MAMFT News

THE NEWSLETTER OF THE MINNESOTA ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

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LETTER FROM THE EDITOR

"It is 2018 and look where we are, we are burning Nike's on our feet"

–Manijeh Daneshpour

Hello –

I write to you again at the change of season with our next publication. Time really seems to fly when the air is clean and sun is shining.

Here at the newsletter we are finding ourselves in the spirit of change and gratitude. Megan will introduce the most recent recipient of the Distinguished Service Award in her President's Column.

In this edition you will notice some changes to the structure of our newsletter. Last edition I made a call for articles on the topic of Social Justice and the Therapeutic Relationship, inspired by our keynote speaker Manijeh Daneshpour…

This edition includes several articles from new contributors on this topic. Please check out their work.

The next theme for the Winter 2018 MAMFT Newsletter is Our greatest tool: The therapeutic relationship. Please consider submitting an article or encouraging a colleague with expertise in this area to do so. Additional subtopics within this theme can be found on page 4.

Be Well,

Christine Dudero, MA LMFT
MAMFT Newsletter Editor

PRESIDENT'S COLUMN
TIME TO GATHER, TIME TO LEND A HAND

I joined the association when I was in my graduate program at Saint Mary's. I felt it was a responsible thing to do, but despite urging from friends and mentors, it was not until many years later that I considered volunteering for a committee or running for a position. It was one of those things that I took for granted. I assumed it was a well-oiled machine that seemed to be working alright and, therefore, I was not an integral part of that process.

When I finally got a nudge (or more like a push) to run for the board, it was then that I finally realized what I didn't know before- EVERY MEMBER is an integral part of the process. The board and the committees of the board are made up of volunteers. Besides the Executive Director and the Administrative Coordinator, no one is getting paid for the work they do on the board.

As the dust is beginning to settle and we are getting into more of a groove with our independent organization, members and non-members alike, joined together to honor our colleague and great contributor to MAMFT, Megan Kunz.

Megan Kunz is a great example of taking pride in an organization and not being afraid to pitch in and get the job done. Megan has spent many years and countless hours volunteering her time on the board. She has also spent a lot of time promoting the association to her colleagues, supervisees, and friends. It is because of people like Megan, who have heart, loyalty, passion, and dedication, that the association exists.

Here is my ask to all of you and I am aware that I am not the first in this position to put this out there, but here goes anyway- PLEASE get involved. What does that mean? It means attending events, attending the conferences, volunteering for a committee, volunteering to be a trainer in one of our training series, VOTING in our elections, or it might mean running for a position on the board. Any of these things are a tremendous help to the board and to the association. Although we may not be able to please everyone all the time, we take great consideration when making decisions or planning events to ensure that we are doing the best we can to have a steadfast association that meets the needs of its members. The boards in the past have worked hard to create a warm and open community for all members and if that has not been your experience, feel free to reach out to one of us so we can try to make it better.

In closing, Megan Kunz we salute you! You are a great example of hard work and humility and the association is so very proud to call you one of our own.

Megan Oudekerk, PsyD, LMFT, RPT-S
MAMFT President

MAMFT DISTINGUISHED SERVICE AWARD:
MEGAN KUNZ

How long have you been a member of MAMFT?

Since 2000/2001

What is one of your favorite memories from MAMFT?

I am partial to the Awards night that we honored Manijeh Daneshpour and I got to give a personal story of how she reached me as a young therapist in training. Public speaking is not comfortable for me so getting on stage and saying more than 3 sentences was a challenge but it meant a lot to me, so I did it!

Where do you practice and what are your areas of specialty?

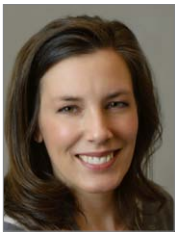
I have worked for David Hoy & Associates in Golden Valley for 14 years. For the last 10 years I have been focusing on outpatient therapy with adolescent females and their families, individuals and couples. Teens are my jam! I use a mix of DBT, sensorimotor, meditation and Experiential Therapy to top it off! These are skills I have learned over the years and find they fit me personally, and the population I serve.

What is something that people do not know about you?

I guess what you see is what you get, I'm pretty expressive and extroverted. People may not realize that I work VERY hard at reeling it in…and that I am self-conscious about public speaking…such irony

What is your favorite quote?

"Be yourself; everyone else is already taken."
– Oscar Wilde



Megan Kunz, MA, LMFT

CALL FOR *LETTERS TO THE EDITOR*
ON THE FOLLOWING TOPIC:

Our greatest tool: The therapeutic relationship

For the next MAMFT Newsletter we are looking for *Letters to the Editor* in regards to the therapeutic relationship in your practice.

Article topics might include:

- How to build a strong therapeutic relationship, including challenges and barriers
- Success stories of building a strong therapeutic relationship, including strategies used
- Identifying transference/countertransference and how it impacts the therapeutic relationships
- Ethical considerations with dealing with transference and countertransference
- Strategies and/or success stories of working through transference/countertransference
- An overview of joining and rapport building, including strategies, and/or success stories
- How to set appropriate boundaries with clients and why this is important to the therapeutic relationship
- How boundary setting is different in rural settings, including challenges and barriers
- Success stories of boundary setting with clients in rural settings
- How and when to use self-disclosure
- Success stories in regards to use of self-disclosure
- Advice you'd give a new therapist in regards to building therapeutic relationships with clients
- Building therapeutic relationships in specific settings (play therapy, school based mental health, day treatment, outpatient treatment, inpatient treatment, chemical dependency treatment, eating disorder treatment, couples therapy, family therapy, etc.)

Please consider submitting an article or encourage a colleague that might have expertise in one of these areas to submit. Submissions can be made online at https://www.mamft.net/newsletter/submit-an-article/

Elections Committee

The Elections Committee prepared candidates for the 2018 Fall Elections by working individually with them to vet and prepare their Candidate Statements. We closed our Call to Nominate in July with a result of nine nominees and seven chose to run for a position. Voting recently closed and the results can be found at www.mamft.net/committees/elections.

Greater MN

The Greater MN MAMFT Committee has been focusing on making trainings and social gatherings available to our membership throughout rural Minnesota. We are focusing on 5 different cities; Alexandria, St. Cloud, Moorhead, Duluth, and Rochester for rotating our trainings throughout the state. We are working on streamlining this process to allow for a foundation to be provided for future trainings and endeavors in Greater MN by MAMFT.

Legislative

The Legislative team is excited for upcoming opportunities to meet with practicing MFT's and talk about your legislative needs. Please reach out to erin@elliefamilyservices.com to talk about your needs and current trends in practice. We are busy working with legislators to try and author a bill on preventative mental health and planning our platform for next years legislative session. We are also excited to be joining the MN Mental Health Legislative Network where we can work in collaboration with the greater Minnesota mental health community to achieve common goals and better our community!

Membership

The Membership Committee would like to welcome all new and returning members to the MAMFT. We are working on connecting current members through Meet & Greet events, and are seeking out new members to join our community. We welcome your input and participation in this committee and would love to have your help as we educate new MFT students on the many benefits of MAMFT membership. Please contact me if you are interested in helping out or need more information at membership@mamft.net. Membership looks forward to hearing from you!

Pre-Clinical

The Pre-Clinical Committee is looking for passionate, energetic individuals who are on the journey toward LMFT licensure or who are recently licensed as LMFTs and who are interested in coordinating events relevant to this stage of our careers. If this is you, please email preclinical@mamft.net to get started!

Professional Practices

The Professional Practices Committee has been partnering with the emerging Social Justice/Diversity Committee to ensure that MAMFT's extension into the public realm beyond MFTs is executed in ways that align with our code of ethics and state statutes that govern our profession. Moving beyond ethics, this committee intends to define a framework for the Therapist-Activist that remains congruent to the cybernetic and systemic approaches to assessment and intervention of systems, both large and small. Our membership can also look forward to a survey sent out this Fall that aims to better understand our membership by answering the question of exactly "Who We Are as MFTs" in the state of MN.

Public Relations

The PR committee is looking to increase the visibility of MAMFT by increasing the number MFT's on print and television media. In addition we will continue to work on visibility through shirts, hoodies and other items with the MAMFT logo. Advocating and sharing the importance of MFT's in our community is our #1 goal!

Student Collaborative

We are looking for new members to help develop established connections at your institution!

Training Committee

The Training Committee is now in the planning stages of the next Greater MN Conference to be held in spring of 2019, possibly in the Moorhead area. If you have any ideas of potential speakers or locations, feel free to email Sara at executivedirector@mamft.net

ADVOCACY WITHIN THE THERAPY ROOM

LETTERS TO THE EDITOR: *Social Justice & The Therapeutic Relationship*

All therapists have an ethical mandate to advocate for their clients. Various mental health associations describe this mandate in their codes of ethics. However, many feel a lack of confidence regarding how they should implement this expectation.

For many therapists, advocacy takes the form of strategically writing to health insurance companies or passionately protesting outside of their offices expressing the need for improved client care coverage and accessibility. For others, advocacy is expressed through active association participation, including lobbying on Capitol Hill expressing the need for changed policies, or defending the legitimacy of mental health professional licensure.

Unfortunately, the number of professionals who engage in these direct advocacy efforts are minimal in comparison to the number of licensed professionals in the state. Many of the therapists who do not participate in these activities agree with the need for these perspectives to be actively expressed; however, whether influenced by limited professional time or personal discomfort with overt expressions associated with these activities, many therapists conclude, advocacy simply does not suit them. I do not believe this needs to be the case.

Advocacy can be described as effort made to increase the likelihood of client's needs being acknowledged and met outside of the therapy environment; however, these advocacy efforts need not be limited to behaviors initiated outside of the therapy room. What should not be overlooked are opportunities to advocate for our clients within the therapeutic environment as well.

In this time in our country's history, many issues related to social justice are being addressed out of necessity, often in reaction to significant events, generating emotions, and inspiring action in one form or another. Many therapists feel compelled to do something, but do not know where to begin. I recommend they consider advocacy within the therapy room as a good place to start.

Advocacy within the therapy room can take several forms – including but not limited to:

1) Assertiveness & Conflict Resolution Skills Training
2) Empathy Skills Training
3) Self-Awareness Skills Training

Assertiveness & Conflict Resolution Skills Training:

Helping clients learn to express their feelings in a healthy manner rather than bottle them up increases the likelihood that when clients engage in discussions about sensitive social justice issues in their home, work, or community environments, they will be able to do so constructively while expressing themselves effectively.

Teaching clients how to express very strong opinions in a non-aggressive manner is a great gift – to your client, as well as the person on the receiving end of that opinion. This can be considered advocacy because you are helping your client increase the likelihood of their voice being heard and creating significant change.

Empathy Skills Training:

Helping clients identify and understand the validity of others' opinions, especially those contrary to their own, is a great gift to clients as well as their opponents, increasing the likelihood of healthy solution seeking and reducing the likelihood of opponents being treated as enemies in a highly polarized context.

Empathizing with a contrary view is not the same as agreeing with the opposing view; rather it is understanding how someone else, based on their experiences and perspectives, could have the opposing view being expressed. The challenge is learning how to disagree respectfully.

Self-Awareness Skills Training:

Understanding others is often viewed as an act of empathy. However, in order to effectively understand the similarities and differences between another person's perspective and one's own, one must make intentional

efforts to understand one's own perspective. Ignorance of one's own ignorance can be a dangerous thing – and often contributes to poor decision making and emotional reactivity, which are often precursors for headline making social justice incidents and debates. Fortunately, therapists are uniquely positioned to help clients explore and identify the experiences that contribute to their strong opinions and perspectives, which also helps prepare them to more effectively empathize with their opponents.

I challenge you to consider not only the clients who are victims and in need of advocacy, but also the clients who are labeled as perpetrators of injustices. Whether or not your client is the abuser, the abused, or the falsely accused, therapists have a unique opportunity to help in recovery efforts after significant events, as well as help all sides prepare for a healthy discussion of relationship reconciliation in hopes of healthier interactions in the future.

Consider the therapist who helps a future judge empathize with contrasting perspectives when making decisions with significant implications. Consider the therapist who helps a law enforcement officer identify and reduce their biases and assumptions without fear of ignorance and potentially save the life of an innocent person. Consider the therapist who helps a politician with very strong opinions learn how to hear the validity in the very strong opinions of their opponents, resulting in less dehumanizing and vilifying of their opponent, healthier collaboration and decision making, and the potential meeting of a greater variety of needs in underserved communities.

For therapists cautious of the fear of exploiting clients by pushing certain agendas, let me validate that fear, while also reassuring that the goal of this form of advocacy is the exact opposite – not to unethically exploit the therapeutic relationship to promote a particular agenda; rather, to promote the healthy expression, discussion and understanding of various strong opinions and perspectives.

There is and will continue to be a need for advocacy outside of the therapy room. However, there will also be a need for therapists to utilize opportunities within the therapy room to help guide clients to healthier balanced perspectives and interactions. Working together, these indirect advocacy efforts help pave the way for the direct advocacy efforts.

Lambers Fisher, MS, LMFT, MDiv, is an AAMFT Clinical Fellow, and a Licensed Marriage & Family Therapist, with over 15 years of experience counseling individuals, couples and families from a variety of cultural backgrounds. Lambers' training experience includes facilitating national seminars and guest lecturing on topics related to multicultural awareness and diversity, as well as being an Adjunct Instructor and Supervisor for aspiring mental health and other helping professionals. You can find him at www.lambersfisher.com

Teaching clients how to express very strong opinions in a non-aggressive manner is a great gift

MY PRIVILEGE IS SHOWING

LETTERS TO THE EDITOR: *Social Justice & The Therapeutic Relationship*

"Privilege: An invisible package of unearned assets "

– Peggy McIntosh

I sat with a client recently, a young man that emigrated a couple years ago from El Salvador at the age of 14. I had been working with him for seven months, and had never asked him about his immigration story. My privilege was showing. We were working on reviewing the paperwork to renew his visa, which is what had sparked the question for me. I was upset with myself for never even thinking to ask him about it until now. My privilege was showing.

As I first asked him, and he shrugged it off as no big deal. Matter of factly, he described, at 14-years old, the two-month trek from El Salvador into Mexico, to the border and into Texas where he was detained by border patrol. I asked him if he was ever scared on the journey. His response to me was that this was nothing compared to the gang violence he was escaping. My privilege was showing. I told him that I thought he was brave. He asked me what that meant. I read to him the definition of brave (Siri actually read it to both of us): "ready to face and endure danger or pain; showing courage." He smiled to me and shrugged once again.

At the annual conference, Manijeh Daneshour spoke of the privilege it is for someone to be able to grow up with enough of their basic needs met to be able to have the time to learn how to put names to their feelings. This young man spent the first fourteen years of his life simply trying to survive the rampant violence and extreme poverty. My privilege is showing.

Christine Dudero, MA LMFT
MAMFT Newsletter Editor

FOOT SURGERY:
A WEIRD METAPHOR FOR WORKING ON YOUR RELATIONSHIP

I love to compare things and find the shared meaning. Dang if this one doesn't work perfectly.

Starting about ten years ago, I'd limp into a podiatrist or orthopedic surgeon's office every couple of years to have someone, anyone, look at my foot and get me some relief from the pain in the ball of it. For nine of those years, they said they weren't quite sure what was wrong with it–probably a little overuse, probably a little arthritis, but try wearing sensible shoes, wearing orthotic shoe inserts, taking ibuprofen, blah, blah, blah.

If that isn't a metaphor for living with some undefined, and occasionally painful, issue in your relationship…I'm not sure what is.

Last year, I started walking and hiking a lot more than usual. Over time, that same aggravated area got even more painful, even more swollen, even more red, and took even more time to return to normal after using it.

It was like having a relationship crisis. The turning away in bed at night, the silent scowls, and the terse text responses. The complaining about the relationship to your close friends, the searching online for something…answers, the right questions to ask, a connection from high school, or a new hairstyle or workout routine. The affair.

I found some possible answers for my foot issue online and sought out a specialist. Within a short time after looking at my X-rays and manipulating my toe joints, he had an answer. This foot needed surgery. It wasn't like I needed the procedure yesterday, but I needed it soon or the joint would be irreparable, stiff, and frozen. It would cause daily, low-level irritation.

Seriously, I'm not even going to spell out how ***that*** translates to relationship stuff because it's SO OBVIOUS.

Enter the surgery. I got a synthetic cartilage implant (e.g. therapeutic intervention) and a bone realignment (e.g. emotional insight).

I went into it perfectly ambulatory and functioning well enough. I came out of it with a blue cast on my foot, instructions to take five different medications on some schedule that my post-anesthesia brain couldn't track, a pair of crutches, a scooter, a temporary disabled parking pass, and a lot of unknowns. Like, how was I going to navigate midnight bathroom breaks? How quickly could I go back to work? How much was it going to hurt after the meds wore off? Would I gain weight or muscle? So many unknowns.

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Then the pain and the gravity of what I'd done set in and, much like the arc of perceived therapeutic benefit dips after the first few sessions, my certainty about the decision to have surgery waned after day five. I hated the crutches. I hated the scooter almost more. I hated the rubber leg condom I had to carefully pull over my heavy and sore foot. I hated standing on my good leg for almost everything. I hated working up a tremendous sweat just trying to get dressed or undressed. I hated trying to remember where to put my crutches so they were handy while I transitioned from the scooter. I HATED trying to get into the garage and pack things in my car. Hop, hop, hop, hop, HOP. HOP. HOP.

Regarding couples' therapy, one of a handful of things happens when the couple hits that point in their work. They outright quit ("That therapist didn't know anything. What a waste."). They take a break ("I had a work conference come up and we're going to need to skip the next few weeks. We'll call when we're ready to reschedule…"). And, sometimes, they stick it out, cry, get angry, and push through the tough questions they have to ask themselves and each other. They start to trust the process and do the at-home work.

Okay, with foot surgery, you don't have a lot of options to quit or fade away. And the trust is still hard to come by…

Day 15: There's no way my incision will ever be anything but a crumpled, scabby eyesore. I'll never bend my toe again – SOMETHING MUST HAVE GONE TERRIBLY WRONG!

Day 32: I think I'll go dancing, post-surgical boot and all. I can't wait until day 60 when I can wear a real shoe again! Life is great! What hiking trips can we take this summer? All of this is to say that the process of getting help that is needed, but not critically so, during a time that is somewhat less inconvenient than other times (that's to say, there was no convenient time to be off my foot for six weeks), depicts crazy-well the process of seeking help for a relationship:

When something is off, but no one's having an affair yet; it's really hard to fit counseling sessions into work/school/extracurriculars/travel/self-care time/gym workouts, etc. But in the end…what if getting help was worth it? What if things will get much better?

P.s. The best part of this metaphor – feet work independently, but they work best in relationship with the other foot, right?

Jenni McBride McNamara, MA LAMFT

Jenni is the owner of TouchingTrees Counseling, a private practice in St. Paul that specializes in Discernment Counseling, decoupling counseling, and post-divorce wellness

ANTICIPATORY DISCOMFORT
AS A ROADBLOCK FOR SOCIAL JUSTICE

LETTERS TO THE EDITOR: *Social Justice & The Therapeutic Relationship*

Recognizing why social justice is an important place to start ones involvement. Understanding why it's important is right in our wheelhouse as systemic thinkers and therapists. Social Justice is defined as, "Justice in terms of the distribution of wealth, opportunities, and privileges within a society" (Social justice, 2018). Within the United States, presently and historically, wealth, opportunities, and privileges are not equitably distributed.

Wealth, opportunities, and privileges are inequitable, because our systems were set up to be inequitable. As systemic therapists we know that a system is larger than the sum of its parts. As individuals, many of us did not create these inequitable systems. They have been in place for a long time. The systems are bigger than any of our own individual actions. That doesn't mean that what we do individually has no consequences, though. Going back to our cybernetic roots, the systems continue because there is not enough sustained and intentional positive feedback to dismantle the systems and allow them to find new points of homeostasis.

In conversations with colleagues, and particularly white colleagues in Minnesota and across the country, the most frustrating hurdle I have faced in talking about concepts related to social justice, is people shutting down at the anticipation of feeling shame, guilt, or fear. Just the *thought* of talking about things like racism; just the *potential* for maybe experiencing difficult feelings stops us before we even get started. We expect the conversations will be hard and feel bad, and so we evade and derail them any way we can: by being silent, leaving the room, crying and making it all about our own guilt, avoiding certain people or events, becoming defensive, changing the topic, pretending to be "color blind," getting angry, etc. All because we feel (even if only subconsciously or physiologically) like we can't handle some temporary experiences of fear, shame, and guilt. And those *temporary* feelings are temporary. What a small burden compared to the inequalities, oppression, prejudice, discrimination, and discomfort that people of color experience on a daily basis.

To continue with racism as an example, racism is a systemic problem. Racism is not the same as prejudice and discrimination. When I acknowledge that I am racist, because I benefit from the systemic privilege of my whiteness that does not mean that I hold malice or prejudice in my heart or intentionally discriminate against people of color. I lose nothing by acknowledging that I have privilege because I am white, except for my own willful ignorance of that privilege and its consequences. Reality doesn't change if you ignore it and pretend it's not true. It's just going to be even harder when you do eventually remove your blinders. In this example, racism could be replaced with another type of systemic oppression, and it would still be true. Heterosexuality is privileged. Maleness is privileged. Monogamy is privileged. Wealth is privileged. Christianity is privileged. Cisgenderness is privileged. The *choice* of whether or not to have awareness of these systems, and the *choice* of whether or not to engage in social justice, is relegated to the dominant, privileged groups. Privilege comes with power, and privilege comes with choice.

To make systemic change, we need to change ourselves. We need to stop stopping before we even get started. Calm yourself, soothe yourself, practice self-compassion. Do what you need to do to push through and to lean into the discomfort. See your privilege, and use the power and choice that comes with it. Because the reality is, if you're choosing willful ignorance, if you're choosing to ignore the inequalities in society, and your own experiences of privilege and oppression, you're damaging all of us. It's time to disrupt the system. A system that is socially unjust. A system that causes harm. Stop being a source of cybernetic negative feedback, and make some real change. Because you're not in the business of hurting people.

Ashley Myhre, M.A., LAMFT. Ashley sees clients at her practice, POW! Psychotherapy, where she works with nerds and geeks around trauma, anxiety, self-esteem, and relationships. She started LEARN Mental Health MN to help providers find and promote training and continuing education opportunities throughout the state.

Reference:

Social justice. (2018). In *OxfordDictionaries.com*. Retrieved from https://en.oxforddictionaries.com/definition/social_justice

YOU ARE PREPARING FOR A SUCCESSFUL WEDDING,
BUT ARE YOU PREPARING FOR A SUCCESSFUL MARRIAGE?

One of the questions that I often get from engaged couples is "how can premarital counseling benefit us and why should we do it?" Once you are engaged, there is a lot of focus on the "big day." What will my dress look like? Where will we get married? Buffet or sit-down dinner? How many bridesmaids and groomsmen? Do I have to invite weird Uncle Tom? However, one of the most important questions should be, **"while we are preparing for a successful wedding day, are we also preparing for a successful marriage?"**

Marriage is a life-long commitment, and lasts long after the last piece of cake and the last dance. And let's be real, raw, and honest: marriage is hard. When things get hard, do you grow closer as a couple and overcome obstacles and difficulties, or do you shy away from conflict and struggle? How well do you really know your partner? Have you prepared yourself for both the joys and tough times that will inevitably come? Have you talked about marriage expectations, communication styles, how best to resolve conflict, your values about money and how finances will be managed, what type of parent you will be, and how to manage family and outside relationships?

Premarital counseling allows you a safe space, with a neutral third party, to have these conversations and prepare for potential challenges that may arise. It gives you a place to talk about values, what is most important to you both individually and as a couple, and to learn skills and tools to create and maintain a strong marriage. A successful marriage is the product of a strong foundation, which is created when you feel trust, safety, and security with your partner. The better you know your partner, the stronger your foundation will be.

At the end of my last PREPARE/ENRICH session with couples, I ask for feedback in the form of "was this helpful and, if so, what did you find to be most helpful?" Each person to whom I have posed this question has answered in a similar way: that it allowed them to get to know and understand their partner on a deeper level, and to have conversations about topics in a way they had not experienced before. In other words, it allowed them to not only prepare for the excitement of the big day, but to prepare for marriage and all of the joy and challenges their new union will bring long after their wedding day has passed.

Sarah Kenville, JD, MA, LAMFT

A successful marriage is the product of a strong foundation, which is created when you feel trust, safety, and security with your partner.

MAMFT GREATER MN SPOTLIGHT
INTERVIEW QUESTIONS

Name:

Louise Ferry

Credentials:

PhD, LP, LMFT

Education:

BA from University of Minnesota in Morris

MA from Adler Graduate School

PhD from Capella University in clinical psychology

Place of employment/What do you do?

I am employed at Stevens Community Medical Center in Morris as a Psychologist as well as a Marriage and Family Therapist. I complete psychological testing as well as evaluations for many outside agencies. I provide psychotherapy to individuals, families, and couples from ages 6 and above. I am also a Board Approved Marriage and Family Therapist Supervisor in Minnesota. Most of my work is in the outpatient provision of services but we are also available for consultation with the emergency room and urgent care at our facility. Collaboration takes place often with medical providers and social service agencies in the area.

I also serve as a core faculty member of the Adler Graduate School in the Twin Cities and teach a number of classes mostly in the online environment as well as serve as a chair and reader of master's projects. The classes that I teach on a regular basis are Developmental Psychology, Essential Interviewing Skills, Clinical Treatment Planning in Counseling and Psychotherapy, and Comparative Theories, as well as Abnormal Psychology occasionally.

Why do you do what you do? What motivates you?

I enjoy helping others understand why they do what they do and how to make their lives more of a positive experience. I enjoy solving puzzles and find the cooperative experience of doing this with others to be very rewarding. My therapist role also serves to fulfill my enjoyment as a teacher in that I help to educate those also in the therapy office as well as in the academic domain.

How did you get into this field?

Since early in my adult years, I was often approached by others that wanted to talk about their issues in their lives and so I seemed to have the natural listening skills that are so important. I took many other pathways and increased my knowledge through various life experiences before I eventually completed my degrees.

What do you know now that you wish you had known as a beginning therapist?

I was more concerned about what to ask in the beginning and even would create a list before session of what to talk about. I quickly realized that such planning might limit what is important to address the natural process and dance that occurs in session.

How has a client impacted you?

There have been those clients who have experienced extreme losses in their lives and I have learned that I really have nothing to say at those times other than just being with them in their grief. That is something that I realize is also the case in my real life experiences with those who are close to me.

How do you practice self-care and keep balance in life?

I am not a good example for others perhaps although enjoy taking just a few minutes if possible to be outside each day to enjoy nature. Mindfulness in the moment in the outdoors is very refreshing. I also love to travel and play Words with Friends. My brain does not shut off too much and I believe that creating words is a way to keep my neural pathways open and alive.

If you weren't a therapist what would you do instead?

I had wanted to be a physician early on but did not proceed in that direction early enough in my life. I also have an undergrad major in music and have taught music in the past so I would perhaps be a music teacher.

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What are people surprised to learn about you?

That I have 6 children, 10 grandchildren and a great grandson.

What are some of your hobbies?

Words with Friends, crocheting, cooking, travel, being outside.

Favorite quote?

"Everything can also be different." - *Alfred Adler*

Ultimate bucket list item?

River cruise on the Amazon River

What is your involvement with MAMFT and why do you choose to be involved?

I only just became involved and decided that with the changes in the field and in the organizations related to Marriage and Family Therapy, we truly need representatives to ensure our continued professional role in the mental health field. Marriage and Family Therapy is such a different type of service provision that we need to protect the viability in the mental health field. I especially want to ensure that greater Minnesota is also active with the organization and fully represented. Consultation is an important part of our role and increasing the collaborative networks in greater Minnesota is necessary as well as providing additional educational opportunities in order to continue to learn and move forward with the newer research and findings in the field.

Louise Ferry, PhD, LP, LMFT

MEMBER SPOTLIGHT

Name:

Samantha Leverton

Credentials:

Mental Health Practitioner

Education:

I am currently enrolled in Master's of Arts program for Marriage and Family Therapy at Argosy University, Twin Cities

How many years have you been in the field?

4 years

Place of employment/What do you do?

I work at Life Development Resources as a Mental Health Practitioner

Why do you choose to be a member of MAMFT?

I chose to be a member of the MAMFT to stay up to date on what's happening in the field and (hopefully) get an opportunity to network with other MFTs.

What is something that people might not know about you?

I recently got engaged this summer!

What is your favorite binge worthy show?

Parenthood!

If you are not working, what is something we might find you doing?

I do a lot of photography in the time I'm not working. I also enjoy hiking and exploring state parks in MN, traveling, reading and writing.

How do you practice self-care and keep balance in life?

Prayer is a big part of what helps me to stay balanced. My faith keeps me grounded. Additionally- spending time with friends and family, going on long walks, facial masks and painting my nails are part of my self-care.

If you weren't a therapist what would you do instead?

Acting- I did a lot of theatre as a teenager and young adult and really enjoy the arts.

Favorite quote?

I recently stumbled upon this quote that I enjoy: *"A good head and a good heart are always a formidable combination."* - *Nelson Mandela*

Best book recommendation?

Redeeming Love by, Francine Rivers

Samantha Leverton

LETTERS TO THE EDITOR: *Social Justice & The Therapeutic Relationship*

Each year, Americans observe National Hispanic Heritage Month from September 15 to October 15, by celebrating the histories, cultures and contributions of American citizens whose ancestors came from Spain, Mexico, the Caribbean and Central and South America. The observation started in 1968 as Hispanic Heritage Week under President Lyndon Johnson and was expanded by President Ronald Reagan in 1988 to cover a 30-day period starting on September 15 and ending on October 15 coordinating respectively with independence days in several Latin American countries and with Columbus Day in October. Hispanic Heritage month was the civil right movement for many Hispanic identifying citizens in the United States to be counted within the census, to be seen as citizens and to advocate for their rights.

Hispanic, Latino, Latinx, Chicano/Chicana — these terms are all used to group Americans from the Latin-American diaspora together. Latinx is part of a language revolution that aims to move beyond gender binaries and is inclusive of the intersecting identities of Latin American descendants. Some will criticize these words for promoting a Panethnic or "One race" identity that erases their countries and doesn't necessarily result in real camaraderie among people of Latin American descent because they are highly diverse people ranging from mostly white, Native American, Black and African. Our cultures derive from these racial elements to varying degrees depending on which part of Mexico, Spain, the Caribbean or South & Central, brought together by the Spanish language with many different dialects. The Hispanic population of the United States is 54 million, making people of Hispanic origin the nation's largest ethnic or racial minority. In Minnesota, the Hispanic population has climbed from 54,000 in 1990 to 271,000 in 2013. Today, one in twenty Minnesota residents is Hispanic & the number is expected to continue to grow. The Spanish languages is the most common language spoken in Minnesota household after English, (U.S. Census Bureau, American Community Survey). As the Hispanic/Latinx population continues to grow in Minnesota, the culture of our state grows in abundance with the beauty of the people, music, dance, bold & vibrant art, literature and of course Food! In the Minneapolis/St Paul area, the community thrives in South Minneapolis along East Lake and the Powderhorn Neighborhood, the Ecuador Consulate resides on Central Avenue in NE Minneapolis and in St Paul the Mexican Consulate resides in the community along Cesar Chavez Avenue and the West Side celebrates the largest Minnesota Cinco de Mayo Community Celebration. Rural Minnesota is also seeing a growth in Hispanic/Latinx population moving into rural areas to work in manufacturing positions, construction, meat processing and farm work. They're bringing vitality to places that otherwise may not be experiencing such growth. They are also experiencing barriers to accessing resources in healthcare, education and social services.

As many other Americans, they experience common mental health disorders among Latinos like generalized anxiety disorder, major depression, posttraumatic stress disorder (PTSD, alcoholism, and a high rate of suicide attempts amongst adolescence girls, according to the National Alliance on Mental Illness. But they also face extra stressors and issues due to poverty, lack of resources specific to their culture, systemic racism and current issues playing out in our political system. The current political climate around Hispanic/Latinx individuals, families and immigrants has become increasingly hostile. In Florida, there were political robocalls that threatened to "Kill them All" referring to all Mexican immigrants after the death of Molly Tibbetts. Hispanic/Latinx identifying Americans are being prevented from renewing their passports with questions of "fake" citizenship and or birth certificates. The threat of deportation of someone they know or self is very real and heavily impacts their overall health and well-being. Puerto Ricans still are dealing with stress from the impact of Hurricane Maria on their families and themselves. Asylum seeking Immigrant families are being separated and caged at the border. Multiply the stress factor for Hispanic/Latinx people's experience who identify as Lesbian/Gay, Queer, Trans and/or Non-Binary. Often times, they turn to their families for support but in Hispanic/Latinx culture, it can be shameful and carry a lot of stigma to talk about mental health and sexuality. Some family members are still residing in

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the countries their families immigrated from dealing with their own trauma from threats of gang violence, poverty and living under corrupt political systems. Gender roles, religion and conformity continue to be a large part of the culture and inhibit Hispanic/Latinx individuals to open up about their sexuality or even to report sexual abuse/rape. Only 20 percent of Latinos with symptoms of a psychological disorders talk to a doctor or therapist about their concerns, and only 10 percent contact a mental health specialist, according to the National Alliance on Mental Illness. In smaller communities, it's even less likely due to barriers around language accessing a translator or a Hispanic/Latinx mental health provider.

How can Marriage & Family Therapist better connect with Hispanic/Latinx community? A couple things…

- Look in your office and offer documents, education materials in Spanish and a resource for a translator.
- Be aware that Hispanic or Latino is an umbrella term the client might not even identify with. Some may identify with their country of origin (Cuban, Venezuelan, etc.). Be mindful to address the client as such and be curious of their county origin.
- Be cognizant of current and past cultural trauma
- Be informed about culturally specific resources within the community
- Be mindful that Hispanic/Latinx folks are deeply connected to family and may come into therapy with another family member. Latinos place a lot of importance on the family and emphasize each member's interdependence on the family and it is very important for therapists to elicit client's wishes regarding their family's involvement in their therapy
- Be mindful that Hispanic/Latinx folks may take longer to develop relationships and build trust with Mental Health Professionals due to fear, past misdiagnosis and racism in previous attempts to connect with Social Services.
- Support for the growth and development of future Hispanic/Latinx Marriage & Family Therapists

Celebrate! Hispanic/Latinx folks love to celebrate and their celebrations are BIG, with families, friends and, at times, entire neighborhoods, coming together to eat, drink, sing and dance. Find time this month to support your local Latino businesses, go to your favorite authentic Mexican restaurant, go out Salsa dancing, watch a documentary of civil rights activist Dolores Huerta, or take the time to read a book of Pablo Neruda poetry.

Mucho Gusto!

Gwen Scherr MA, 200RYT is a 2nd generation Mexican American immigrant and a member of the Social Justice Committee. She specializes in the Mental Health Court System in Civil Commitments and practices at Hennepin County.

References:

National Alliance of Mental Illness

Chicano Latino Affairs Council State of Minnesota: A Latino Health Report

Identifying Barriers and Solutions to

Reduce Health Care Disparities

CDC's Healthy Communities Programs: Building Our Understanding: Culture Insights

Communicating with Hispanic/Latinos

LETTERS TO THE EDITOR: *Social Justice & The Therapeutic Relationship*

As a member of the social justice committee, I was excited to hear that this edition of the MAMFT newsletter would be dedicated to social justice and diverse populations. I thought I would like to share about the population that I work with and some terms for people to understand. I work with Refugees and Asylees, as well as those who identify as immigrants, and the terms and definitions can be confusing if you aren't familiar with them!

In writing these definitions I draw on the 1951 Geneva Convention which established the guidelines for refugees and the rights and expectations of all of the countries who signed it, and the 1967 Protocol which expanded its scope; as well as my 7+ years of experience in working with these populations. This is by no means an exhaustive list, but is rather intended as an opening to understand the nuances of our immigration system and some of the backgrounds of populations being served in Minnesota today.

Refugee:

A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries (UNHCR 2018)

Refugees usually are registered after they leave their country of origin by the United Nations/International Organization for Migration. Refugee camps are created to house the large amounts of refugees fleeing their countries. For example the largest refugee camp in the world is Dadaab, in Kenya, and was created in 1991 to accommodate the refugees leaving Somalia.

Asylee:

When people flee their own country and seek sanctuary in another country, they apply for asylum – the right to be recognized as a refugee and receive legal protection and material assistance. An asylum seeker must demonstrate that his or her fear of persecution in his or her home country is well-founded (UNHCR 2018).

Asylees are different from the refugee resettlement process in that they are able to get to another country and seek sanctuary instead of being registered in a refugee camp with the United Nations/International Organization for Migration. For example a few years ago during the war in Syria many Syrians crossed over into various countries in Europe to seek asylum. They still have to go through a vetting process and have many intensive interviews and background investigations to ensure that they qualify for asylum. You may also hear them called Asylum Seekers, people who leave their countries and seek asylum in a new country because they cannot expect protection in their own countries.

Migrant:

This is a general term used for people who move from one area to another, based on a variety of reasons. Safety and economic needs are usually the main reasons. While all refugees can be considered migrants, not all migrants can be considered refugees. For example, the young men who travel from western Africa to Italy to find work would be considered economic migrants.

Immigrant:

This is a broad and general term to describe people who leave their country of origin and move to live in a different country.

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Internally Displaced People (IDP):

An internally displaced person, or IDP, is someone who has been forced to flee their home but never cross an international border. These individuals seek safety anywhere they can find it—in nearby towns, schools, settlements, internal camps, even forests and fields. IDPs, which include people displaced by internal strife and natural disasters, are the largest group that UNHCR assists. Unlike refugees, IDPs are not protected by international law or eligible to receive many types of aid because they are legally under the protection of their own government (UNHCR 2018)

IDPs struggle for assistance since they are supposedly under the protection of their own government, however depending on the country, the protection or assistance they need may never come from the government. For example, there are many different ethnic groups in Myanmar who have fled their cities due to violence and natural disaster (flooding right now) and they will not receive any assistance from their government. This is also the case in Syria, the Syrians who remained and did not cross international borders still had to move to different areas where they could shelter from the fighting.

Illegal immigrant:

This is a term that generalizes the immigration process in the United States, its based on the assumption that there are "legal" ways to immigrate or that there are "proper" channels. More commonly it is used as a dog whistle for people of color and the idea that the order should come before justice and humanity. While there are legal visas, it ignores the fact that applying for asylum is legal. It is a dehumanizing term as it focuses on a person's "validity" and attempts to strip the humanity from them.

International Organization for Migration (IOM):

An intergovernmental organization that gathers, tracks, reports, facilitates and monitors migration of all forms. Including but not limited to: refugees, internally displaced people, and economic migrants.

United Nations High Commissioner for Refugees (UNHCR):

Created in 1951, it is dedicated to protecting and assisting refugees around the world, as well as asylees, IDPs, and stateless persons.

RESOURCES FOR PROFESSIONALS AND PRACTITIONERS:

Society of Refugee Healthcare Providers

http://nasrhp.org/

Metro Immigrant and Refugee Health Network

http://www.health.state.mn.us/divs/idepc/refugee/metrotf/index.html

Immigrant Law Center of Minnesota

https://www.ilcm.org/

LynAnne Evenson, MA LMFT. LynAnne is a member of the MAMFT Pre-Clinical Committee, she works with refugees and has a keen interest in social justice, equity, and culturally informed therapy. LynAnne was also recently elected to the MAMFT Board as part of the Elections Committee

Citations:

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MAMFT ANNUAL CONFERENCE PICTURES

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NETWORKING EVENT PICTURES

NEONATAL ABSTINENCE SYNDROME (NAS):
A NEED FOR GREATER AWARENESS, EDUCATION, AND UNDERSTANDING AMONG MARRIAGE AND FAMILY THERAPISTS

Neonatal abstinence syndrome (NAS)

Neonatal abstinence syndrome (NAS) occurs in babies that experience prenatal exposure to opioids. The baby is simply exposed to opioids in the womb during the course of pregnancy. As a result, the infant is born already addicted to whatever substances that the mother consumed during her pregnancy. These substances could be prescription (e.g., methadone and oxycodone) or illegal (e.g., heroin) in nature. When the baby no longer receives the drug after birth, withdrawal symptoms such as vomiting, seizures, sensory sensitivity, and loss of weight become apparent. This syndrome can have both short- and long-term developmental consequences. Concerns of NAS have increased with the opioid addiction crisis in the United States. In fact, research suggests somewhere between 25% and 30% of American pregnant women are prescribed opioids like OxyContin, Percocet, and Vicodin. This does not even account for instances where illegal drugs are consumed by pregnant women. Fueled by the consumption of these drugs, NAS has become one of the largest public health problems in the United States. For example, cases of NAS skyrocketed by approximately 400% from 2000 to 2012 (Centers for Disease Control and Prevention). This leaves 3.9 out of every 1000 delivery admissions in the United States with NAS. As such, it is imperative for marriage and family therapists to increase their awareness and understanding of NAS and its implications on these systems of care through comprehensive continuing education training programs.

Training Recommendations

Training programs should be designed for marriage and family therapists to increase their awareness of NAS and prepare these professionals to address this public health crisis in the field. Specifically, training programs should define NAS, explore the developmental and behavioral health consequences of NAS, discuss screening and assessment options, and identify evidence-based treatments and interventions for the baby and mother. Training programs in this area should focus on the following key objectives:

1. Define Neonatal Abstinence Syndrome (NAS)
2. Develop a working knowledge of the developmental and behavioral health consequences of NAS across the lifespan
3. Review the growing prevalence rates of NAS in the United States and the broader world
4. Explore the growing opioid crisis and its origins along with government-led responses
5. Identify and contrast different types of opioids
6. Discuss screening and assessment options to improve the identification and diagnosis of NAS
7. Learn about evidence-based pharmacologic and non-pharmacologic treatments and interventions for NAS
8. Explore possible protective factors and prevention strategies
9. Acquire a basic understanding of the existing empirical research on NAS
10. Learn about the criminal justice and forensic implications of NAS
11. Discuss current gaps in knowledge and highlight future directions for research on NAS

Jerrod Brown, Ph.D., is an Assistant Professor and Program Director for the Master of Arts degree in Human Services with an emphasis in Forensic Behavioral Health for Concordia University, St. Paul, Minnesota. Jerrod has also been employed with Pathways Counseling Center in St. Paul, Minnesota for the past fifteen years. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS) and the editor-in-chief of Forensic Scholars Today (FST) and the Journal of Special Populations (JSP). Jerrod has completed four separate master's degree programs and holds graduate certificates in autism spectrum disorder, other health disabilities, and traumatic brain injuries. Jerrod has also been a certified problem gambling treatment provider in Minnesota since 2009. Email: Jerrod01234Brown@live.com

RULE 82 PROBLEM GAMBLING ASSESSMENT:
A BRIEF REVIEW

Rule 82 Problem Gambling Assessment

Problem gambling is the compulsion to continue gambling in spite of devastating consequences such as behavioral, physiological, and fiscal problems. For example, problem gamblers are significantly more likely than the general population to commit suicide. Problem gambling is considered to be a "Non-Substance Related Addictive Disorders-312.31 (F63.0)" as detailed on pages 585-589 of the Diagnostic and Statistical Man¬ual of Mental Disorders, Fifth Edition (DSM-5).

Despite the seriousness of this issue, problem gambling often persists because some individuals use gambling as a means to distract themselves from feelings of depression, worry, and emotional trauma and loss. As such, it is important for professionals to remember that many individuals diagnosed with a problem gambling disorder often experience other co-occurring mental health conditions. However, with proper diagnosis and assessment, the condition can be treated in much the same way as substance use.

To increase the likelihood that individuals impacted by problem gambling are diagnosed and receive the assistance they need, the state of Minnesota implemented Rule 82. This requires that individuals convicted of certain crimes be assessed for problem gambling. The cost of this assessment is covered by the state, if not covered by insurance.

The assessment, performed by certified gambling therapists with advanced training, typically includes the South Oaks Gambling Screen (SOGS) along with a review of the individual's personal history. This includes examination of criminal, financial, psychiatric, and medical records as well as employment and education histories, family relationships, and substance use.

Similar to a presentence investigation report, Rule 82 assessments are then used by the court to inform conditions and placement during sentencing. This could include the recommendation or requirement of treatment services, including Gamblers Anonymous or different types of therapy (e.g., individual, family, or group).

There are several benefits of Rule 82 assessments. Individuals diagnosed with a gambling problem begin to recognize the presence of the problem, identify options for assistance, and ultimately address their gambling problem through treatment. Those deemed merely casual gamblers benefit from a Rule 82 assessment by becoming educated about the dangers of problem gambling and how to avoid developing a disorder in the future. When the assessment is successful and gambling addiction is not present, the likelihood of continued involvement in the criminal justice system is decreased.

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Five Essential Takeaways on Rule 82 and Problem Gambling:

- Problem gambling is the compulsion to gamble despite devastating consequences (e.g., behavioral, physiological, and fiscal problems)
- Minnesota's Rule 82 ensures that individuals convicted of certain crimes receive a thorough assessment for problem gambling
- The cost of Rule 82 assessments is covered by insurance or the State of Minnesota
- Rule 82 assessments are performed by certified gambling therapists
- Information gathered by Rule 82 assessments is used by the court during sentencing to ensure that individuals receive the appropriate treatment for problem gambling

Jerrod Brown, Ph.D., is an Assistant Professor and Program Director for the Master of Arts degree in Human Services with an emphasis in Forensic Behavioral Health for Concordia University, St. Paul, Minnesota. Jerrod has also been employed with Pathways Counseling Center in St. Paul, Minnesota for the past fifteen years. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS) and the editor-in-chief of Forensic Scholars Today (FST) and the Journal of Special Populations (JSP). Jerrod has completed four separate master's degree programs and holds graduate certificates in autism spectrum disorder, other health disabilities, and traumatic brain injuries. Jerrod has also been a certified problem gambling treatment provider in Minnesota since 2009. Email: Jerrod01234Brown@live.com

John Von Eschen, MA, LMFT, is a licensed marriage and family counselor and has been practicing at Pathways Counseling center as a gambling therapist for the last 13 years. He also works with Northstar Problem Gambling Alliance as a trainer and educator about the dangers of problem gambling dual addictions and prevention.

HE SAID/SHE SAID

There will be no he said she said this edition,
stay tuned for more from Ken and Brier next edition!

Brier Miller & Ken Stewart

PUBLICATION INFORMATION

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EDITOR

Christine Dudero
editors.mamftnewsletter@gmail.com

We encourage members or non-members alike to make submissions (clinical essays, reviews, letters to the editor, etc.) on any relevant issue or in response to MAMFT NEWS content. All submissions will be edited for length, clarity, readability, grammar, spelling, biased language, and appropriateness to the mission of MAMFT NEWS. Opinions expressed in the MAMFT NEWS do not necessarily reflect the opinions of the Editors or of MAMFT.

All articles and materials for publication should be submitted at www.MAMFT.net Questions or concerns may be addressed to the MAMFT News Editors at the email listed above.

PLEASE NOTE Submission deadlines for 2018

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