it presents specific and often overlooked limitations for practitioners working with young people and their families affected by youth violence and criminal exploitation. Drawing on our backgrounds in statutory, voluntary and youth justice services, we critically examine and problematise the “trusted relationship” concept, offering a systemic analysis informed by key theoretical frameworks from the Coordinated Management of Meaning, the semantic polarities model (David Campbell), invitational practice (Alan Jenkins) and double bind theory (Gregory Bateson). The presentation proceeds in two sections. In part one, we re-contextualise the “trusted relationship” within the wider professional ecosystem. We identify the “crowded contexts” within the criminal justice space, exploring the oversaturation of professional involvement and how this contributes to a lack of consistency and coherence in the support provided to young people and families. Then we examine the stigma and shame attached to the behaviour of young people and caution against hyper-individualised and decontextualised forms of “relationship work”. We introduce the concept of the “worker’s bind”, highlighting the ethical dilemmas of working with young people who may disclose risks or behaviours labelled as criminal, triggering professional duties to share information with statutory organisations. Part one concludes by identifying problematic polarisations in the field (e.g., “textbook manualisation” versus “hyper-flexibility”, “being the snitch” versus “colluding”) and their implications for practice. In part two, we provide constructive points for reflection, applying clinical insights at multiple levels of context: practitioner, supervisor/manager, and organisation. We also advance the clinical utility of permitting “untellable stories” as a strategic position for facilitating therapeutic work and we propose a novel framework for eschewing rivalrous polarisations in the field. This critical exploration of the “trusted relationship” paradigm offers a more systemic conceptualisation of working with young people and their families affected by youth violence and criminal exploitation, underscoring the nuanced challenges and ethical dilemmas faced by practitioners, supervisors, and organisations striving to create meaningful change in this complex and dynamic space.

# Intercultural Couple Case Example: Promoting Culturally Relevant Therapeutic Relationships

Brittany Masangkay-USA

Melissa Yzaguirre-USA

**Short Description:** This poster will highlight a systemic family therapist's role in fostering a positive therapeutic relationship when working with an interracial couple. A case example will be used to illustrate effective culturally relevant practices that can be utilized in treatment to promote positive therapeutic alliances when working with intercultural couples.

**Abstract:** Establishing and maintaining a positive therapeutic relationship is an essential skill for systemic family therapists to possess when working with diverse ethnic, racial, and cultural clients. Thoughtfully utilizing culturally relevant practices can be beneficial for embracing the complexities that come with supporting clients of diverse backgrounds and lived experiences. This poster aims to provide systemic family therapists in training with essential tools to foster a positive therapeutic alliance with particular emphasis on necessary cultural considerations that should be addressed in the therapeutic context. The current intercultural couple case example originates from a culturally relevant research project assigned in a marriage and family therapy master's diversity course. Case examples were written by students enrolled in the diversity course and were redistributed by the instructor. Emphasis was placed on the ability of the family therapists in training to conceptualize working with diverse populations and to develop a culturally informed therapeutic treatment approach. The current couple case example includes an intercultural couple where one partner identifies as White and the other identifies as Latinx. The therapist and clients are at the beginning stages of therapy and are working towards building the therapeutic alliance. This poster will draw from supporting literature to showcase specific culturally relevant practices the therapist engages the intercultural couple in as they work toward fostering a positive therapeutic relationship. Because the therapeutic alliance is something valuable and always ongoing throughout treatment, the clinical recommendations can be useful throughout the different stages of treatment. This poster presentation offers a unique opportunity to apply culturally relevant practices for systemic family therapists in training seeking to enhance their knowledge, skills, and confidence when working with culturally diverse couples in therapy.

# Two Homes -Two Lives Who should the children live with

Margaret Hodge-Australia

Lilia Szarski-Australia

**Short Description:** Does practice change when working with court ordered families. What role does a court order place? What challenges and strategies are focused on children, in warring families. How the practice of court ordered therapy changes formulation, hypothesis and judgements about the parents and to support the children's best interests.

**Abstract:** Court ordered therapy imposes upon the family a requirement to engage in therapy. Court processes are adversarial and focus clients on winning the matter or battle in the Court. Hence a family law court system is based on winning not therapy. The change in attitude of the court to move the family into a therapeutic process is laudable and clinically appropriate. Court orders are a guide to behaviour, they tell you what to do, they ignore the underlying emotional and psychological impact of change and of past hurts.. Judicial recognition of the need for therapy has risen and an acknowledgement of that change happens when all members of the separated family, including step family members can have agency in the arrangements to make a future pathway. Orders are being made for those conflict-saturated families to engage in therapy to facilitate change or to implement and assist in contact arrangement, restore relationships, break the cycle of alienation and to manage the underlying grievances of the family while supporting the children who are subject to their warring parents. Court ordered therapy usually has a reportable aspect and a report of the therapy process is often requested during or at the end of of the therapeutic process. This brings another challenge in maintaining a therapeutic alliance with the family, whilst the Evidence acts require a therapist under a court order to have a duty to the court in the first instance. What this means for the duality of duty is explored in the workshop. The workshop will showcase case studies and take the participants through the journey of a court ordered therapy process and a subsequent report, to raise the dilemmas and challenges and ethics involved in such a process. Learnings from the session would cover the following;

- Understand what is the process of court ordered therapy
- recognizing the duality of duty of the therapist of the court
- managing and maintaining therapeutic alliance under conflict -saturated circumstances
- How the sessions are differentiated from confidential therapy when they are subject to court.
- Manage the court scrutiny on clients

# Is understanding each other always an advance for couples?

Valeria Ugazio-Italy

**Short Description:** The implication of a study (Ugazio, Guarneri & Anselmi, 2024) inspired by the Semantic Polarities Theory and the Shared Reality Theory will be discussed. Conducted with 20 couples, it confirms that the higher the semantic cohesion, the lower the couple conflict. However, a surprising result opens up intriguing therapeutic perspectives.

**Abstract:** The workshop will discuss the therapeutic implication of a study (Ugazio, Guarneri & Anselmi, 2024) inspired by Ugazio's Semantic Polarities Theory (2013) and Higgins' (2019) Shared Reality Theory. Conducted with 20 couples, this study introduces, operationalizes and examines a new variable: the semantic cohesion (SC) within couples and explores its relationship with marital conflict. Like Olson's concept of cohesion (2020), this variable deals with togetherness. However, its object is solely the togetherness expressed by couples in the co-construction of meanings, an aspect not taken into account by Olson. As hypothesized, the higher the SC, the lower the conflict within the couple and vice versa. The couples with high SC were much more able, than the couples with low SC, to constructively discuss their conflict, even when they were in the process of separating. However, a surprising result came to light: couples with the highest SC, coming from semantically similar family backgrounds, are more prone to break up even in response to less threatening events and problems. These couples seem to be exposed to the risk of Lorenz's "butterfly effect": a minor event may be able to break a couple who have had an exemplary agreement for years. They experience a winter of feelings but fail to identify the origin of their discontent. Their lived stories do not find ways to express themselves within their narratives. It is a result that forces us to re-think the role played by marital conflict in the survival of couples and to develop new therapeutic perspectives. References Higgins, E. T. (2019). *Shared reality* New York, NY: Oxford University Press. <http://dx.doi.org/10.1093/oso/9780190948054.001.0001> Olson, D. H. (2000). Circumplex Model of Marital and Family Systems. *Journal of Family Therapy* 22, 144–167. <https://doi.org/10.1111/1467-6427.00144> Ugazio, V. (2013/2012). *Semantic Polarities in the Family and psychopathologies. Permitted and Forbidden Stories*, New York: Routledge. First edition 1998. doi:10.4324/9780203552384. Ugazio, V., Guarneri, S., Anselmi, P. (2024). *Is understanding each other a real advantage for couples?* (in submission).

# "I don't even have time to catch my breath": Parental perspectives of the CPS parenting education programs in Taiwan

Wan-Juo Cheng-Taiwan

**Short Description:** This qualitative study aims to investigate perspectives of the parents mandated to the CPS parenting education program due to uses of corporal punishment to their children. The results indicate that parental reluctance to engage in the program may be explained by disjunctures between parents' actual practices and middle-class parenting.

**Abstract:** Given that the UN declares the rights of children to protection from corporal punishment, Taiwanese government has proceeded with a series of amendment of the laws to meet the goal. Parents reported to the child protective services (CPS) due to uses of corporal punishment on their children are mandated to parenting education programs. However, these parents are often described "resistant" and "reluctant to cooperate." This study, part of a larger research project aiming to study governance of parenting through the CPS interventions, began with parental experiences with the parenting education programs and further explicated gaps between the parental practices with disciplining and democrat style of parenting upholding CPS. The data included field notes taken in mandatory parenting education programs and in-depth interviews conducted with each parent participants of 9 in total. The results indicate that "the program doesn't quite help," from the participants' perspectives. The efficacy of parent-child communication particularly highlighted in the program may be achieved by parental ability to have their emotions in control, which was challenged by the parents who have to multitask at home after working long hours. Additionally, all the participants indeed communicate with their children by giving directiveness or advice to deal with children's problems. Yet, the parent-child communication in positive/democrat styles of parenting is more than those above. It required intensive parenting characterized time spending to cultivate children's cognitive and social abilities to attain good communication that middle-class parents with more cultural capitals may approach. For the participants in lower socioeconomic status, discipline to solve children's problem comes first. This explains why one single mother responded to the psychologist sharing that she had to handed her child throwing temper tantrum to her husband in order to have a cup of coffee to catch her breath and reflect, "I don't even have time to catch my breath." In conclusion, the parenting education programs overlook that parenting practices are embedded in socioeconomic status and its social contexts, which may result in parental reluctance to engage in the CPS parenting education service .

# **Black Love, Black Hate: Exploring infidelity and intimacy in Black coupled relationships: Clinical Considerations**

Carmilla Solomon-USA

**Short Description:** Presenter will showcase unique needs for working with black couples coping with infidelity and intimacy. Practical clinical considerations for working with clients' lived experience of systemic racism, client history of incarceration, and socio-economic obstacles of black U.S. clients will be highlighted

**Abstract:** Presenter, Dr. Carmilla Solomon, will feature needs and considerations for clinical work with black couples navigating comorbidity of infidelity and intimacy. As these presenting issues also include considerations of sexual betrayal, masking racial traumas, and the impact of systemic racism on the coupled partnership. Dr. Solomon will guide the audience to better clinical understanding of the issues facing black couples in the Western U.S. and help clinicians to be better prepared to meet the needs of black couple relationships.



# Screening and Treating Pediatric Obsessive-Compulsive Disorder Through a Relational Lens

Claudia Hindo-USA

Sarah Margulis-USA

**Short Description:** Early diagnosis and appropriate treatments can reduce pediatric obsessive-compulsive disorder-related symptoms, relieving individuals of significant distress. Early detection combined with treatments involving a child's family helps to identify and understand obsessions in ways that can reduce or resolve compulsions and may prevent exacerbation of symptoms into adulthood.

**Abstract:** When early diagnosis and appropriate treatments are offered, obsessive-compulsive disorder (OCD) symptoms can be minimized, relieving individuals of significant distress. A growing body of literature suggests that early detection combined with appropriate treatments, often involving a child's family, helps children and families identify and understand obsessions in ways that can result in reduced or resolved compulsions, which aids with preventing exacerbation of symptoms into adulthood. Screening, diagnosing, and treating pediatric OCD can improve both the mental health and physical health outcomes for children. Understanding pediatric OCD is critical for two reasons: First, pediatric OCD can frequently transform into adult OCD, resulting in increased risks for other health concerns (e.g., elevated risk of suicide) (American Psychological Association, 2022). Second, pediatric OCD poses mental and physical health risks to caregivers (Rozenman et al., 2022). The presentation provides an overview of the a) prevalence of pediatric OCD, b) physical health implications, particularly in the context of neurobiology, c) risk factors and risk assessment, and d) cultural perspectives of OCD, and e) the vital need for interventions to include relational systems to help maintain certain mental health and physical health gains for children and their families. Studying OCD, particularly among youth, raises many questions. Without consistent and targeted assessment and treatment, pediatric OCD cannot be properly managed and symptom exacerbation can result in the devolving of quality of life and elevated suicide risk. Research on relational treatments for OCD provides hopeful options for reducing suicide risk among pediatric OCD populations and preventing the physical health consequences of OCD across the lifespan. Using relational treatments in tandem with traditional treatment approaches better addresses the unique symptoms of pediatric OCD, an understudied illness affecting children and youth.

# Adolescent trauma treatment in integrated primary care: A modified Delphi study

Jessica Stephen Premo-USA

**Short Description:** Childhood trauma can have negative health, social, and educational outcomes that extend into adulthood. Approximately 1 in 4 youth experience trauma. Unfortunately, no adolescent trauma interventions have been created for primary care settings (Glowa, Olson, & Johnson, 2016). This modified delphi study was designed to improve the treatment of adolescent trauma.

**Abstract:** Early stressors like trauma can lead to developmental changes that have life-long negative health consequences (Merikangas et al., 2010; Anda et al., 2006). Approximately 1 in 4 youth experience substantial trauma during their developmental years (Merikangas et al., 2010; Duke, Pettingell, McMorris, & Borowsky, 2010). Such findings suggest the need for early intervention and treatment for adolescents exposed to traumatic events and adversity. Ideally, adolescents could be treated within primary care settings where parents overwhelmingly seek services for their children. Primary care settings are sought out at a 94% to 97% rate of services as compared to only a 4% to 33% rate of parents seeking out mental health services (Guevara et al., 2001). Unfortunately, no adolescent trauma-informed interventions have yet been adapted for use in primary care (Glowa, Olson, & Johnson, 2016). This study aimed to fill this critical gap between adolescent mental health issues associated with trauma and adverse childhood experiences and the lack of treatment in integrated primary care settings. The need for trauma-informed treatment for adolescents who have experienced trauma and adverse experiences is especially salient as evidence-based treatment for adolescents in this setting is limited. A modified Delphi approach was employed to address this gap in the research. Two rounds of questionnaires and focus groups were utilized with a panel of experts and youth stakeholders to gain consensus on treatment recommendations. Ultimately, expert panelists and youth stakeholders identified 59 recommendations for adolescent trauma treatment to be delivered in integrated primary care settings. In this session, attendees will learn important therapeutic therapies and interventions when working with adolescents who have experienced adverse childhood events. As well as, how these implications have been utilized to develop an adolescent intensive outpatient program delivered in integrated care.

# **Integrative Practice in Systemic Group Supervision: Growing Competence, Confidence and Adaptability**

Leonie White-Australia

Kate Owen-Australia

**Short Description:** An integrative practice framework for systemic group supervision will be presented as a map for navigating the complexity of combining different approaches to cater to clients' diversity, situation, and unique needs. The presentation will include interactive and self-reflective processes regarding group supervision and integrative practice.

**Abstract:** Contemporary family therapy has evolved to become integrative, encompassing many systemic models as well as other psychotherapeutic approaches, each of which emphasizes different vocabulary and techniques. Often, both experienced and trainee family therapists find themselves floating in a conceptual "soup" as they try to wrestle with integrative practice and combine various approaches in the service of the client. The need for integrative practice stems from human beings being diverse and complicated, each with their own thoughts, feelings, neurobiology, and actions, and each existing within complex relational, community, cultural and social contexts, and eras in time. It is important to consider these multiple dimensions and adopt a broad, biopsychosocial perspective, while also having a guiding overarching framework to avoid the pitfalls of eclecticism. How then can we as family therapy supervisors and trainers support other systemic practitioners in their journey out of the soup and into a conscious framework from which to find ways to understand, conceptualize and intervene effectively with clients? Through offering training and supervision to others from a variety of fields and professions, we have been able to appreciate from both the evidence base and clinical experience that family therapy not only works, it works for a range of presenting difficulties, in a diverse settings, and is a sustaining way of practicing and growing as a helping professional. And also, we have learned that other psychotherapeutic approaches can be combined under a "systems thinking" umbrella to enhance outcomes. Our training and supervision experiences led to the development of the QIFT Systemic Meta-Framework for Integrative Practice, which is proposed as a framework for practice for supervision and for training. This presentation outlines the QIFT Systemic Meta-Framework for Integrative Practice, and its use in systemic group supervision (including promoting multiple positions, curiosity, hypothesizing, ethics of hospitality and practice, decision making, and maneuverability), in helping supervisees support diverse clients and a range of difficulties. Participants will have opportunities to reflect on systemic group supervision processes, as well as their own clinical work through the interactive and self-reflective nature of the presentation process.

# Identifying with an Animal, SFBT Intervention for Families

Neeah Lofton-USA

**Short Description:** This poster demonstrates how family unit clients can envision themselves as their desired animals during therapy. The therapist uses Solution Focused Brief Therapy (SFBT) interventions to help clients become more of the characteristics associated with their chosen animal.

**Abstract:** This poster will demonstrate to the learners on how clients within a family unit can identify with an animal they aspire to become later on in therapy. Clients work towards this goal with a therapist using Solution-Focused Brief Therapy interventions. The process of this intervention involves the therapist asking clients to identify the animal they currently see themselves as. The therapist asks the clients to explain why they see themselves that way. When the therapist asks why, clients then describe the characteristics of the animal they identify with currently. The therapist then asks clients what animal they want to see themselves as in the future. Clients list the characteristics of the desired animal they want to be and explain why they want to work towards this transformation. The transformation creates a positive change for themselves. The therapist utilizes SFBT interventions as in exception questions and the miracle question. Additionally, the therapist asks scaling questions to gauge how much clients identify with the chosen animal and where they envision themselves in their therapeutic journey. The therapist uses numerical value based on the scaling question, then asks clients how they can progress toward achieving a score of 0.5 or the highest possible number on the scale for those animal characteristics by next week. Clients gradually work towards being those characteristics from the animal the client aspires to be. This intervention serves a dual purpose: it helps the family unit collectively work towards becoming the animal they aspire to be or encourages family members to view each other and describe their behaviors through the lens of an animal. This new SFBT intervention can assist clients in developing a positive self-image within the family unit and help them achieve the desired changes in their self-concept and behavior.

# Parental Alienation: A systemic perspective on navigating dilemmas and complexities

Roberta Farrugia Debono-Malta

**Short Description:** Parental alienation is a complex concept. This presentation discusses its manifestation and potential misuse. It presents evidence-based interventions for mild to moderate alienation, delves into the controversy surrounding treatment for severe alienation. It offers recommendations to assist systemic practitioners navigate dilemmas in intervening with families facing alienation issues.

**Abstract:** Parental alienation is a multifaceted and contentious concept, generating polarized opinions in the professional landscape. This presentation adopts a systemic both/and approach, aiming to assist family therapists in navigating the complexities associated with this term. It endeavours to define parental alienation, explore current dilemmas, and offer insights into its application, emphasizing the need for a nuanced perspective. Parental alienation, at its core, pertains to situations where one parent manipulates a child's emotions and perceptions towards the other parent, causing estrangement. This term's controversial nature stems from differing stances within the field. Some proponents argue its validity and significance, while others vehemently contest its utility. Family therapists often encounter challenges when dealing with parental alienation, particularly in cases where marital separation is accompanied by a history of domestic violence. Utilizing the term in such sensitive contexts can be perilous, potentially undermining the safety and well-being of the victimized party. Hence, practitioners must exercise caution when applying it, recognizing the nuances and potential risks involved. In addressing parental alienation, the presentation delves into evidence-based interventions tailored to situations of mild to moderate alienation. These strategies aim to rebuild trust and foster healthier parent-child relationships. However, the controversy extends to the use of reunification programs designed to treat parental alienation. While some argue for their effectiveness, critics question their ethical and psychological implications. In conclusion, the presentation offers four recommendations for systemic practitioners working with families experiencing alienation issues. These suggestions revolve around the principles of evidence-based practice. By adopting a both/and approach, therapists can better navigate the intricate web of parental alienation, striving to ensure the welfare of all parties involved while preserving the best interests of the child.

## **“They just don’t understand”: Walking alongside people with autism and their families in the counselling session**

Jo Stephens-Australia

**Short Description:** Counsellors are privileged to work with autistic children and their families, as they discover their unique qualities and attributes. Upon diagnosis, families can be presented with deficit-based medical-model language from clinicians, which is detrimental to their wellbeing. A narrative therapeutic approach can promote positive change, connection and belonging.

**Abstract:** Counsellors are privileged to work with autistic people and their families, as they support the discovery of their unique qualities and attributes. Upon the diagnosis of autism, individuals and families can be presented with deficit-based medical-model language from medical and allied health professionals. This view has implications on the mental, physical, and emotional health of autistic people and their family members. The stories that families share about each other remains important. This is particularly critical where clinicians have offered perspectives that diminish the competency of the autistic family member. Words such as ‘can’t, won’t, haven’t, never will’ reduce feelings of hope and diminish the possibility of self-agency and family advocacy. The presenter will discuss how her lived experience as parent of a young adult with autism has informed the approach she uses in her Brisbane-based counselling practice. Using a narrative therapeutic approach to counselling has enabled clients and their family members to hear language that describes autism as unique, heterogenous, and encourages an authentic understanding and appreciation of brain differences (Monteiro, 2021). These descriptions are further thickened and re-authored, providing a vehicle for change, hopes for the future and exploration of preferred identity (Olinger, 2021). People with autism and their families may seek support from counsellors to have their voices heard, as they navigate through often complex and challenging health, education and disability systems. These systems can feel impenetrable and combative in nature, resulting in inequality and power imbalance. Counsellors working with autistic people and their families can support families to understand the concept coined by narrative therapists White and Epston (1990), ‘the problem is the problem; the person is not the problem’.



# The application of Bowen family systems theory to difficult cases in schools in Tokyo

Marie Yoshida-Japan

**Short Description:** This presentation will describe a multi-disciplinary collaboration team called “the children support team”, which utilizes principles from systems theory for assessment and solution-oriented casework to resolve difficult cases at schools in Tokyo. The presenter will show how Bowen family systems theory can be applied in the Japanese context.

**Abstract:** In this presentation, the presenter will discuss the application of Bowen Family Systems Theory (BFST), which originated in Western culture, to the Japanese cultural context. Then the presenter will explain the current circumstances of mental health support systems in public schools at Edogawa area in Tokyo. Next, the presenter will describe a multi-disciplinary collaboration team called the “Children Support Team” (CST) that utilizes principles from systems theory, Bowen Family Systems Theory (BFST) and solution-focused casework, for assessment and intervention to resolve difficult cases. In this area, difficult cases have similar challenges. For instance, several organizations have already attempted to intervene, yet the problems remained largely at the same level. Or the school has limited access to the students and also the families. The common features of these difficult cases are that the assessment is based on individual therapy models, and case conceptualization and planning is based on basic “first order” change concepts (intrapsychic and individual). Our CST model challenges this way of operating and instead attempts to apply “second order” change to shift, or resolve, impasses beyond the predominant “first order” interventions. The other challenge for the implementation of CST is the way we carry out clinical interviews. Since some students tend to decline to see mental health professions at school or cannot come out from their homes, CST must apply a “home visit” modality to access challenging family for an interview. Yet, many professions, especially school counselors or MFTs do not have a methodology for such clinical interaction. We have learned much about how to have an effective interview and intervention in a “home visit” modality. The presenter will discuss how our team has dealt with these challenges. In conclusion the presenter will discuss the implications of this work for the larger intervention system in Japan. This will include a reconsideration of how various professionals might gain insights about how to employ concepts from BFST and CST into their practices. This will likely involve the establishment of educational programs that embrace these concepts, as well as a supervisory system that supports professionals that work in this direction.

# Love Across Cultures: Narrative Interventions for Asian-Hispanic Relationships.

Amy Lin-USA

Karla Rica Picco-USA

Megara Escobedo-USA

**Short Description:** This presentation aims to enhance the existing body of research on interracial marriage, particularly focusing on Asian-Hispanic couples. It delves into stressors impacting their relational satisfaction and examines how narrative therapy can provide valuable tools for successful cross-cultural relationship navigation.

**Abstract:** As the world grows more connected through globalization, migration of individuals from around the world has resulted in an increase of interracial couples. Interracial couples are relationships in which individuals from different racial or ethnic backgrounds are romantically involved, married, or in a committed partnership. Interracial marriages can face a variety of challenges that contribute to relationship satisfaction. While interracial marriages can be just as fulfilling and successful as same-race marriages, there are unique challenges that can contribute to dissatisfaction. In the US, the Asian and Hispanic populations are considered one of the fastest growing minority groups, resulting in a greater chance for intermarriage amongst the two populations. However, due to lack of representation in scholarly literature of Asian-Hispanic marriages, we have limited knowledge surrounding marital satisfaction for this pairing. To overcome the limited research available, narrative therapy provides the clients the opportunity to share their narrative of the relationship from their own perspective. It encourages individuals to reconnect with their core values and beliefs, and it allows them to construct a shared narrative that reflects both person's values, aspirations, and shared experiences. Narrative therapy gives the couple an opportunity to see their conflict as something they face together rather than something inherent in one or both partners. For this poster, we decided to focus on stressors such as racism, discrimination, marginalization and religious differences that affect Asian-Hispanic marital satisfaction and how narrative therapy can provide the necessary skills to navigate these stressors.

# Family, Schools and Communities Engaged Together: Supporting Mental Health In Sierra Leone

Zephon Lister-USA

**Short Description:** The Family, Schools and Communities Engaged Together program, is a task-shifting, family-centered, school-based intervention implemented in Sierra Leone. Overall, participants reported improvement in family functioning and mental health. Findings suggest using non-specialists within a school-based context may be useful in scaling-up mental health support.

**Abstract:** Over 75% of individuals living with a mental health disorder in low- and middle-income countries (LMICs) never receive the care they need, resulting in poorer quality of life and shortened life spans. In Sierra Leone, this treatment gap is as high as 98%. Unfortunately, given a general lack of resources and infrastructure for the provision of systematized mental health services in low-income countries, as well as widespread stigma and uncertainty regarding the role of mental health professionals, there is a need to find ways to scale-up resiliency-based mental health services through capacity building and community partnerships. This presentation reports on the evaluation of the Family, Schools and Communities Engaged Together (FASCET) program, a task-shifting, family-centered, school-based intervention designed to scale-up behavioral health services in low-resourced communities in Sierra Leone. A team of twelve trained Sierra Leonean non-specialized behavioral health workers implemented the program in collaboration with a Loma Linda University behavioral health research team and with local teachers (n= 65), trained in the FASCET program. The program was then piloted with 5th grade students (n= 173) and their parents (n=77) in three schools. There was a decrease in symptoms of depression and anxiety and an increase in emotional regulation among parents and an improvement in emotional regulation and family functioning among children. Findings suggest a task-shifting strategy using non-specialist behavioral health workers may be effectively used to implement programs that support factors connected to mental health and resilience among parents and children. This approach is especially important in low-resourced countries with few behavioral health professionals readily available. Recommendations on how a task-shifting strategy might be used as an effective mechanism for capacity building and scaling up mental health services will be discussed. Additionally, implications for how school-based interventions might be used to support resilience and wellness in low resource contexts will also be provided.

## “Deliberate Practice” Theory with Sex Therapy (Part 1 of 2)

Sheila Addison-USA

Daniel Stillwell-USA

**Short Description:** Sex therapy interventions require nuanced, skillful application to address diverse and sensitive concerns. Deliberate Practice – targeted skills improvement through iterative practice with immediate feedback – can significantly enhance clinical work. This workshop will overlay the principles of DP with sex therapy models from around the world.

**Abstract:** This workshop will introduce the principles of Deliberate Practice (DP) as applied to the practice of sex therapy. Training in sex therapy most often takes place via didactic training and individual or group supervision. This style of instruction for training appears to have little effect on the actual in-the-moment skills of physicians, and research on common factors suggests that the same may be true for psychotherapists. Learning the theoretical underpinnings of interventions aids cognitive understanding, but does not markedly increase the ability to carry out an intervention effectively during a therapy session. In clinical supervision, case presentation and note review may add self-reflection skills but still often focus on either the past (recalling clinical impasses, reactions to clients, etc.) or the future (discussing how a subsequent session might proceed), rather than the essential skill of producing effective interventions in the moment during sessions. Something else is still needed, as more and more clinicians are being trained without live supervision or other opportunities for immediate feedback on skills. DP provides an opportunity to bridge this gap between theory and practice. By identifying a particular skill to work on, clinicians can set specific goals, engage in focused practice that targets the skill, receive immediate feedback from a practice partner or supervisor, and then adapt each subsequent repetition of the skill accordingly. This workshop will demonstrate how these principles are valid and vital to the unique challenges and scenarios encountered in sex therapy sessions. In Part 1, participants will be introduced to DP and its application to psychotherapy, with examples of how it has been used to teach skills in family systems, Emotionally Focused Therapy, and other models. Presenters will provide examples of core skills common to sex therapy across various models and methods. Presenters will also describe techniques defined in the DP literature for developing of culturally sensitive communication skills and navigating diverse cultural contexts effectively with clients. There will be time for attendees to ask contextually specific questions about their own sex therapy practice.

## **“Deliberate Practice” Skill-Building with Sex Therapy (Part 2 of 2)**

Daniel Stillwell-USA

Sheila Addison-USA

**Short Description:** Sex therapy interventions require nuanced, skillful application to address clients’ diverse and sensitive concerns. Deliberate Practice – targeted skills improvement through iterative practice with immediate feedback – can significantly enhance clinical work. This workshop will provide attendees with a brief experience of the application of DP to sex therapy skills.

**Abstract:** Sex therapy interventions require nuanced, skillful application to address clients’ diverse and sensitive concerns. Deliberate Practice – targeted skills improvement through iterative practice with immediate feedback – can significantly enhance clinical work. This workshop will provide attendees with a brief experience of the application of DP to sex therapy skills.

# Tapping into our local wisdoms for emotional and relational healing

Alba Nino-USA

**Short Description:** We will expand the definition of “therapeutic” to include practices rooted in cultural traditions. Participants will embrace their local wisdom as resources to help individuals and families heal and thrive. To counteract colonizing tendencies in MFT dissemination, we will discuss how to adopt MFT practices while embracing our cultural richness.

**Abstract:** Psychotherapy, as we know it in the present, is a practice that emerged from Western European and North American societies and has expanded worldwide. The origins of individual psychotherapy can be traced to psychoanalytic research and application in France, Germany, Austria, and other Western European countries in the mid-1800s. Family therapy origins are usually attributed to the work of several clinicians and researchers (e.g., Murray Bowen, Nathan Ackerman, Lyman Wynne) who independently started to bring families together to the psychotherapy room in the 1950s, mainly in the United States. Many forms of psychotherapy and family therapy continue to expand around the world because of their demonstrated effectiveness in symptom reduction, relational improvement, and enhancement of general well-being. However, human beings through the centuries have had a multitude of practices to address mental, emotional, and relational difficulties and to promote personal, family, and community well-being. Some of these practices have been abandoned or rejected for not being effective or for being considered based on mistaken assumptions. In the process of identifying what works, many local practices and wisdoms have been unjustly discarded while Western psychotherapy has been privileged as the correct way of addressing human suffering. It is our contention that discourses that promote the view that Western psychotherapy and family therapy practices are the best or the only way to address people’s mental, emotional, and relational needs can disconnect people from their own family and cultural resources. In this presentation, the two presenters (who were born and raised in non-Western European or North American countries, and trained in Family Therapy in North America) will invite the audience to embrace their local wisdom and practices as resources to help individuals, families, and communities heal and thrive. We will expand the definition of what can be therapeutic (healing, restorative) to include practices rooted in cultural traditions, as well as individual and family therapy. To counteract colonizing tendencies in MFT dissemination, we will engage the audience in a critical discussion on how to adopt family therapy practices without neglecting their own cultural richness.



# Exploring Family Dynamics of Bisexual Women in Heterosexual Relationships: A Literature Review

Jane Livingston-USA

**Short Description:** The literature review and research explore experiences of bisexual women in heterosexual relationships, illuminating the intersection of sexuality, family dynamics, and identity. Through narrative analysis, we aim to uncover their complex lives, offering insights into challenges and contributions to family systems.

**Abstract:** Bisexual women represent a substantial segment of the LGBTQIA+ community in the United States, yet comprehensive research tailored to this population remains scarce. Specifically, investigating the experiences of bisexual women in heterosexual relationships and their impact on family dynamics is an underexplored area. The prevailing literature is even more deficient in addressing the nuanced complexities that underlie the intersection of bisexuality and family systems. This poster provides a current review of the literature regarding bisexual women in heterosexual relationships and family systems. It outlines a research initiative aimed at filling this significant gap by employing narrative analysis to delve into the lives and experiences of bisexual women within heterosexual relationships and their interaction with family dynamics. The significance of this review and research lies in its potential to unravel the multifaceted layers of identity negotiation, acceptance, and relational complexities faced by bisexual women navigating heterosexual relationships within family contexts. Through qualitative analysis of narratives, the study explores how these women negotiate their identities, relationships, and roles within the family sphere, shedding light on the intricacies of their lived experiences. The findings from this research endeavor are anticipated to contribute significantly to the existing knowledge within the realms of gender, sexuality, and family studies. By amplifying the voices and stories of bisexual women in heterosexual relationships, this study endeavors to provide a richer and more inclusive understanding of the intersectionality of sexual orientation, intimate relationships, and family dynamics. This review as well as research seeks to bridge the gap in understanding the experiences of bisexual women within heterosexual relationships and their impact on family systems. Ultimately, it aims to offer insights that could inform more supportive and inclusive practices within families and broader societal contexts.

## Combating Hate: Conversations with Clinicians

Mudita Rastogi-USA

Rosy Kim-USA

Sarah Margulis-USA

**Short Description:** Hate crimes have surged in the U.S. following global events, affecting individuals and communities alike. Clinicians are central to treating trauma in individual survivors, identifiable community members, and the general public witnessing these events. This workshop will inspire reflection and empowerment to enact third-order change in therapy.

**Abstract:** Caution: This workshop will focus on sensitive and potentially difficult topics that may be triggering to some individuals. The current world events, including strife in the Middle East has sparked a surge of hate crimes in the U.S., with people who identify with the impacted communities feeling the pull to close ranks. This has solidified the walls between the In-group and the perceived Other. Community members not directly involved have also felt the need to take sides. This has heightened divisions further, leading to an unsettling surge of hate that was also noticed during the height of the COVID-19 pandemic for Asian-Americans, ongoing antisemitic incidents for Jews, or for Muslims following 9/11 attacks. This workshop will include both didactic and experiential sections. For the first 10 minutes, presenters will share the intricate dynamics of recent hate crime trends in the U.S., including the definition of hate crime, their effects on the individual survivor and the ingroup to which they belong, recognizing symptoms of hate crime-induced trauma and vicarious trauma in a therapeutic setting. The second part of the workshop will seat participants in small groups to share their own experiences of witnessing the impact of hate on systems, for about 20 minutes. Every effort will be made to create safety, and participants may opt out of this segment if they wish. The small groups will ponder questions related to the role of the therapists in combatting hate and encouraging third-order change, especially when it is expressed in the therapy room. In the final segment of the workshop, participants will share suggestions on best practices for supporting and intervening with clients who face oppression in various systems as a result of their perceived or actual identities. Further, the presenters will highlight the critical role clinicians play in broadening the conversation to increase empathy across communities, and proactively enact third-order change for our clients to build societal-level resilience, such as challenging microaggressions, promoting inclusive language, and critically engaging with social media to foster empathy and understanding.

# Master's Level Clinician Training in Microanalysis

Hollie Allen-USA

**Short Description:** This poster will provide an overview of student training in Microanalysis (MFD). The poster will include a description of the methodology, an overview of the 16-week training course, and the clinical applications as well as applications in other disciplines.

**Abstract:** Microanalysis (MFD) is an open-ended, inductive methodology used for analysis of moment by moment, face-to-face dialogue and communication. Microanalysis focuses on direct observation of the functions of behavior and language in dyadic communication sequences. Using the ELAN software, we can view frame by frame interactions and create annotation tiers for different details in the dialogue being observed. Microanalysis training is a 16-week course that takes trainees through several readings, demonstrations, examples, exercises, and discussions. By the end of the training, students can use MFD in future research or to improve their own professional skills. MFD also has many applications to other disciplines such as medical, legal, and therapeutic communication settings.

# **Psychopathology in Nullity of Marriage Cases: what can the Relational-Symbolic Model contribute with?**

Ricardo Peixoto-Portugal

Fabrizia Raguso-Portugal

**Short Description:** Are classical Psychopathology and Psychiatry fit to detect relational and developmental causes in marriage nullity? The Relational-Symbolic Perspective offers a valuable contribution, allowing to detect and understand relational and developmental issues of the couple. We aim to understand the contribution of a relational approach in such cases.

**Abstract:** Any given relationship is subject to different perceptions, that result from each person's development, even when they have the same cultural references. The existence of some kind of Psychopathology on an individual increases those differences, since it creates the conditions to misinterpretations and reality perceptions that are ill suited. A couple relationship is no different in that matter and it's built on a recombination of perceptions and needs of both spouses, including decision making elements and maturity elements, which only the couple members know. This means that on an evaluation of a possible marriage nullity, it's difficult to have hard evidence or conclusive evidence that point to that nullity, even more when the pointed motive is the existence of a Psychopathology on one or on both spouses. Both Psychopathology and Psychiatry are habilitated to detect psychopathologies that may impair someone on their matrimonial commitment assumption. However, we are finding some cases where a relation-centered analysis shows the existence of developmental issues that limit one's decision-making capacity, which is something that nor the classical Psychopathology nor Psychiatry are able to detect. This means that it's possible that they may not be well suited to detect some cases of marriage nullity. The Relational-Symbolic Perspective studies family development from familiar transmission of values and ways of life, the (un)conscious assumption of each family member of the transmitted family models and the way that each couple recombines these elements. The knowledge of the way that each couple's member developed in his/her family of origin may allow to determine if there are inadequate individual elements, which may be limitative to their matrimony vows, even when there is no Psychopathology in the couple. This study has, as a purpose, to analyze matrimonial nullity cases, evaluated under this perspective, and to explore the contribution that this Model may bring to this matter. The used methodology is multiple case study, since it allows to find and analyze differences and similarities between cases and to further the analysis on the subject.

# Permission seeking practice 2024 – From a UK and Japanese’s perspective

Karen Burgess-UK

**Short Description:** We worked in a team at Child Mental Health Services in London (2004). From this work, the concepts of “Permission Seeking Practice” was born. It has a focus on power differences, and encourages the family to take charge. This practice influence’s our current work in Japan and the UK

**Abstract:** A discussion of the impact of permission seeking practice in London and Tokyo. Aggett et al., (2015) described the ‘permission-seeking stance’ as the therapist’s actively putting the family in charge rather than accepting the family’s invitation to let the therapist make the decisions. The presenters are Asian and , European and Middle class; Cis gender women. in heterosexual partnerships, both have children. Our work contexts are; Yuriko is a Therapist , Psychiatrist ,Manager , Supervisor, lecturer in department of child and adolescent psychiatry in Japan. Karen is a Therapist ,Manager ,Supervisor ,lecturer in Children’s Services in the UK. Seeking permission: is as one of the 24 most influential articles on social justice and diversity as referenced in Family Process 2019. Discussion on social justice can be seen particularly in terms of gender and violence. There is well-placed critique on the lack of attention to ideas of race and power. Yuriko (Morino 2018 ) conducted a small scale qualitative research exploring the therapists’ and clients’ perspectives on the change process. We will also focus on themes from this work. • 1.Doing power relationships differently and being alongside the client family are important. 2.Holding a position to believe that families can change, believing that they are trying hard for their children; and. seeing them as people for whom change is difficult. • 3. Increasing Hope: encourages the therapists to help the family to increase the balance of ‘hope’ , acknowledging the coexistence of hope and despair which could lead to build the family’s sense of agency. • 4.Working with Professional systems : the professional systems can become stuck, and sometimes the context(s) needs to change, rather than the family. • 5.Good therapeutic relationships enable the families to be more effective. For this, therapists' use of self, transparency, and their ability to have discussions about power are central. • 6.The importance of teamwork and team ethos a team of therapists have intense relationships with their colleagues , and share sense of values and purpose, which are central to our work

# Incorporating Resilience Models in Clinical Training and Supervision

Christie Eppler-USA

**Short Description:** Resilience is the ability to cope with and overcome adversity, to find purpose in challenges and change, and to prepare for the future by focusing on interconnections and personal strengths. This presentation will explore how concepts from resilience frameworks can be incorporated in clinical training and supervision.

**Abstract:** Resilience is the ability to cope with and overcome adversity, to find purpose in challenges and change, and to prepare for the future by focusing on interconnections and personal strengths. The ability to survive, cope, and flourish in the face of transitions is what makes one resilient. Resilience is bolstered by a lifelong commitment to self-awareness, compassion, and meaningful connections. The purpose of this presentation is to explore how concepts from resilience frameworks can be incorporated in clinical training and supervision. There are multiple models of resiliency that can be used to identify sources of strength. For example, Walsh's conceptualization of family resiliency emphasizes the importance of meaning making, adopting a positive outlook, being flexible and adaptive, cultivating mutual support and respect, sharing resources, reaching out to kin, balancing work/life, and being communicative in problem solving. According to the Circle of Courage model, developed by North American Indigenous & White clinicians for youth in foster care, resilience is cultivated when four constructs coexist in harmony: 1) Mastery – a deeply rooted sense of being able to cope and succeed; developed not by competition but by a sense of competence gained from overcoming challenges overseen by a skilled mentor; 2) Belonging - forging powerful social bonds; 3) Generosity - altruism and being concerned for others' wellbeing; participating in prosocial activities throughout one's life; 4) Independence - autonomy over one's decisions; bolstered through thoughtful feedback, agency to make decisions, taking responsibility, and exerting self-control. When facing the joys and challenges associated with becoming a clinician, trainers and trainees can utilize coping resilience constructs that facilitate growth and promote positive outcomes. The course will emphasize the ways in which instructors and supervisors can embody theory and evidence-based resilience concepts, which participants will explore through case examples and interactive activities.



# Parental guidance at the integration programme in Norway

Elfrid Krossbakken-Norway

**Short Description:** Our presentation focus on social policy, regarding the obligatory parental support classes in the introduction programme in Norway and cost/benefits of such a commitment. We will also present the ongoing study, The national study Supported Parenting Interventions for Families with Refugee Background, to highlights some findings.

**Abstract:** Refugees, and refugee families face many obstacles while integrating into a new society. Being a parent while settling into a new country might be challenging. Culture differences, and different expectations to parenthood might be confusing, and lack of social support might make this process even more difficult. In Norway refugees between the age of 18-55 is enrolled in an introduction programme containing courses focusing on skills that can ease the process of integration. The goal is to provide individual basic skills in the Norwegian language, and fundamental insight into Norwegian social conditions, to prepare the refugees for work, education and social life in Norway. Parents of children, and expecting parents, are enrolled in parental guidance classes, aimed at providing information, and provide security settling into the role as parents in a new country. This has been an obligatory part of the introduction programme since 2019, and an implemented policy aimed at prevention of i.e. outsidersness. We will in our presentation focus on social policy, regarding the parental support classes in the introduction programme in Norway and cost/benefits of such a commitment. We will also present the ongoing study, The national study Supported Parenting Interventions for Families with Refugee Background (PIRM). Pirm is a mixed methods factorial design study, and consist of qualitative and quantitative data from parents in the parental guidance classes in the introduction programme, and interviews with their children. We will present the study, and some tentative results. .

# Screen Use & Its Impact on the Family System

Amanda Owen-USA

Nicole Massey-Hastings-USA

**Short Description:** This workshop will address the impact of screen use on the family system. Factors influencing screen use and family functioning will be explored. This workshop will explore clinical interventions, the importance of strengthening parental sensitivity to the child's experience, and models of boundary setting and skill development.

**Abstract:** This workshop will address the impact of screen use on the family system. Factors influencing screen use and family functioning will be explored. This workshop will explore clinical interventions, the importance of strengthening parental sensitivity to the child's experience, restructuring, and models of boundary setting and skill development. Parental meta-emotional responses, and general overwhelm in management of screen use, frequently lead to decreased distress tolerance, increased outbursts and familial conflict, and a misunderstanding of age-appropriate growth edges. Parents often feel lost navigating this complex domain of family life and feel stuck between a rock and a hard place. Purposeful and planned discontinuation of screen usage for a period of time has the potential to build and reinforce active coping skills, limit stress responses, and create a space for open conversation to deepen both empathy and understanding. Tackling the challenge of screen time as a family system, rather than targeting an individual child, creates a space for connectedness and co-regulation and exploration of family values. Biological, neuroanatomical, developmental, and neurochemical aspects of screen use will be explored in the context of attachment and co-regulation. A deeper understanding of how rigid and excessive screen usage can mimic and exacerbate many clinical syndromes will be explored. Social learning theory and components of family functioning such as emotional contagion will be a foundation for navigating the complex landscape of rules, values, boundaries, and exploration of screen use in families. In addition, clinical skills development, such as parental self-soothing skills, co-regulation strategies, and home behavioral modifications will be utilized to restructure family systems that are not reliant on excessive screen time use. Learned clinical skills can also be generalized to other problems in family functioning.

# **Couple, Marriage, and Family Therapists inclusion of Black Social Fathers in Family Therapy**

Kevana Nixon-USA

**Short Description:** It's important that couple/marriage and family therapists (C/MFT's) operate from a culturally attuned lens. C/MFT's will expand their understanding of Black families to include Black social fathers in family therapy. This lecture will introduce C/MFT's how to integrate Black social fathers in practice.

**Abstract:** Fathers play an essential role in a child's emotional, mental, and physical health. When considering race, the presence of the Black father fosters the success of positive child health outcomes. In Black families, it is imperative that therapists, specifically Couple, Marriage, and Family therapists consider the collectivist nature of Black families and utilize accessible extended family/fictive kin members to support their children. A direct way to meet the need is to include Black Social Fathers. Black Social Fathers are men in the community who may be residential (boyfriend or stepfather) or non-residential Black male figures such as, grandfathers, uncles, coaches, church leaders, and mentors that support Black families in raising the children in the community. By identifying and understanding the important role of Black fathers, the role of Black Social Fathers in the Black family, and the inclusion of them in family therapy the C/MFT can be effective in treatment. The purpose of this paper is to emphasize the value and importance of inclusion of Black Social Fathers in family therapy and how CMFT's can expand their practice to involve these figures in treatment.

# **The role OBGYNs have in perinatal mood disorders in moms of color**

Darlyn Magana-USA

**Short Description:** The thesis research study is investigating the practices that OBGYNs are implementing to ensure moms of color are receiving the necessary education, screening, and treatment for perinatal mood disorders. In addition, researchers are assessing what strategies are being used to increase trust in the healthcare system.

**Abstract:** There are multiple research studies on the role and the importance of OBGYNs during the perinatal period however there is little research on what OBGYNs are doing when moms of color are experiencing symptoms of perinatal mood disorders and to increase trust for the healthcare system. This study is important as there has not been a study that focuses on this population in perinatal mood disorders. In order to continue destigmatizing perinatal mood disorders in moms of color, there needs to be a better understanding on what is currently being done and what is currently missing to address this problem. The study will be using qualitative research using the theoretical framework in phenomenology. Using semi-structured interviewing, data will be collected from the experiences of OBGYN residents and OBGYNs with several years of experience who have worked with moms of color by using purposive sampling and snowball sampling. Once interviews are transcribed, coding will be done in order to find themes with the interviews from the OBGYNs.

# The Single Story Reset Workshop

Jacqueline Mack-Harris-USA

Aisha Swan-USA

Keisha McLean-USA

**Short Description:** The Workshop invites participants to embark on a transformative journey of self-discovery. They will craft personal timelines, exploring life events and emotions. Guided by trauma-informed techniques, they'll delve deep, asking mindful questions, fostering healing, and embracing growth. An empowering experience of self-awareness and resilience.

**Abstract:** Single Story Reset Workshop: Embracing Multifaceted Narratives A profound journey in self-discovery and empathy. In this immersive experience, participants embark on a deep exploration of the narratives shaping their lives. Rooted in the understanding that every individual is a tapestry of diverse experiences, this workshop challenges the constraints of single stories, encouraging a holistic embrace of multifaceted identities.

1. **Unraveling Limited Narratives:** Participants will unravel the confines of single stories, recognizing the richness of their multifaceted identities. Through interactive exercises and storytelling techniques, attendees will delve into the complexities of their backgrounds, beliefs, and experiences, fostering a profound sense of self-awareness.
2. **Empathy Cultivation:** Through engaging activities and group discussions, participants will learn to empathize with diverse perspectives. By exploring varied narratives, attendees develop a deep understanding of the human experience, promoting compassion, tolerance, and inclusivity.
3. **Intersectionality and Inclusivity:** The workshop emphasizes the intersectionality of identities, acknowledging the unique interplay of factors such as race, gender, sexuality, and culture. Participants will learn how these intersections influence personal narratives, fostering a respectful appreciation for the diverse stories within our communities.
4. **Storytelling as Healing:** Guided by skilled facilitators, attendees will harness the power of storytelling for healing and empowerment. By sharing their narratives in a safe, supportive environment, participants not only find catharsis but also inspire others, breaking the cycle of silence and isolation.
5. **Cultivating Resilience:** By embracing the complexity of their stories, participants learn to navigate challenges with resilience. Through introspection and shared experiences, attendees gain practical tools to overcome adversity, building a foundation for emotional strength and mental well-being.
6. **Fostering Social Change:** The Single Story Reset Workshop goes beyond individual transformation; it inspires collective action. Participants are encouraged to use their newfound understanding to challenge stereotypes, promote inclusivity, and contribute positively to their communities. Join us in this empowering workshop where the tapestries of our lives are celebrated, and the power of embracing multifaceted narratives leads to personal growth, empathy, and meaningful social change. Together, let's reset the single stories and weave a richer, more inclusive tapestry of humanity.

# Creating a Relational Foundation Using Intentional Transparency: MFT Supervision in Diverse Contexts

Jeff Chang-Canada

**Short Description:** MFT supervision requires supervisees to discuss clinical mistakes, ethical dilemmas, countertransference, and insecurities, under their supervisor's live or videorecorded evaluative gaze. Jeff will describe an onboarding process characterized by supervisor transparency to invite supervisees to reciprocate their supervisor's transparency and create a context for a productive supervisory relationship.

**Abstract:** MFT supervision requires supervisees to discuss their clinical mistakes, ethical dilemmas, countertransference, and insecurities, under their supervisor's live or videorecorded evaluative gaze. They do this in a vulnerable position of potentially not passing a clinical placement or achieving adequate competence for licensure. Why on earth would they expose their flaws to their supervisor? In this context, problematic responses like supervisory non-disclosure and unapproved informal "supervision" make sense. What can MFT supervisors do to create a relational environment to maximize the possibility that supervisees will be transparent? In this presentation, Jeff will describe an onboarding process that clinical supervisors can use to accomplish this. This requires supervisors to intentionally model transparency as they orient new supervisees to their supervisory approach. Jeff will provide practical strategies on how to set the stage for conversations about culture, create a context to discuss personal influences on clinical work (countertransference), facilitate openness to discuss clinical mistakes, allow supervisees to observe their own clinical work, and discuss struggles, anxiety, and insecurities in their own clinical training. This onboarding process increases the likelihood of supervisees experiencing supervision as collaborative, while establishing appropriate hierarchy in the evaluative supervisory relationship. Using the IPscope to conceptualize supervisory relationships, Jeff proposes that such an onboarding process that models supervisor transparency can set the stage for "wellness interpersonal patterns" to develop within supervision and reduce the possibility of "pathologizing interpersonal patterns" developing.



# **Navigating Societal Marginalisation in Therapy : an exploration of the Journey of Unaccompanied Refugee Young People & their Therapist**

Máire Stedman-UK

**Short Description:** Is it possible to construct a narrative across cultures, spiritual belief systems, and life experiences in the context of a culture, which excludes and dehumanises? • The significance of a trusting relationship • Cultural and spiritual influences facilitating or hindering coping efforts • The use we make of particular models for understanding young people's experiences will determine the kind of therapy that we provide

**Abstract:** The author has extensive therapeutic experience of working collaboratively with unaccompanied refugee young people around their experiences of torture, organised violence, imprisonment, and, in some cases, of being a child soldier. Therapy has taken place in London at the Medical Foundation for the Care of Victims of Torture (now known as Freedom From Torture); the Refugee Council and the Helen Bamber Foundation, with young people from refugee and asylum-seeking communities as well as at the author's private practice. The following teams will be addressed: • Is it possible to construct a narrative across cultures, spiritual belief systems, and life experiences in the context of a culture, which excludes and dehumanises? • The significance of a trusting relationship as a means of facilitating therapeutic change. • Cultural and spiritual influences that may facilitate or hinder coping efforts in a given context - developing a secure and positive identity, based on culture of origin and spiritual beliefs, as well as learning the 'language' and meanings of the new culture in order to facilitate a sense of integration. • The use we make of particular models for understanding young people's experiences will determine the kind of therapy that we provide. What are the models of helping and therapy that most facilitate the therapeutic change and where do concepts such as Post-Traumatic Stress Disorder, spirituality, and culture bereavement fit in the context of collaborative and self-empowering practices? Despite the gravity of the circumstances, humour, culturally appropriate metaphors, and a willingness to engage in the re-authoring of stories and therefore of lives, has taken place in a context of great sensitivity to culture, spiritual beliefs, life experiences, and losses.

# **RUPP Training Family Therapy and Systemic Practice**

Sovandara Kao-Cambodia

**Short Description:** This training is designed for practitioners who work with individuals, families and broader interagency systems. In this course trainees are introduced to core working concepts and key ideas from the literature in

**Abstract:** A systemic approach considers the network of significant relationships of which each individual is a part of. It explores the beliefs that give meaning to people's behavior and the patterns of interaction and communication between people from families and different systems. The course will provide a significant opportunity for interdisciplinary learning by gathering a group of experienced professionals who bring profound proficiency from their field. The course structure fosters reflective practice and the immediate implementation of new knowledge in workplace-based cases supported by exercises, case work, peer consultation and supervision. The teaching will comprise lecturers, demonstration, experiential exercises, and group work.

# Attachment characteristics in primary and competing relationships

Elena Chebotareva-Russian Federation

**Short Description:** The study involved 75 respondents, married and having affairs outside their marriages. A comparison of attachment to a spouse and a lover was conducted. In general, in relationships with the primary partner more secure attachment styles are manifested, while relationships with a competing partner are more tense and contradictory.

**Abstract:** Infidelity is rather common problems in couple therapy. The perception of adultery and dealing with it related to attachment styles. When one of the partners is attracted to someone or something outside of the marriage or relationship, is formulated as competing attachments in modern research. The empirical study involved 75 respondents (44 women and 31 men), 28-55 years old, married and having affairs outside their marriages. Research methods: MIMARA (Brennan, Shaver); Experiences in Close Relationships (Brennan et al.); Marital satisfaction questionnaire (Alyoshina et al.); Questionnaire of understanding, emotional attraction and credibility (Volkova). A comparison of attachment to a spouse and a lover showed that with equal involvement into relationships with each of them, the distance with a lover is higher. People have more trust in their spouses, with their lovers they are more self-reliable, but also more jealous and clinging to partners. Some attachment characteristics (trust, self-reliance, ambivalence) are more stable and manifest themselves in relationships with both a spouse and a lover. While the other characteristics manifest themselves differently in relationships with each partner. In particular, intimacy avoidance with a spouse is directly related to preoccupation in the relationships with a lover. Frustration and ambivalence in relationships with a spouse are directly related to avoidance of intimacy, and in relationships with a lover - with jealousy. The clinging to a spouse is associated with the person's self-reliance, and with lovers - with the proximity seeking. Those people for whom their spouses are primary attachments, compared to those for whom attachments to their lovers are more important, usually have higher marital satisfaction, less avoidant attachment style with their spouse, and more preoccupied attachment style to their lovers. Thus, trust in a partner and self-reliance in the structure of attachment to a spouse and to a lover appear to be more universal characteristics, and the ratio between avoidance and preoccupation varies in relationships with spouses or lovers. In general, in relationships with the primary partner more secure attachment styles are manifested, while relationships with a competing partner are more tense and contradictory.

# **Mother2Mother Peer Mentorship Program: Reflections and Lessons Learned**

Kayce Shepard-USA

**Short Description:** Mother-2-Mother is an 8-week peer mentorship program that uses a combination of structured mentorship and group discussions, to support character building, financial literacy, and workforce preparation. This presentation reflects on the experience of developing the M2M program and lessons learned since its inception.

**Abstract:** One in four children are raised in a single parent home. According to U.S. Census Bureau, out of about 10 million single parent homes with children under the age of 18, almost 80 percent are headed by single mothers with a third of these families living in poverty. Thus, a mother's role is vital to the life of a child and their development. Mother-2-Mother (M2M) is an innovative 8-week peer mentorship program designed to unite experienced mothers from diverse backgrounds locally and across the nation with the mission of inspiring and empowering young mothers. M2M aims to provide young mothers with the essential building blocks to establish a foundation rooted in character building, financial literacy, and workforce preparation. The core premise of M2M lies in the belief that young mothers can only impart values and knowledge to their children if they have acquired them themselves. Through a combination of structured mentorship and group discussions, M2M has successfully empowered young mothers to navigate the challenges of parenthood and life as a whole. This presentation reflects on the experience of developing the Mother-2-Mother program and the lessons learned in the 10 years since its inception. Some of these critical lessons include emphasizing the importance of peer support, shared experiences, skills-based education and the transformative potential of mentorship. The program's mission underscores how the transmission of wisdom and empathy from experienced mothers to their younger counterparts contributes to the development of confident, capable, and empowered young mothers. By accomplishing this mission, this program ultimately benefits not only these mothers but also their children and community.

# Neurofeedback and systemic psychophysiology

Katheryn Whittaker-Cayman Islands

**Short Description:** Neurofeedback and systemic psychophysiology has begun to find its way in family therapy specifically in the US and is now making its way globally. Research has shown positive outcomes when Neurofeedback is applied to just one family member- This in turn has shown to increase positive family interaction.

**Abstract:** Neurofeedback and systemic psychophysiology has begun to find its way in family therapy specifically in the US and is now making its way globally. Research has shown positive outcomes for those who suffer from anxiety, depression, complex trauma, traumatic brain injuries, autism, and dementia to name a few. When Neurofeedback is applied to just one family member discussion of how the family interaction and cohesion is introduced . This presenter will discuss Neurofeedback; what it is and how it works. Additionally, she will discuss how it affects the family system. Furthermore, keys to assist families through this practice will be presented.

# How to work with families after adolescent attempted suicide

Juha Metelinen-Finland

**Short Description:** The family intervention model is developed from the ASSIP model and using Attachment Based Family Therapy Theory. The key factors are working with high risk, safety, and attachments. We believe that the parents and family are a very important safety net for the youth.

**Abstract:** Suicide rates in Finland and in Europe have been decreasing over the years, but suicide attempts and self-harming are still very common. In Finland, self-harming is a very common symptom with adolescents in psychiatric services. When an adolescent attempts suicide, it is a crisis for all the family members. Too often parents have experienced that they do not get enough help and are left alone with this big crisis. Mieli Finnish Mental Health is a mental health association, nowadays funded by the Finnish government. In 2013, the organization started a project “Attempted suicide short intervention program (ASSIP)” (translated in Finnish LINITY) for clients who have attempt suicide. The intervention model was developed by Konrad Mitchel and Anja Gysin-Maillart in the University Hospital of Bern, Switzerland. The idea of ASSIP is to prevent suicide attempts. We know that a previous suicide attempt is the key risk factor for suicide. In 2018, the project changed to a permanent service and we named our service the Suicide Prevention Center. It operates in Helsinki and Kuopio. A few years ago in our Suicide Prevention Center, especially in Kuopio, there was a wave of adolescents coming to the ASSIP intervention. We soon realized that we needed a service for parents and the adolescents to talk together about the suicide crisis, as we call the crisis after the suicide attempt. At that time the family intervention was designed with the co-operation of the Adolescent Psychiatry Clinic in Kuopio University Hospital. We started working together with “the experiment” in the beginning of this year 2022 in Kuopio. In this presentation the ASSIP model and the model for the family intervention “experiment” will be introduced with the underpinning philosophy. The family intervention model is developed from the ASSIP model and using Attachment Based Family Therapy Theory. The key factors are working with high risk, safety, and attachments. We believe that the parents and family are a very important safety net for the youth. Our task as professionals and family therapists is to help parents and families with that.



# The role of parental accommodation in childhood anxiety

Mandi Melendez-USA

**Short Description:** Parental accommodation is a notable feature of anxiety in children, as parents enable the child to avoid anxiety-inducing stimuli and provide positive external reinforcement in the form of attention and support. Family therapists may support the family with a focus on regulation and distress tolerance.

**Abstract:** Anxiety is one of the most prevalent mental health issues today, with approximately 10% of children ages 3-17 affected (CDC, 2022) and there are seven primary features of anxiety in children, according to Chiu, et al. (2016): "hypervigilance, reactivity to novel or changes in stimuli, heightened sensitivity to threat, avoidant coping, somatic complaints, catastrophic reactions, and parental accommodation". Parental accommodation is a notable feature of anxiety in children for family therapists, as parents enable the child to avoid anxiety-inducing stimuli (negative external reinforcement) and provide attention and support (positive external reinforcement) (Lebowitz, et al, 2013). There are seven anxiety diagnoses relevant to children: separation anxiety, panic, specific phobias, agoraphobia, selective mutism, obsessive-compulsive, social anxiety, and generalized anxiety disorders (Chiu, Falk, & Walkup, 2016), all of which may be unintentionally reinforced and exacerbated by caregivers. Centers for Disease Control and Prevention (2022). Data and statistics on children's mental health. Retrieved from <https://www.cdc.gov/childrensmentalhealth/data.html> on June 25, 2022. Chiu, A., Falk, A., & Walkup, J. T. (2016). Anxiety disorders among children and adolescents. *Psychiatric Treatment of Children and Adolescents*, 14, 1, 26-33. <https://doi.org/10.1176/appi.focus.20150029> Lebowitz, E. R., Woolston, J., Bar-Haim, Y., Calvocoressi, L., Dauser, C., Warnick, E., ... & Leckman, J. F. (2013). Family accommodation in pediatric anxiety disorders. *Depression and anxiety*, 30(1), 47-54.

# What's up doc? How Work Stress Impacts Physician Relationships

Kathryn Wagner-USA

**Short Description:** One doctor dies by suicide in the US every day, the highest suicide rate among any profession (Anderson, 2019). Physician couple relationships can serve as a protective factor to physician psychological distress. Qualitative content analysis is used to understand the unique experiences in physician relationships in the U.S.

**Abstract:** Individuals who enter the medical field are required to work extensive hours, invest significant money on their education, and can experience multiple relocations through the different levels of training. The demands of a career in medicine may create work-to-family conflict that could lead to physicians and their partners seeking services for mental health concerns or relationship dissatisfaction. Experiences of burnout in the physician population may be exacerbated due to the fallout of COVID-19. Systemically trained therapists are well suited to understand how the high career demands of the medical field influence the support systems of physicians, as well as advocate for third order change in the larger societal systems that physicians are in to support the next generations of physicians. The purpose of this study is to highlight the unique experiences of those in physician relationships to understand how the work demands of a career in medicine impact their relationships. The present study includes data collected from survey responses of (n = 35) individual participants who are in a physician relationship lasting at least 6 months and included both medical and non-medical partners within physician relationships. Results revealed 5 themes and 17 subthemes, which highlight the unique experiences of those in physician relationships. The results of this study identify aspects of physician relationships that mental health clinicians can use to guide therapeutic work with these clients in couple's therapy. Future research and clinical implications will be discussed.

# **The Impact of D-Day: A DQA on Assessing Infidelity Discovery Response**

Jannah Hanson-Daley-USA

Kathryn Wagner-USA

**Short Description:** Discovering infidelity can lead to distress for non-participating partners. The Impact of Event Scale-Revised has been used to assess for PTSD-like symptoms in this population. Using deductive qualitative analysis, we evaluate its appropriateness and suggest adaptations to better assess the trauma response from infidelity discovery.

**Abstract:** Discovering infidelity in a committed relationship often results in negative effects for both partners. However, scholars in the field of couple and marriage therapy have often made claims that for the non-participating partner, symptoms similar to those of post-traumatic stress disorder (PTSD) can arise. To explore this claim, we used a deductive qualitative analysis (DQA) to compare the experiences of non-participating partners to the symptoms of PTSD measured on the Impact of Event Scale-Revised (IES-R). The IES-R is a validated measure that is commonly used to screen for PTSD symptoms and has been recommended as an appropriate assessment measure in infidelity literature. Using Deductive Qualitative Analysis (DQA), we examined the self-reported experiences of participants who have discovered infidelity and disclosed their response on a popular social networking site, Reddit. Our sample included (n = 50) independent, anonymous users on the r/infidelity subreddit. Deductive analysis was performed utilizing positive and negative codes corresponding to the IES-R. Inductive analysis was performed to provide suggestions of constructs to include in an adaption of the IES-R, so that the measure is better suited to assess for the trauma response that occurs at infidelity discovery.

# **Disability Dynamics: Examining Sibling Relationships Where Disability is Present**

Giselle Monterrosa-USA

Bailey Faerber-USA

**Short Description:** This poster emphasizes the impacts of having a sibling with a disability on non-disabled siblings, stressing the importance for systemic therapy. Utilizing secondary data, we investigated emotional challenges, potential shame, and the shift of non-disabled siblings to caregiving roles. Concluding with therapeutic interventions promoting resilience within the family.

**Abstract:** This research study led by students dives into the complex and covert effects that non-disabled siblings face when they have a sibling with a disability, emphasizing the crucial role of systemic therapy. Employing a secondary data approach, we examined the emotional challenges faced by non-disabled siblings, highlighting the often overlooked issue of unmet needs within family dynamics. Our research goes beyond the immediate impact on non-disabled siblings, extending to the implications for parental well-being as well. We highlight the increased risk of burnout among parents, a factor that significantly influences their ability to be emotionally present for their other children. The study delves into the intricate interplay of familial dynamics, clarifying how the presence of a sibling with a disability can isolate non-disabled siblings, leaving their emotional needs unmet as they strive not to burden their parents further. Furthermore, the research sheds light on the profound emotional impact of potential shame experienced by non-disabled siblings, contributing to the strain on family bonds. We emphasize the occurrence of non-disabled siblings being elevated to co-parenting roles, and tasked with caring for their sibling with a disability, thereby adding an additional layer of responsibility to their familial roles. In response to these findings, our study proposes therapeutic recommendations to guide interventions for families with a child with a disability. These include psychoeducational interventions tailored to address the unique needs of non-disabled siblings, targeted strategies for addressing sibling shame, and collaborative family therapy sessions. The overarching goal is to reinforce family resilience through a multifaceted approach that emphasizes community support and peer resources, creating an inclusive therapeutic environment conducive to the well-being of families with a child with a disability.

# The Association Between Adult Attachment Orientations and the Phenomenological Properties of Autobiographical Memory: Examining Actor-Partner Effects

Bahar Filiz-Turkey

**Short Description:** Explore links between adult attachment orientations and autobiographical memories in romantic relationships. With 108 couples, the study investigates the association, revealing patterns in emotional intensity and sharing. Findings, using the Actor-Partner Interdependence Model, shed light on direct partner effects, offering insights for clinical applications and advancing Attachment Theory.

**Abstract:** The present study aimed to investigate the association between adult attachment orientations and the phenomenological properties of romantic relationship-related autobiographical memories. Also, the actor-partner effect of one's attachment orientations on the partner's phenomenological properties of romantic relationship-related memories was examined. The study sample consisted of 108 couples (108 females and 108 males) who have been in romantic relationships for at least 2 years. Inclusion criteria were determined as having a romantic relationship for at least two years and not being pregnant for women. Qualtrics was used to collect data via an online setting. Demographic information forms, Experiences in Close Relationships-Revised (ECR-R) (Fraley et al., 2000), and Memory Experience Questionnaire-Short Form (MEQ-SF) (Luchetti, & Sutin, 2015) were filled out by both partners. Partial Correlation Analyses with controlling demographic variables and The Actor-Partner Interdependence Model (APIM) were used to analyze hypotheses. Partial Correlation Analyses showed that there is a positive correlation between attachment anxiety, sharing, and emotional intensity for negative memories. For positive memories, there was no correlation between attachment anxiety and coherence, and there was a positive correlation between attachment avoidance and distancing for both females and males. Moreover, a negative correlation between male attachment avoidance sensory details, and emotional intensity was found. For females, there was a negative association between attachment avoidance, and vividness, sensory details, emotional intensity, and sharing. For negative memories, there was a negative correlation between males' attachment anxiety emotional intensity, and coherence. According to APIM results, males' attachment anxiety and female's sharing of positive memories were positively related (direct partner effect). Moreover, females' attachment avoidance and males' sharing of negative memories were positively related (direct partner effect). Clinical implications of these dyadic findings are discussed in terms of the existing body of literature, and Attachment Theory (Bowlby, 1973). Finally, the study's limitations and future research suggestions are discussed. Keywords: adult attachment orientations, autobiographical memory, phenomenological characteristics, actor-partner interdependence model

# Are the Kids Alright? Helping Children Thrive Through Divorce Using Narrative Therapy

Allison Bonner-USA

**Short Description:** This poster presents relevant research demonstrating that children can thrive despite parental divorce. Previous research indicates potential protective factors for children of divorce, including skills that can lead to positive mental health outcomes in adult life. Potential narrative therapy interventions illustrate how clinicians can help clients develop these skills.

**Abstract:** Despite prevalent negative stereotypes, research shows diverse outcomes for children following their parents' divorce (Hetherington, 2002; McGoldrick et. al., 2023). There are at least four protective factors that lead to positive mental health and social outcomes for children of divorce: 1. Social support, 2. Self-reliance, 3. Positive relationships with parents, and 4. Resilience and self-compassion (Lussier et. al., 2002; Bray, 2019; Lan et. al., 2019; Sever et. al., 2007). These protective factors are then illustrated through a narrative therapy framework, which focuses on multiple possible realities, meaning making, the perception of the client as the expert, and the role of dominant discourses in the client's life (Suddearth et. al., 2017). A clinical vignette is then presented, depicting a teenage girl whose parents have divorced after a turbulent marriage. Through this vignette, clinicians will learn how to help clients develop cognitive distance and reframe their experiences with their parents' divorce, enabling them to develop these protective factors (White & Epston, 1990; Freedman & Combs, 1996). Further research is encouraged to explore the wide spectrum of outcomes children can experience after divorce and how clinicians can help children reach more positive outcomes.

# The Association between Adult Attachment Orientations and the Phenomenological Properties of Autobiographical Memory: Examining Actor-Partner Effects

Bahar Filiz-Turkey

**Short Description:** This research investigates the connection between adult attachment orientations and characteristics of romantic relationship-related autobiographical memories. Analyzing 108 couples, results reveal links between attachment anxiety and emotional aspects of negative memories. Attachment avoidance correlates with distancing in positive memories. APIM unveils that males' anxiety influencing females' positive memory sharing.

**Abstract:** The present study aimed to investigate the association between adult attachment orientations and the phenomenological properties of romantic relationship-related autobiographical memories. Also, the actor-partner effect of one's attachment orientations on the partner's phenomenological properties of romantic relationship-related memories was examined. The study sample consisted of 108 couples (108 females and 108 males) who have been in romantic relationships for at least 2 years. Inclusion criteria were determined as having a romantic relationship for at least two years and not being pregnant for women. Qualtrics was used to collect data via an online setting. Demographic information forms, Experiences in Close Relationships-Revised (ECR-R) (Fraley et al., 2000), and Memory Experience Questionnaire-Short Form (MEQ-SF) (Luchetti, & Sutin, 2015) were filled out by both partners. Partial Correlation Analyses with controlling demographic variables and The Actor-Partner Interdependence Model (APIM) were used to analyze hypotheses. Partial Correlation Analyses showed that there is a positive correlation between attachment anxiety, sharing, and emotional intensity for negative memories. For positive memories, there was no correlation between attachment anxiety and coherence, and there was a positive correlation between attachment avoidance and distancing for both females and males. Moreover, a negative correlation between male attachment avoidance sensory details, and emotional intensity was found. For females, there was a negative association between attachment avoidance, and vividness, sensory details, emotional intensity, and sharing. For negative memories, there was a negative correlation between males' attachment anxiety emotional intensity, and coherence. According to APIM results, males' attachment anxiety and female's sharing of positive memories were positively related (direct partner effect). Moreover, females' attachment avoidance and males' sharing of negative memories were positively related (direct partner effect). Clinical implications of these dyadic findings are discussed in terms of the existing body of literature, and Attachment Theory (Bowlby, 1973). Finally, the study's limitations and future research suggestions are discussed.



## Helping Ariel notice other stories

Keith Oulton-UK

**Short Description:** This presentation shows how a Narrative lens and collaborative working allowed Ariel, (who experienced childhood sexual abuse) notice other stories of self and take action through reflection and writing create new empowered self with skills and agency.

**Abstract:** This story is about 24 sessions of trauma informed therapy using a systemic/narrative lens that created space in which Ariel was able to flourish and find her voice. This presentation focuses on work done with Ariel, I share session notes along with Ariel's and my reflections on the work. In addition, Ariel provides her reflections about the work and the way we worked together. Ariel came to therapy due her experiences of childhood sexual abuse. She felt a need to get control of her life as it seemed to be getting more difficult. Due to lockdown, we never met face to face, all sessions were conducted via video calls. We worked in a collaborative way, which included sharing sessions notes and writing reflections. In the presentation, I share some of these notes and reflections. These show how Ariel took steps to take control and move away from the effects of traumatic experiences. Ariel shares how working in this way allowed her to speak up and change her view of self. Since completing therapy Ariel has expanded her support team to include people, not just cats. She is co-author of two articles in therapy journals (published 2023) I hope this presentation will help clinicians to be curious about sharing and writing session notes in a way that notices agency. Ariel is a fictional name.

# **Accessing and Supporting a Child's Grief: Theraplay® to Cope with a Cancer Diagnosis**

Anita Mehta-Canada

Sarah Burley-Canada

**Short Description:** A chronic illness diagnosis destabilizes the family system. Managing a child's reaction to a parent's cancer diagnosis is often distressing for the whole family. Interventions related to play can be helpful for family therapists to assess, understand and offer support to the child(ren) and other family members.

**Abstract:** Background: A cancer diagnosis creates a ripple effect throughout the entire family. There are many treatment modalities for therapists to select from when addressing family distress. This choice in interventions becomes increasingly critical when children are involved. Theraplay® is an optimal way to work with children who are coping with a family member with cancer. Theraplay® is attachment based play therapy involving four core concepts of structure, engagement, nurture, and challenge. This approach is helpful to address the psychosocial needs of children who need creative approaches to express their thoughts and feelings related to the experience of cancer. Method: This presentation will discuss the importance of play therapy as an integral part of Family Therapy. In addition, applicable strategies using theraplay® will be discussed. Case studies will be used to illustrate the use of theraplay® and highlight their clinical implications. Discussion: The majority of literature discusses the important modality of theraplay® from the perspective of pediatric cancers. What is not discussed as much is that it is important to consider its use for children making sense of a cancer diagnosis given to a family member. It considers the emotional and psychological ability of the children to process, understand and eventually accept the serious diagnosis of a loved one. Outcomes: Through play, a child's experience of a family member's cancer diagnosis can be organized and regulated. Tailoring interventions and including play provides a child with the opportunity to communicate and understand at a level that is appropriate to them. A cancer diagnosis in a parent reverberates throughout the family system. Given this, strategies for intervention are suggested to address the informational and psychological health needs of parents and children. Implications for family therapists will be discussed.

# Considerations and Recommendations For Working with Interpreters in Psychotherapeutic Settings

Verenice Torres-USA

**Short Description:** In today's diverse society, therapists can find themselves working with clients who do not speak their primary language. Yet, working with interpreters in psychotherapeutic settings is not often part of their clinical training. This presentation will highlight some challenges and best practices related to delivering therapy with an interpreter.

**Abstract:** In the United States, just over 21% percent of the population does not speak English as the primary language in the home. However, only 10.8 percent of psychologists report an ability to provide services in a language other than English. This disparity has created an increased need for interpretation services in mental health settings. While the use of interpretation services is valued and needed to fill this gap, it also raises various clinical and ethical concerns. Financial implications arising from language disparities between service providers and consumers include additional and more frequent hospital admissions, poor follow-up with primary or outpatient clinical services, and worse outcomes for care. In this presentation, we examine the current body of literature related to some of the issues and challenges of utilizing interpretation services within various units of psychotherapy, discuss ethical concerns, practical challenges, and recommendations for best practices. The purpose of this presentation is to elucidate best practices and future directions for research in order to overcome disparities in access and engagement of psychotherapeutic services for non-English proficient individuals.

## Hua-Wu-Shi-Family Therapy in Practice

Chew-Chung Wu-Taiwan

Hong-shiow Yeh-Taiwan

Joo-siang Tan-Malaysia

Ya-ling Huang-Taiwan

**Short Description:** The presentation will introduce the case-based training process of Hua-Wu-Shi family therapy, a novel approach Dr. Chew-Chung Agnes Wu developed by incorporating Satir's theory and skills with consideration of Chinese cultural background in practice. It will be conducted by video presentation, speech, and group discussion.

**Abstract:** In 1968, the first family therapy was performed in Taiwan, in the Department of Psychiatry, National Taiwan University Hospital. Dr. Chu-Chang Chen, a medical doctor in psychiatry, and Ms. Chew-Chung Agnes Wu, a social worker back then, were the two professionals provided care to that family of 6 members. Dr. Wu was involved in this initial phase of family therapy in Taiwan for three years, an experience inspired her to pursue further education in the US. She eventually met Virginia Satir, Mother of Family Therapy, and became her first Asian disciple. Dr. Wu introduced Satir's theory and skills to Taiwan in 1983. Influenced by culture background, Chinese have different ways to express themselves and/or interact with family members from Westerners. With her more than 50 years of experience working with hundreds of Chinese families in Taiwan, Malaysia, and Hongkong, Dr. Wu developed her own style in family therapy that was later named Hua-Wu-Shi in 2010. She has conducted numerous workshops to pass down her experience and train new generation of family therapists in Taiwan. This presentation will layout the training process and it consist of four sections: 1) History and Background; 2) Using Hua-Wu-Shi Family Therapy to Help a Family with Ambiguous Boundary; 3) Using Hua-Wu-Shi Family Therapy to Assist Asian Couples Facing Extramarital Affairs; and 4) Using Hua-Wu-Shi Family Therapy to Assist Three Generations of a Traumatized Family

## **Sculpturing Techniques in Hua-Wu-Shi Family Therapy**

Chew-Chung Wu-Taiwan

Hong-shiow Yeh-Taiwan

Joo-siang Tan-Malaysia

Ya-ling Huang-Taiwan

**Short Description:** Hua-Wu-Shi family therapy is a novel approach Dr. Chew-Chung Wu developed by incorporating Virginia Satir's theory and skills with consideration of Chinese cultural background in practice. The workshop will invite audience participating in role playing to experience sculpturing techniques in Hua-Wu-Shi family therapy.

**Abstract:** Relationship involves the feelings of two persons. During verbal communication, the meaning of words expressed by one person may be perceived differently or misunderstood by the other, especially among family members who have lived together for a long time with accumulated past history. Virginia Satir invented the sculpturing techniques. The non-verbal expressions, such as family members' position, posture, facing direction, and the distance from others, translate one's feeling in the family relationships and reflect his/her family life. These non-verbal expressions also have significant influence and can be used to facilitate a change in the interaction among family members and their relationships. There are 6 core competencies that are emphasized for therapists in Hua-Wu-Shi family therapy in order to provide teaching, training and supervision. 1. The ability of Making Contact: the willingness and ability to self-reflect in order to relate to the client. 2. The ability to engage with individual family members in here and now, immerse oneself in the present moment and situation, and simultaneously maintain mental and emotional distance from the family's situation. 3. The ability to induce the interaction between the family members in order to let them present their own natural process of family interaction. 4. The ability to facilitate a therapeutic process and a course of action to move family towards changes. 5. To build up a kind of working partner relationship. 6. Using verbal and non-verbal methods according to the context of family development, the family as a whole participates in activities to discover and experience each other. The therapist's personal growth is the key point of teaching, training and supervision in Hua-Wu-Shi Family Therapy.

# **Cultural and Relational Beliefs in Meaning Making for Psychological Distress within the African Canadian Diaspora**

Buuma Maisha-Canada

**Short Description:** The communication will discuss our research participants' perceptions of psychological distress, including perceptions that would likely limit awareness and normalization of the distress viewed as a supernatural, abnormal, or simply unknown phenomenon. An integrative approach showcasing cultural, relational, and spiritual perspectives is recommended for therapy with the studied population.

**Abstract:** This communication will present the results of a research exploring the role of culture and perceived quality of relationships in perceptions of psychological distress within the sub-Saharan diaspora in Canada and how these perceptions affect professional help seeking behavior. Participants have shared perceptions that would likely limit awareness and normalization of the distress viewed as a supernatural, abnormal, or simply unknown phenomenon. An integrative approach showcasing cultural, relational, and spiritual perspectives is recommended to support the quality of therapy experiences with members of the studied communities.

# **Supervising systemic practice within the NHS: pragmatic and contextual practices**

Mark Rivett-UK

**Short Description:** This presentation, within the Supervision Strand, will explore the complexities of supervising systemic and family therapy practice within a publicly funded health service: the National Health Service in the UK.

**Abstract:** This presentation, within the Supervision Strand, will explore the complexities of supervising systemic and family therapy practice within a publicly funded health service: the National Health Service in the UK. Supervision in this context happens within a system where management expectations often compete with professional supervision and systemic supervision occurs between multiple professional systems. For instance, management determines caseloads while restricting reflection time. Equally, family therapists are often asked to supervise nursing, psychology and even dietetic colleagues. The session will explore the supervisory task (both group and individual) in this context which offers both opportunities as well as challenges. The presentation will be peppered with a series of case examples to stimulate debate and reflection.



# Hidden Challenges of Ulcerative Colitis and Its Systemic Impacts

Audrey Perez-USA

**Short Description:** This presentation delves into the hidden challenges of Ulcerative Colitis (UC) individuals. It emphasizes its impact on family systems, from stigma to re-narrating family roles. Further research is essential to highlight the lived experiences and real-life challenges to mitigate the adverse effects and improve their quality of life.

**Abstract:** Globally, Northern Europe and North America have the highest incidence and prevalence rates of inflammatory bowel diseases. Ulcerative colitis (UC) is reported to have an annual incidence of 9-20 cases for 100,000 individuals (Lynch & Hsu, 2023). Ulcerative Colitis is an autoimmune disorder, an incurable chronic disease. This condition is also perceived as an “invisible illness.” Despite the various complexities of the illness and its adverse implications on the individual, the condition's impact is invisible to “outsiders.” Given that UC is an invisible illness, there are hidden challenges this population faces that can lead to poor mental health and overall decreased quality of life. When examining the impact of Ulcerative colitis on individuals within a family and considering broader systemic perspectives, it becomes imperative to raise awareness about how the individual systems play a pivotal role in overall quality of life, such as how the individual's workplace environment affects this particular population. This encompasses addressing issues such as the pervasive stigma associated with invisible illnesses and the challenges of obtaining suitable accommodations. Additionally, factors contributing to a decreased quality of life, such as other stressors in the workplace or the healthcare system, further compound the dynamics within the family systems. This population experiences chronic physical symptoms affecting their daily life and navigate through profound systemic implications that may enhance adverse experiences. To mitigate the adverse effects individuals with UC face, conceptualized from a systemic point of view, it is essential to increase awareness. There is a need for more research that can lead to more significant clinical and policy implications that can improve the quality of life for individuals with UC.

# Working Alliance Application in Mandated Employment Services

George Giuliani-Australia

**Short Description:** This presentation will report on Australian mixed method research on the application of Working Alliance theories and practice in mandated Employment Services. Australian contracted employment services and other conservative bureaucracies have emphasized a tough approach toward people experiencing unemployment. This research makes the case for a Relational Case Management model.

**Abstract:** Empirical research in social work and other disciplines such as psychology and education confirms the centrality of relationship-building in achieving results in the helping professions. This presentation reports on mixed methods research that explores the employment outcomes of employment consultants in Australian contracted employment services and their job seeker engagement and relationship style. The presenter contrasts the dominant paradigm of a punitive work first ideology that stresses activation and individual responsibility, with relationship based interventions that encourage building social capital and pathways to employment. The presentation makes the case for relational Case management using working alliance as the foundation for assisting disadvantaged and often mandated clients. The research methodology used focus groups of job seekers and employment consultants to inform the design of an online survey of employment consultants. The survey responses were used to construct a Relationship Focus Score which was correlated with employment outcome scores and the length of unemployment of job seekers on consultants' caseloads. The qualitative component explored the engagement styles of frontline workers and the individual and structural inhibitors to relationship based models of practice. The findings suggest that a greater focus on relationship building and improving the skill level of front line workers could improve the capacity for effective case management, and better enable workers to practice in ways consistent with the values and processes expected in helping professions.

# Relationship Needs Assessment and Help Seeking Behavior for Couples Intervention

John Jacob-USA

**Short Description:** Research shows that couples often seek professional help several years too late to save their relationship. Non-clinical couple-based assessment may serve as an impetus for moving couples into treatment sooner. This study evaluates use of a couples' interactive needs assessment for increasing motivation to seek couples-based treatment.

**Abstract:** Research consistently reveals that couples often delay seeking professional help until it may be too late to salvage their marriages, resulting in unmet relational needs over an extended period. This study addresses the critical question: How does completing a Needs Assessment Questionnaire impact the likelihood of clients seeking help, including self-help? Our investigation involved over 500 couples across diverse geographical regions, including the United States, Canada, Australia, the UK, and New Zealand. The findings demonstrated a statistically significant increase in "Help-seeking" behavior among couples who underwent the 'Assessment of Interactive Needs for Couples' test. Crucially, clinically significant outcomes emerged, highlighting a rise in the identification of "clinically ready" clients—individuals not only prepared to receive assistance but actively seeking it at an earlier stage, to influence their relationship outcomes positively. Our observations indicated that the strength of relational bonds was mediated by the quality and quantity of interactions between individuals in close proximity. Notably, encouraging clients to make changes "one interaction at a time" proved to be effective. The 'Assessment of Interactive Needs for Couples' test, designed to deliver results in a visual format, demonstrated increased impact. The assessment focused on two interactive dimensions: Couple Communication and Coactive Intimacy. By concentrating on these dimensions, we identified the aspects most responsible for fostering and maintaining couple bonding. This research underscores the importance of early intervention in fostering healthier relationships. The identified link between interactive dimensions and help-seeking behavior provides clinicians with actionable insights into effective strategies for guiding couples toward positive changes. As relationships can be transformed "one interaction at a time," this study advocates for the integration of needs assessments, emphasizing the potential for visual formats to enhance intervention outcomes and ultimately contribute to the longevity of couples' unions.

# **The Application of Korean Integrative Family Therapy Model on Five Korean Sexless Couples**

Tai-Young Park-Korea (Rep. of)

**Short Description:** This study explores the factors that contributed to the sexless problems of five Korean male clients who experienced sex as pressure which led to sexual dysfunction. The study examines the therapeutic intervention and effectiveness of Korean Integrative Family Therapy Model.

**Abstract:** This study explores the factors that contributed to the sexless problems of five Korean male clients who experienced sex as pressure which led to sexual dysfunction. The study examines the therapeutic intervention and effectiveness of Korean Integrative Family Therapy Model. Korean Integrative Family Therapy Model is grounded on the family life cycle, object relations theory, attachment theory, Murray Bowen's family systems theory, and Korean family culture. This study used intra- and inter-case analysis to identify similarities and differences between the contributing factors in the five cases. Based on 1500 couple and family therapy cases for the past 30 years of practicing family therapy, I have observed that at the core of the problems in Korean families lie transference, internal working models, communication patterns, and filial piety (undifferentiation of self) in Korean culture. In this study, I conceptualize five family therapy cases by classifying triggering factors (events or crises in the family life cycle) and latent factors (transference, internal working model, communication patterns, and filial piety (i.e., undifferentiation of self)) which influenced on the sexless problems. The contributing factors were psychological factors, in-law factors, marital communication factors, family of origin factors, and transferences factors. The findings of this study suggest that interaction among these factors contributed to the five Korean male clients with sexless problems.

# **Mental Health Counselors and DBT Skills Groups in Acute Inpatient Settings**

Melanie Agustin-USA

**Short Description:** Dialectical Behavior Therapy is an evidenced-based psychotherapy anchoring acute inpatient programming. Designed by psychologists, patients develop/practice coping skills to manage presenting symptoms. Counselors co-facilitate group linking skills with Positive Behavior Interventions and Supports. Programming strengthens collaboration with family caregivers, creating a transition of learned skills to home.

**Abstract:** Dialectical Behavior Therapy (DBT) is an evidenced-based psychotherapy intervention that anchors programming designed by clinical psychologists to support patient development and practice of coping skills to manage presenting symptoms treated through acute inpatient hospitalization. Licensed Professional Counselors and Residents in Counseling co-facilitate a one-hour group that links mastery of coping skills with Positive Behavior Interventions and Supports (PBIS) as an integrative behavioral health pediatric setting. Through the integration of this multidisciplinary team approach, such programming strengthens collaboration with family caregivers, creating a pathway to transition the learned skills home.

# **Unrealistic expectations: Considerations for the family therapist's role in reunification after trauma perpetrated by adults on their children**

Shantay Mines-USA

**Short Description:** This brief presentation will discuss the ethical, legal, and mental health considerations of trauma reintegration services for youth in the foster care system.

**Abstract:** Family therapists are integral to mental health treatment for youth who have experienced abuse and neglect. The foster care system in the U.S. has shifted its focus during the last fifteen years from permanently removing youth from parents who perpetrate abuse and neglect through a court-mediated long-term foster care or adoption process to individual and family therapy work towards reunification, if possible. Providers for youth who have experienced trauma have two mandates from state-run foster care systems: treating the youth's trauma using evidence-based treatments and preparing these youth for potential family reunification with the perpetrators of trauma. Our unrealistic expectations for children are often lost in family therapy reintegration. U.S. foster care systems expect children to engage in a process we never ask of adults who have experienced trauma- to receive treatment for the trauma while concurrently working with systems on integrating themselves back into a home with a trauma perpetrator. The impact of family reintegration with a perpetrator on the youth is not salient in this process, particularly the youth's limbic system, cognition, affect regulation, attunement, attachment, and emotional intelligence in the aftermath of the trauma and into adulthood. This brief presentation will discuss the ethical, legal, and mental health considerations of trauma reintegration services for youth in the foster care system by answering the following questions: What are our expectations for youth who have experienced parental-perpetrated trauma? What is the impact of parental-perpetrated trauma on developing youth? How do we, as providers, understand the risks, limitations, and ethics of our role in family reintegration?

# **The Application of Korean Integrative Family Therapy Model on Five Korean Sexless Couples**

Tai-Young Park-Korea (Rep. of)

**Short Description:** This study explored psychological and family-relational contributors to the sexless issues of five Korean male clients who experienced sex as pressure which led to sexual dysfunction. Further, this study examined the therapeutic intervention and effectiveness of the Korean Integrative Family Therapy model.

**Abstract:** This study explored psychological and family-relational contributors to the sexless issues of five Korean male clients who experienced sex as pressure which led to sexual dysfunction. Further, this study examined the therapeutic intervention and effectiveness of the Korean Integrative Family Therapy model. The Korean Integrative Family Therapy model is grounded on the family life cycle, object relations theory, attachment theory, Murray Bowen's family systems theory, and Korean family culture. This study used intra- and inter-case analysis to identify similarities and differences between the contributing factors in the five cases. Based on 1,500 couple and family therapy cases for the past 30 years of practicing family therapy, the author has observed that at the core of the problems in Korean families lies in transference, internal working models, communication patterns, and filial piety (undifferentiation of self) in Korean culture. In this study, the author conceptualized five family therapy cases by classifying triggering factors (events or crises in the family life cycle) and latent factors (transference, internal working model, communication patterns, and filial piety) which contributed to the sexless issues. The contributing factors were psychological factors, in-law factors, marital communication factors, family of origin factors, and transference factors. The findings of this study suggest that interaction among these factors contributed to the five Korean male clients with sexless issues.



# Helping high school teachers learn about family therapy

Chaolu Quan-China

Xin Quan-USA

**Short Description:** from October of 2022 to June of 2023, with the help of me, six high school teachers learned family therapy. The textbook is Family Therapy by Michael P. Nicholes. The learning methods are self-study and coaching. During the process, Scott Johnson gave us a lot of help.

**Abstract:** from October of 2022 to June of 2023, with the help of me, six high school teachers learned family therapy. The textbook we use is Family Therapy by Michael P. Nicholes and Sean D. Davis. The book includes 14 chapters, we only studied structural family therapy, strategic family therapy, Bowen family systems therapy, and so on. The learning methods are self-study and coaching. During the process, we met many difficulties. Because we use the translation, and the book has some mistakes. Dr. Scott Johnson gave us a lot of help. He answered any questions, and commented about some concepts and approaches. For example, about disciplinary techniques, the authors said, "Older children are sent to graduate school and required to sit through lectures." But Scott thought, "How many communities have a graduate school and how many graduate school professors would let even a misbehaving teenager sit in on one of their classes as a 'punishment?' Sometimes I also consult the author, Dr. Nicholes. After eight months, these teachers got significant progress. Some teachers can do family therapy at school. Parents and students were very satisfied.

# Systemic Clinical Supervision in Diverse Settings

William Northey-USA

**Short Description:** This opening workshop for the supervision track participants will consider how the context and setting impact the role, style, and responsibilities of systemic clinical supervisors. Participants will also reflect on the systemic interplay between supervisor, supervisee, clients, and clinical setting and the competencies necessary to be an effective systemic supervisor.

**Abstract:** The diverse settings in which systemic clinical supervisors practice can significantly impact the approach and responsibilities required and often times it is difficult to detangle the setting from the work being done. That is, many of the expectations and responsibilities go unexamined because of supervision is part and parcel of the clinical context. This workshop will also lay the groundwork for exploring systemic clinical supervision throughout the supervision track, including exploration of working with staff trained in other disciplines, different developmental stages, and challenges related to social justice. The pressures from other responsibilities supervisor also experience, like administrative, professional, and financial will also be explored.

# **The National Center for Social Studies (NCSS) in Saudi Arabia: Contribution for Family Counseling Research and Publication**

Nasser Aloud-Saudi Arabia

**Short Description:** This presentation provides an overview of the National Center for Social Studies (NCSS) in Saudi Arabia. It seeks to review its pivotal role in promoting scientific research and publication in the field of family counseling in the Kingdom of Saudi Arabia.

**Abstract:** The aim of this paper is to provide an overview of the National Center for Social Studies (NCSS) in Saudi Arabia. It seeks to review its pivotal role in promoting Applied Social Studies that contributes to Social Development in Saudi Society. The NCSS is a renowned institution dedicated to the study of social issues, conducting research, and providing evidence-based recommendations to address pressing social topics and inform policy decisions. The paper examines the establishment, objectives, and key initiatives undertaken by the NCSS to advance social understanding and contribute to societal development. The center serves as a hub for interdisciplinary research, fostering collaboration between academics, policymakers, and practitioners. Through its research programs, the NCSS addresses a wide range of social challenges, including poverty, inequality, education, healthcare, and social justice. The paper also discusses the role of NCSS in supporting scientific research and publication in the field of family counseling in the Kingdom of Saudi Arabia. The center offers several research grants to social science professionals, including university professors and graduate students, with the aim of evaluating programs and providing practical Recommendations in the field of family counseling. The paper also highlights the efforts of the NCSS in organizing and implementing conferences and scientific seminars in the field of family guidance and counseling. The objective is to enhance family counseling services in the kingdom and to reach recommendations that contribute to improving family counseling programs Community Centers.

# **Trauma and the Body: Somatic Approaches to Working with Wounded Couples and Families**

Jake Johnson-USA

**Short Description:** This workshop will define provide a systemic definition of trauma and note how it can impact our bodies. It will then explore how embodied trauma impacts one's intimate relationships. Various somatic approaches for treating the effects of trauma in our bodies and relationships will also be offered.

**Abstract:** This workshop will offer various theories for understanding and practical tools for working with couples and families who have experienced trauma. The workshop will begin with defining trauma and noting how it can impact our bodies. Then, systemic theories for understanding how trauma's impact on our bodies in turn affects our most important relationships will be explored. Lastly, various somatic approaches for treating the effects of trauma in our bodies and relationships will be offered. Throughout the workshop participants will be invited to ask questions, share their clinical experiences, and experience with one another various somatic techniques for treating trauma in family systems.

## **IACSTE Accreditation Process**

John Lawless-USA

William Hiebert-USA

**Short Description:** Members of the International Accreditation Commission for Systemic Therapy Education (IACSTE) will provide information for programs desiring accreditation as well as answer questions from programs already accredited.

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