MAMFT News

THE NEWSLETTER OF THE MINNESOTA ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

VOLUME 36, No 1
WINTER 2017/2018

LETTER FROM THE EDITOR

Happy Solstice colleagues,

As we enter this busy time of year, I hope you will grant yourself some time to read through our winter edition. Our contributors have worked hard to highlight the importance of MAMFT and the vibrant Marriage and Family Therapy community in Minnesota. Perhaps grab your favorite warm beverage and steal away from family chaos and indulge in reading some well written material from your colleagues.

This edition has a heavy focus on where we have been as an organization and where we are going. This comes at an appropriate time as we bid 2017 adieu and launch into 2018. Many of you will find yourself reflecting on the past year and setting goals for the next.

In my reflections on my first full year as editor comes to a close, I want to extend sincerest apologies to anyone who has felt alienated by some of the politically charged articles in our newsletter. Please note that opinions expressed in the MAMFT newsletter do not necessarily reflect the opinions of the Editors or of MAMFT. It is my goal to keep the MAMFT newsletter both relevant to the events in our communities and a place for open dialogue and sharing of opinions. It is these dialogues that we find ourselves faced with opportunities to stretch and grow.

Cheers,

Christine Dudero, MA LMFT
Newsletter Editor

P.S. check out my newly acquired letters ☺

PRESIDENT'S COLUMN
BACK TO RELATIONSHIPS

Megan:

It is with great humility and respect that I step into the position as President of MAMFT. Now, as MAMFT has separated from AAMFT to form an independent association, the symbolism of returning to our roots has become very apparent. I fully understand that these are big shoes to fill and I cannot forget that many Presidents that came before me did not have it easy during their presidencies. On the contrary, they faced issues like threats to licensure, invalidation of our profession, financial hardship, and many other challenges.

Over the past three Presidents, we have faced a growing disconnect from our national parent company, AAMFT. It became increasingly obvious that while we were focused on our relationships with each other and the communities we serve, they became more focused on the business of AAMFT which strained our commitment to MN's membership and the communities we serve. They recently presented members with a new contract of sorts that created the dissolution of state divisions as we know them. While this move might benefit some states, Minnesota has a thriving community of MFTs and a change like this would threaten our very existence. In many conversations had at board members as well as with our members, one thing was clear….*we need to get back to relationships.*

This association was built on relationships and that will always be very important to us. Relationships help us get through graduate school by allowing us to connect with others. Relationships help provide mentorship as we go through the supervision process. Relationships help us to connect with clients. Relationships are what brought many of us to this field and we feel that is where our roots are planted. As we thought more about returning to relationships, the MFT community was faced with the passing of a legend and founder in the field, Salvador Minuchin.

Lucas:

In the spirit of relationship, Megan and I had discussed co-authoring an article given our shared vision and message we hoped to send during such a critical time of our association's evolution. When Megan then turned that into an invitation to share in her inaugural president's column, I had reservations. I didn't want to intrude on another's special moment. After years of dedicated service to our professional association, it was now Megan's time to settle into a well-earned term as our president…so what business did I have stepping into her spotlight? Just as I sat to share my thoughts with Megan and respectfully decline the offer, I reflected on the original intention of our article along with the theme of conversation throughout board meetings over this past year—that we need to get back to our roots, to get back to relationships…

When we reflect upon where we have been, particularly in the wake of losing a most beloved leader and colleague, two traits stand out to me: ***courage*** and ***generativity***. 60-years-ago, as our field was pioneered into its own distinct identify as a mental health discipline, there was no solitary leader—and there wasn't a map. But there were individuals with a shared vision and mutual, but distinct, courage—and within that mutuality, there was a destination. It took the generativity of several leaders and their shared actualization of courage to bring marriage and family therapy to our world. ***Whitaker*** walked away from his role as tenured Chairman of the Department of Psychiatry at Emory University when they wouldn't support his blossoming approach to what we now know as symbolic-experiential family therapy. Refusing to remain constricted by the sterile linearity of traditional psychoanalysis that then dominated the medical field, he resigned, and majority of his faculty left with him! ***Bateson*** too embraced an academic death in his dedication to multidisciplinary studies in hopes of better understanding human communication processes, paving way for the Mental Research Institute and resulting development of the first formal systemic approach to family therapy. ***Satir*** tolerated the "Boy's Club" at MRI prior to leaving the comforts of their grant-funded research in pursuit of her humanistic approach to healing families, gradually evolving her endeavors of the heart into being recognized as a global humanitarian. ***Adler*** strayed from the good graces of Freud and Jung to look beyond instinctual drives and instead into the relationships that more deeply influence who we are as individuals. As ***Bowen*** was on track for a lucrative career in surgery, his military experiences at war shifted his concentration toward psychiatry. And ***Minuchin***, a true embodiment of generativity, spent a lifetime serving underprivileged youth and families—not only in his direct clinical practice, but in his commitment to training and mentoring generations of family therapists. This is just to mention a few of so many more…

So as we embark on this journey of independence and take advantage of the possibilities ahead, let's evolve in a way that conserves the foundation of who we are and honors the courageous generativity of our pioneers by keeping those very traits alive. I look forward to serving this profession alongside all of our membership, in gratitude to the past, and in progress toward the future. And thank you to Megan, for sharing your first president's column and the years of service ahead.

...continued from previous page

Megan:

Lucas, as eloquent as ever, perhaps is being too generous with his kind words but I would like to point out that the excitement of embarking on this new journey is that it is our *shared* journey. I truly feel that MAMFT (the whole organization) is more deserving of the spotlight right now because MAMFT deserves a time to shine. Bravo to the many leaders that have served on the board in previous years for it is your hard work and dedication that have gotten us this far. MAMFT is now able to offer guidance and leadership to others in the field of Marriage and Family Therapy and that is not a role that will be taken lightly. Relationships and vision are what helped to create this field and we intend to honor that with our new independent association.

Thank you to our leaders:

Beth Nelson ..... 2016 - 17
Katherine Routt..... 2014 - 15
Bruce Minor ..... 2012 - 13
Kim Lundholm-Eades..... 2010 - 11
Steve McManus..... 2008 - 09
Ken Stewart..... 2006 - 07
Brier Miller..... 2004 - 05
Herb Laube..... 2002 - 03
Charme Davidson ..... 2000 - 01
Sara Wright..... 1998 - 99
Greg Alch..... 1996 - 97
Robert Hurlbut..... 1994 - 95
Eugene Burke ..... 1991 - 93
Karen Irvin ..... 1989 - 90
Bill Percy..... 1986 - 88
Rosemary Dummer..... 1984 - 85

Happy New Year,

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

Lucas Volini, DMFT, LMFT
At-Large Board Member

CONGRATULATIONS
NEWLY ELECTED 2018 BOARD & COMMITTEE MEMBERS!

Chad Lorenz
President-Elect

Erin Pash
Legislative Chair

Cindy Frederick
At Large

Lucas Volini
At Large

Tamara Statz
Pre-Clinical Representative

Casey Skeide
Student Representative

Lucy Grantz
Elections Committee

Vanessa Slivken
Elections Committee

LEGISLATIVE UPDATE

Hello to all,

2018 will be an interesting year on many fronts for MAMFT. By now we will have begun our new endeavor as an independent association with renewed hope and vision for the future. One thing that will remain the same however, is the strong tradition of legislative advocacy. 2017 was a tumultuous year for a variety of reasons with perhaps the biggest issue being that of Blue Cross Blue Shield's attempts to recoup reimbursement payments from providers throughout the mental health community. Obviously this has been upsetting and unsettling to many MFTs as well as other mental health professionals and we are all looking for the best way or ways to respond to this challenge.

Continuing in 2018 MAMFT will try to provide the most up to date and sound information regarding this issue. One way we hope to do this is by hosting a meet and greet on January 16th at 6:30 at Ellie Family Services in St. Paul (Erin's agency). We hope this will be an opportunity to gather for a variety of information about legislative information including the BCBS issue. Our hope is to summarize and clarify much of the information that is out there now and begin to provide more information and options for providers to find support.

Please see the information in the weekly email blasts to connect and RSVP to this event. If you cannot make it please reach out to Erin or myself, or any other Board Member for support or information. We obviously do not have all of the answers at this time and this might be a process, but our hope is to engage with and collaborate with as many MFTs and other mental health professionals to prevail in regard to this issue.

Best wishes in the new year and we hope to see you on the 16th.

Erin Pash
MAMFT Legislative Co-Chair

THE EVOLUTION OF "PRE-CLINICAL"

Christine: In 2015 Tamara and I met in her basement office at Headway Emotional Health Services where we both worked. I had expressed interest in the Pre-Clinical committee and Tamara was the newly-elected representative. We brainstormed ideas for what the Pre-Clinical group could be, and how it could best support our colleagues during this phase of their professional careers. We held our first gathering at Longfellow grill that August and were surprised by the number of our peers that attended. This gathering served much as a support group as it did casual networking. We practiced sharing our professional selves as well as wrestling with many of the challenges that comes with thea territory of being Pre-Clinical.

Tamara: It is neat to be able to look back at that first planning doc and reflect on our ideas, and which ones have became reality. Talking about accruing hours, taking the national and state exams, networking… actually as I write this I realize that all of our list has become reality. Is that a #humblebrag? I am really bad at hashtags.

Christine: To be clear, hashtags were not part of the original brainstorming. Here we are three years later in a great place of change. MAMFT is breaking off from AAMFT and moving in a new direction. Tamara has been elected for a second term as your Pre-Clinical representative, and I have earned the letters LMFT after my name, making me no longer a Pre-Clinical member.

Tamara: Yes, and! See that? Both/and, yes and, not a "yes but!" (I learned many things during my time under the leadership of Steve Peltier; one of them was to rid myself of "yes, but.")

With this new MAMFT comes fresh change to the "Pre-Clinical" committee. While the status of Pre-Clinical remains the same (post-Master's, pre-LMFT licensure) the concept and organization of the committee is going to change a bit.

We realized that the committee needs to evolve, otherwise in a year or so we might be out of members; as thankfully many of us will be completing our licensure process. As we have grown together as clinicians and colleagues over the last 3 years, we have come to see that a hard stop of participating in the committee once one reaches LMFT status does not make the most sense.

While members would still change their membership status to Clinical upon licensure, they would have the ability to continue to be a part of the Early-Career Clinicians (or whatever name we land on).

The experience of getting licensed is a transition in and of itself and needs support, encouragement, and acknowledgement. Given this and other brainstormed ideas, we are going to be expanding the Pre-Clinical committee to include recently licensed professionals. (gasp!) No gasp; This is a good change. We have a lot of exciting ideas that the committee has brainstormed collaboratively.

Here are some of them:

- Title of committee: Early-Career Clinicians (maybe?)
- Outreach events to students near graduation (not limited to MFT programs)
- 2 collaborative events per year with Student committee, focused on students in practicum
- More networking-type events
- Continue monthly gatherings for members to initially join and continue to come as interested
  - Conversations are not only pre-licensed related. We have always discussed finding jobs, starting practices, finding our niches, and working with challenging colleagues. These issues apply across pre-licensure through licensure.
- Targeted to first ~5ish years post-graduation, and open to longer
- Benefits/Goals
  - Connection, renewal, passion
  - Connected to fields beyond MFT
  - Different camaraderie with fellow early-career clinicians
  - Mentorship

Part of the reason to expand beyond licensure is that we have had multiple colleagues who are licensed want to participate in our events. Whether pre-licensed or licensed, we can all benefit from spending time in the company of interested colleagues. We are excited about this evolution and the ability to stay relevant for our membership.

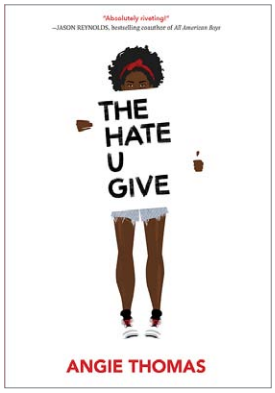
Christine: If you are a Student, Pre-Clinical member, or licensed clinician please reach out to Tamara and connect with us. We are ever-evolving to meet the needs of those interested in being a part of our community. We welcome you.

Tamara: Yes, please! Email me: **mamftpreclinical@gmail.com**

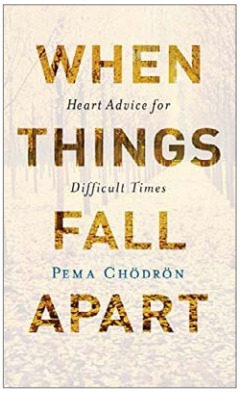
Tamara Statz, MA, LAMFT
MAMFT Pre-Clinical Representative

Christine Dudero, MA LMFT
Newsletter Editor

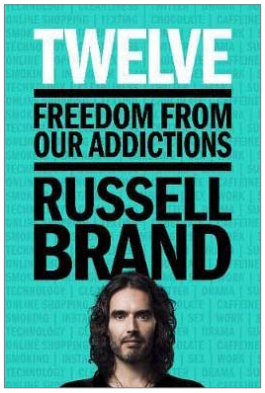
PRE-CLINICAL READS



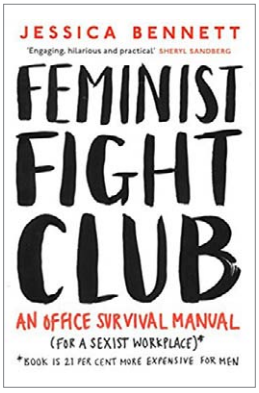
THE HATE U GIVE



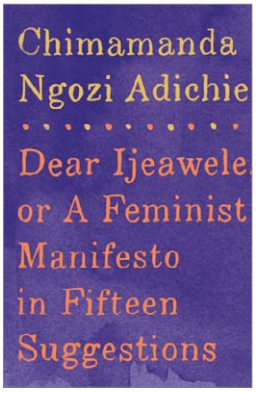
WHEN THINGS FALL APART



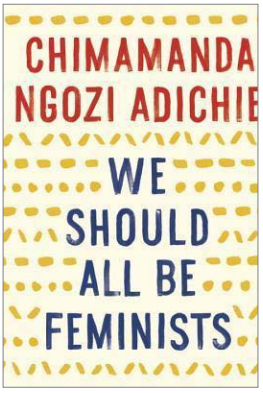
TWELVE
FREEDOM FROM OUR ADDICATIONS



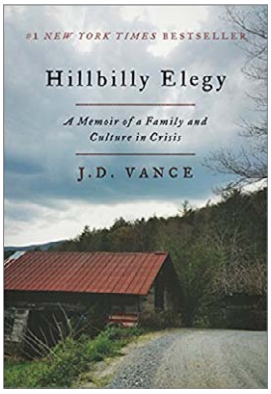
FEMINIST FIGHT CLUB



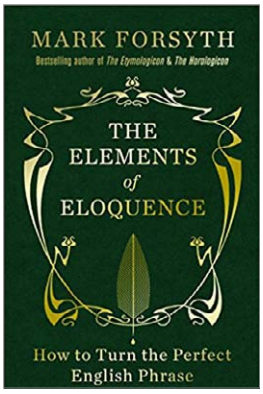
DEAR IJEAWELE OR A FEMINIST MANIFESTO IN FIFTEEN SUGGESTIONS



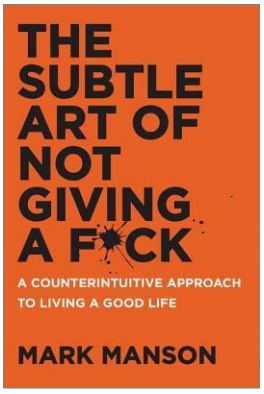
WE SHOULD ALL BE FEMINSTS



HILLBILLY ELEGY

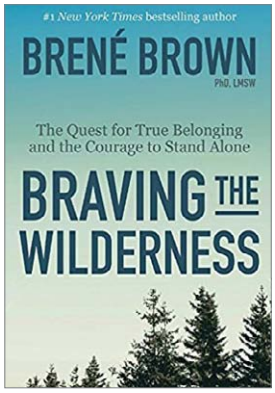


THE ELEMENTS OF ELOQUENCE

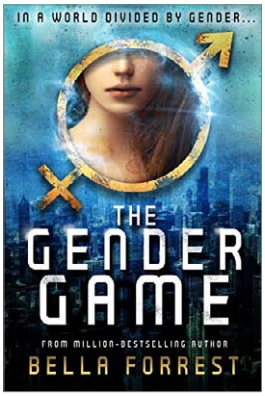


THE SUBTLE ART OF NOT GIVING A F*UCK

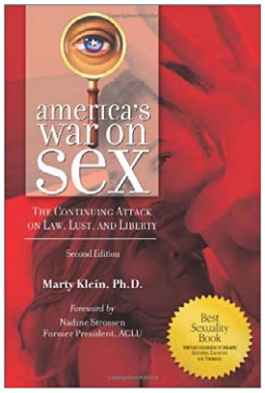
PRE-CLINICAL READS



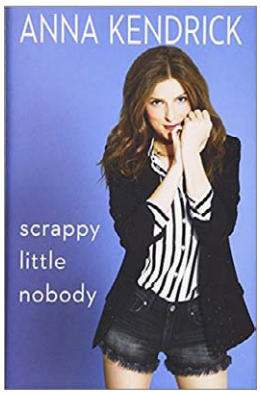
BRAVING
THE WILDERNESS



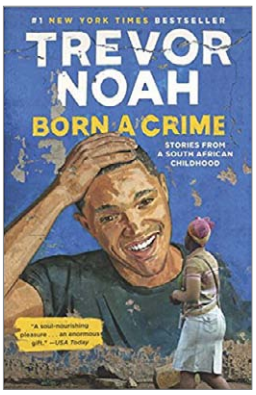
THE GENDER GAME



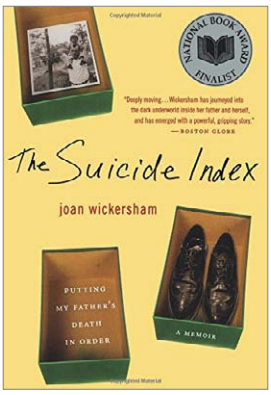
AMERICA'S WAR
ON SEX



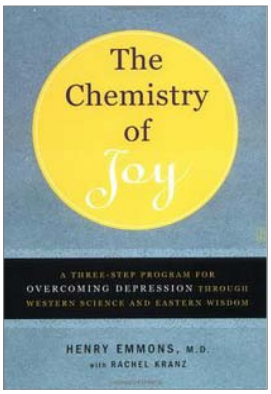
SCRAPPY LITTLE
NOBODY



BORN A CRIME



THE SUICIDE INDEX



THE CHEMISTRY OF JOY

GREATER MN DULUTH CONFERENCE HIGHLIGHT

Thank you to the 100+ individuals that took part in the Relationship & Sex Therapy conference hosted by MAMFT on Minnesota's beautiful North Shore on October 27th! Despite the first snowstorm of the season coinciding with the eve of the conference, we were able to host an enlightening first time event. The feedback was overwhelming and powerfully in support of the conference being brought to a rural venue!

CHEERS TO YOU, MFT'S!

What an amazing Greater Minnesota Marriage and Family Therapy Conference! Thank you everyone!

We put on our first annual greater Minnesota conference in October this year. The greater Minnesota conference will be put on annually in different rural (and beautiful) locations throughout the Minnesota state. This will be put on, each year, by the Greater Minnesota Marriage and Family Therapy committee (GMNMFT). This year, we chose Duluth, MN. While Duluth is beautiful in the fall, we were informed by Duluthians that we had missed the fall leaf colors by a week. Although, we did manage to take in Duluth during one of its first fresh snow falls of this year.

While the snow and slippery roads were fierce contenders, the snow could not even keep us from having our training. The University of Minnesota Duluth campus and staff shut down at 2:00 pm that day, yet we persisted until the end of the conference day at 4:00 pm. To those who braved the road conditions to be with us, we are glad you made it safely! To those who chose to not attend due to the weather, we understand, and hope you can join us at our conference, which will be held in springtime.

And what a great turnout for the social networking event at Tavern on the Hill after the conference. There were people from far and near (to Duluth), 7 county metro and rural providers, all contributing to diverse topics and discussions of many ideas. For those of you who were able to join us, I hope you had as much fun as I did. And for those of you who were not able to join, I hope you can attend one of our greater Minnesota events coming up! Watch for them on the newsletters that arrive to your email each Monday.

Last, but not least, thank you to our volunteers. To students and volunteers, we appreciate your commitment to making the conference spectacular. Without you, it would not have run as smoothly. You were very helpful and more thanked than you may have known.

Watch for our upcoming GMNMFT, outside of the 7 county metro trainings and social networking events. We look forward to seeing you there!

P.S. You are welcome to bring a friendly social worker, school counselor, clinical counselor, etc. with you to these GMNMFT events. :)

Cassandra Brix

WHY MAMFT?
TESTIMONIES FROM A FEW MEMBERS

Tom Billigmeier:

For the ongoing and persistent efforts from members and leadership to legitimize and advocate for the profession, and clinical effectiveness, of marriage and family therapy within the medical and mental health communities, State and Federal legislators, and the general public.

Lynne Silva-Breen, MDiv, MA, LMFT:

We are people who think, feel and move in relationships as a profession. What's more important to our professional growth and stability than to be in relationship with one another? I see our professional organization as a big, collegial group of support, helping us to grow professionally, makes friends and allies in the field, and to help us all attain excellence in our passion, helping relationships improve and thrive. I'm so grateful for the opportunities we have in our state to keep each other going and growing! I'm looking forward to what a renewed state organization can be in 2018 and beyond.

LynAnne Evenson, MS:

I am a member of MAMFT because I enjoy being part of our local MFT community: there is support, and constant opportunities to learn and grow as both a clinician and a person. I believe that we all are able to contribute to our community, in both large and small capacities, and that's what makes MAMFT strong.

FETAL ALCOHOL SPECTRUM DISORDER (FASD) AND THE JUVENILE JUSTICE SYSTEM:
A NEED FOR GREATER AWARENESS, UNDERSTANDING, AND TRAINING FOR CRIMINAL JUSTICE AND FORENSIC MENTAL HEALTH PROFESSIONALS

With prevalence estimates ranging from 2% to 5% of the North American population, Fetal Alcohol Spectrum Disorder (FASD) is caused by prenatal exposure to alcohol (May et al., 2009). This disorder is characterized by permanent neurological impairments that can result in a diverse combination of cognitive (e.g., executive control, memory, and attention), social (e.g., verbal and non-verbal communication skills), and adaptive (e.g., coping skills and problem-solving) functioning. In some cases, physical features of FASD such as facial malformations may be present, but this is not the norm. Even in the minority of cases where such facial features are present during childhood, the features can often fade as the individual matures into adolescence and adulthood. In addition to these pervasive symptoms, many youths with FASD experience co-occurring mental (e.g., mood and anxiety disorders), behavioral (e.g., ADHD and conduct disorder), developmental (e.g., reactive-attachment disorder), and substance use disorders. In combination, FASD and its comorbid conditions place youth at risk for negative life events such as becoming entangled in the criminal justice system.

Although initial research suggests that the prevalence of FASD is elevated in juvenile justice settings relative to the general population, systematic research is needed to better understand the scope of the problem. Nonetheless, some youth with FASD engage in criminal behaviors ranging from minor offenses like disorderly conduct and theft to more serious crimes like firesetting, sexual misconduct, and violence. In many cases, these offenses may be contributed to by a failure to understand rules or social norms, which is consistent with the social and adaptive impairments of FASD. In other cases, a proneness to suggestibility and confabulation may lead to a youth's manipulation into criminal behavior by a peer or an adult.

Once involved, the symptoms of FASD often limit a youth's capacity to navigate the criminal justice system. For example, cognitive and social impairments like memory deficits, suggestibility, confabulation, and vulnerability to social pressure can contribute to false confessions. Further, the symptoms of FASD can threaten a youth's competency to stand trial. Finally, FASD can limit a youth's ability to behave in accordance with the rules and requirements of custodial settings and community supervision like probation. If FASD is not addressed, an initial encounter with the criminal justice system can evolve into a prolonged ordeal across the youth's lifespan.

Youths with FASD necessitate a strong support system along with specialized assessment and interventions to improve short- and long-term criminal justice outcomes. As a first step, FASD must be promptly screened and assessed upon contact with the criminal justice system. Once properly diagnosed, youths with FASD should receive appropriate treatment for any mental health and substance use issues and connected with long-term case management for social, educational, and vocational services. These steps will require juvenile justice and forensic mental health professionals to forge collaborative partnerships with psychological treatment, health care, social service, and other care providers. Unfortunately, juvenile justice and forensic mental health professionals are often unfamiliar with the challenges of FASD and ill equipped to provide these essential services due to the lack of advanced education and training on FASD.

Jerrod Brown, Ph.D., MA, MS, MS, MS, is the Treatment Director for Pathways Counseling Center, Inc. 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 holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic-Brain Injuries (TBI), and has completed four separate master's degree programs. Jerrod is certified as a Youth Firesetter Prevention/Intervention Specialist, Thinking for a Change (T4C) Facilitator, Fetal Alcohol Spectrum Disorders (FASD) Trainer, and a Problem Gambling Treatment Provider.

MAMFT GREATER MN SPOTLIGHT
INTERVIEW QUESTIONS

Name:

Marinda Kimmel

Credentials:

MSE, LMFT, NCC

Education:

Bachelor of Applies Science in Psychology from University of Minnesota Duluth, Master of Science in Education in Community Counseling from University of Wisconsin Superior

Place of employment/What do you do?

Five Rivers Mental Health Clinic in Mankato, MN

I provide outpatient therapy for individuals (all ages), couples, and families. In rural MN we have to be more generalists to serve our communities but I specialize in Trauma Focused Cognitive Behavioral Therapy and Trauma Informed Child Parent Psychotherapy. I also provide licensure/clinical supervision.

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

I am motivated by helping others. I have a genuine curiosity for hearing people's stories and helping them find meaning in their experiences.

How did you get into this field?

I was really intrigued by my first psychology class and knew I wanted to work in a helping profession.

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

You can't change anyone else. Only they can themselves. I think we are a catalyst for change but ultimately they have to want it. You also can't stop them from doing something harmful either. Clients live their lives in their own way and hopefully we can help them see patterns and/or other options to improve their situation.

How has a client impacted you?

Seeing growth and change is very rewarding. It is often a thankless job but occasionally someone really shows gratitude for what they have received in therapy.

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

I chose not to work on weekends. I need this sacred time away to recharge. I also spend time with friends and family and take time for myself. Sundays I especially like to have a relaxed day so I try to avoid scheduling things that aren't rewarding for me on Sundays.

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

Currently I'm pursuing candidacy for the MN State House district 16B. I hope to be able to do both therapy and politics if I am elected in November 2018. I hope that my ability to listen to people and mediate conflict can aid in finding political common ground and being a voice for my community.

What are people surprised to learn about you?

I play the violin. Also that my cat has a bobbed tail.

What are some of your hobbies?

yoga, violin, canoeing, snow shoeing, crafts, paddle boarding

Favorite quote?

I have so many favorites but here are a few…

"We're all in this together"

"Strength does not come from physical capacity. It comes from an indomitable will"

"Peace is not something you wish for; It's something you make, something you do, something you are, and something you give away."

Ultimate bucket list item?

I hope to one day hug a koala

Best book recommendation?

Persepolis

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

I am a member of the MAMFT Greater Minnesota committee. I've been a member for several years and attended a handful of events (conferences, trainings, etc.). I think its important for more people in rural areas to have a seat at the table when decisions are made. I want to promote more opportunities for involvement in greater Minnesota.

THANK YOU SAL MINUCHIN
FOR INFLUENCING OUR WORK

"Certainty is the enemy of change"

- Salvador Minuchin

Tom Billigmeier:

Sal Manuchin's work and writings has been my initial introduction to the concept of family systems theory. His influence opened my eyes to the impact of the dynamics in one's relationships, past, present and future, and thus, gave additional tools for more effective treatment interventions with individuals, families and groups. His work also made me more aware of my own stuff from not only family of origin work, but also informs an enhanced perspective on my past and current relationships - an awareness I believe is critical for providing effective therapeutic interventions to others. Thank you, Sal.

"I describe family values as responsibility towards others, increase of tolerance, compromise, support, flexibility. And essentially the things I call the client song of life—the continuous process of mutual accommodation without which life is impossible"

- Salvador Minuchin

Lynne Silva-Breen, MDiv, MA, LMFT:

I'm grateful to Sal Minuchin for helping us as family therapists understand, conceptualize and maneuver within the dynamic structures of families: the way that the emotional and legal connections of parents to their children over generations create fluid as well as fixed patterns of hierarchies, loyalties, rules, subsystems, coalitions and boundaries. While we may know these experiences instinctively, his theory gives us a vocabulary, structure and system of talking and thinking about these automatic family features.

I'm particularly glad for the way his ideas give us a way to talk about family power. How are marriages formed? How do parents use their power over children? What does it mean to be a grandparent, a sibling, a twin, a youngest or oldest child? Who creates the family rules? Who breaks them? Of critical importance is the way that this theory helps me to conceptualize children's emotional dysfunction. I don't have to think simply in individualistic, intrapersonal terms. I'm free to think, speak and intervene with children's pain interpersonally by helping their parents better manage their own functioning, power, and relational well-being.

Every time I draw a new genogram, and hear about a conflicted marriage, a stressed child, or cut-off grandparents, and think about rules, power and family structure, I draw upon the core ideas of Minuchin and generations of clinicians after him who have helped us all become students of family structure.

"In all cultures, the family imprints its members with selfhood. Human experience of identity has two elements; a sense of belonging and a sense of being separate. The laboratory in which these ingredients are mixed and dispensed is the family, the matrix of identity."

- Salvador Minuchin

One of the scariest unacknowledged parts of being a graduate student is dealing with the feelings of isolation, uncertainty, and ambiguity that we sometimes willingly evoke within ourselves. As Marriage and Family Therapy students, we learn about the importance of connection and communication between people, as well as from within us as therapists as a means to plant the seeds of change. These seeds have the potential to instill positive aspects for growth, such as confidence, resilience and humility, which are shared not only among our clients, but among ourselves as therapists. What this means is that we must grow with others in order to flourish ourselves.

One day, I spoke with some of my peers about the challenges of determining what an MFT does exactly and who they 'look like.' We noted the daunting task of navigating the vast and seemingly unconquered world of Marriage and Family Therapy, as well as the everyday misconceptions our friends and family ask in the form of questions like, "So, you can help me fix my marriage, right?" or "You can make someone change their mind pretty well (i.e. manipulate them), can't you?" or "You're like a Jedi, aren't you?" After talking with various people at different points in their MFT career throughout this year and watching *Star Wars Episode 8: The Last Jedi*, it dawned on me: an MFT looked like me, thought like me, and talked like me, but also was not anything like me. A person who was 'both-and.'

Moving into the new year, I am grateful to know that those who have been on this journey before me, those on the journey with me now, and those who will follow have a community whose core beliefs foster connection. We often surround ourselves with people who we want to be like and emulate. It is important to do this, but it is also important to understand who you are not in order to avoid making the same mistakes our mentors have of being caught up in the 'community identity' that is the 'therapist.' To quote bell hooks from her book, Killing Rage: Ending Racism, "Beloved community is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world." For everyone, student and master alike, it is all too easy to get lost in the race, forgetting where we come from in order to get to where we want to be.

Casey Skeide, Student Representative

Casey is a Marriage and Family Therapy Master's Candidate at Saint Mary's University of Minnesota - Twin Cities and a practicum intern at Anicca: Adolescent Day Treatment. Casey specializes in Gender and Sexuality, Dysfunctions of Identity, as well as the application of Existential and Narrative Psychotherapies. With a background in Sociolinguistics and Asian Studies, Casey is inspired by the abilities of story telling and language as a means to construct and empower.

LIFE LESSONS STORY

RECOVERING PERFECTIONIST

She now shares her strategies with therapy clients

Megan Bearce, LMFT (Licensed Marriage and Family Therapist) is a "recovering perfectionist." Recovering, she says, because "being a perfectionist never fully goes away."

Megan's perfectionism started early. "In kindergarten I was identified as high potential/high abilities, so all through my elementary years teachers would pull me out of my regular classroom." They'd ask her to go to this next grade's room for reading and this next grade's room for math. When Megan did so, the students would ask, "Why is she in here?" and "Why does she get special treatment?"

"As an introvert, this singling-out was terrifying," says Megan. In this Life Lessons story, Megan describes the sources of her perfectionism; how she learned to overcome perfectionist tendencies and eventually shift her career to a fulfilling role as a therapist; and how she now helps her clients, including overwhelmed women and teens, learn how to deal with their perfectionism.

CHILDHOOD EXPECTATIONS

Each time Megan was placed in the next grade's classroom, her thoughts were simple: "I have to keep this up. I don't want to disappoint my teachers." These thoughts fueled her internal drive. "If I can keep busy and get this perfect, then I don't have to think about the other things going on in my life."

In high school, Megan preferred English literature and composition classes, but because of her mathematical proficiency, her teachers recommended math and business classes. "There was one class where you spent the year rotating through the different functions of a business – accounting, human resources, management, bookkeeping … and because I did well in math, my teachers would say, 'You're good at this.' and 'You should do that.' There were always a lot of 'you should's.'"

ACCOUNTING MAJOR

"I remember clear-as-day my first college accounting class," says Megan. "My professor said, 'You're really good at this. If you major in accounting, you can have a job wherever you want.' I thought, 'Isn't that the goal? Maybe I should major in this.'"

Following her professor's advice, Megan took classes toward an accounting degree "even though I hated every one of them," she says. "What I did to make myself less miserable is take as many English classes as I could; anything but business." Sure enough, because of her accounting proficiency and grades, "I got an internship at a really good firm, and I got a job offer before I was done with college." She worked two years as an auditor at a CPA firm.

Megan proceeded to do what she was "supposed" to do, and took the grueling certified public accountant (CPA) exam. "I did well and passed all four parts of the CPA exam the first time, which is not easy to do," she says. "Yet I would go to work every day not liking my job. There was an incongruence to my everyday experience." To make the experience more enjoyable, Megan organized her firm's volleyball league and planned the going-away parties. "I loved my coworkers, and I'm still friends with many of them today."

Though being an auditor was not a good fit for Megan, aspects of the role were helpful later in her career. "As an auditor, you're going into businesses and talking to people who don't want to talk to you," explains Megan. "You're the outside person looking for things that are wrong." Megan learned to communicate with people at all levels. "One minute I was talking to the chief financial officer, and the next minute I was talking to the accounts payable clerk. There were parallel dynamics that gave me really good skills for being a therapist."

GREENER GRASS?

Feeling discontent with her role, Megan, who was 23 and single, decided to escape Minnesota winters and seek employment in California. "I had friends there, so I worked with a recruiter who lined up interviews in accounting and finance with five companies. I got several job offers, and I took the one at 20th Century Fox. I thought that sounded fun and glamorous."

However, Megan quickly learned that accounting is still accounting, even though she had "crazy Hollywood experiences. I was a seat-filler at the Emmy Awards because Fox hosted them that year. And because Titanic made millions of dollars at the box office, our entire department was treated to an all-expenses-paid vacation in Palm Springs."

During her two years at 20th Century Fox, Megan observed women in higher-level positions who did not appear to like what they were doing, either. "They seemed miserable and they had no work-life balance." When Megan was promoted to supervisor, it gave her the chance to help other people. "I liked that. The joke was that my office was the therapy office. The employees reporting to me would all come into my office wanting advice on everything."

> *"being a perfectionist never fully goes away."*

...continued from previous page

PERSONAL REFLECTIONS

To deal with her discontent, Megan took the online Myers-Briggs Type Indicator, a psychological preference questionnaire that indicates an individual's dominant personality traits. Megan's result was INFJ – introvert, intuitive, feeling and judging. Those in the INFJ category, known as "the advocate," want to make a mark on the world. One key trait of INFJs resonated with Megan: that they especially enjoy making concepts and theories that matter to them personally accessible to a wide range of people. "That was the biggest problem with auditing," says Megan. "You're analyzing things that happened six months to a year earlier. I felt there was no purpose in what I was doing. I liked being a mentor and role model, but I wasn't changing lives or doing something that was meaningful."

Megan explored INFJ professions, including therapist, teacher, religious leader, recruiter, human resource manager and project manager. Armed with what she'd learned, Megan started asking questions. "I have several in-laws that were therapists," she explains. "One was the head of the counseling center at Amherst College, and two were social workers in private practice. I started asking, what do you like about your job? Do you like working in private practice? Do you like working in an institution?"

NEW FOCUS: CLINICAL PSYCHOLOGY

The answers she received helped convince Megan it was time for a change. In 2001, she began a master's program in clinical psychology and then earned her LMFT licensure. "It's a huge process," she says. "It requires 3,000 hours of experience and two difficult exams." As part of her training, Megan worked with diverse groups including gang members dealing with shame and disrespect, and teenage girls struggling with self-esteem, perfectionism and body image.

Perfectionism has been a common issue for overwhelmed professional women Megan has counseled. "I hear it a lot from lawyers and doctors," says Megan. They say, "I made it this far doing what women couldn't do before. I should like it more," or "I should want to have another child." Megan helps them explore their options. "Can you take what you've learned and apply it in a way that works better for you?" Megan also encourages them to try something temporarily; it does not have to be permanent. "A lot of people get stuck," she says. "If they're a perfectionist, it's easier to keep doing what they're doing than to try something new and fail, or to not be perfect at it the first time."

Megan also has worked with gifted and high-achieving young women who are in prep schools or taking advanced placement (AP) classes. "They feel a lot of pressure to do everything," explains Megan. "They feel they need to excel at everything they do, get into college, compete in sports …" She hears them say, "I've put so much time into this, I can't quit. I don't want to disappoint my parents or my coach."

Megan tries to get them comfortable with changing their minds without feeling they're disappointing people or making a bad choice. "I try to bring their parents in, if possible, and have a conversation together." She often hears the child say, "I thought you wanted me to be in this activity," and the parents say, "We thought you wanted to do it because you like it." Megan says parents often are unaware that their child is struggling.

LESSONS LEARNED

It's okay to take risks. "In the past I felt like I had to know everything before I would go forward," says Megan. She proved she is capable of taking a risk and succeeding when she wrote and published a successful book: Super Commuter Couples: Staying Together When A Job Keeps You Apart.

Take time for self-care. "Self-care is really important," says Megan. "Perfectionists have a running dialogue in their heads. It helps to do yoga and meditation. These activities are perfect for perfectionists, because you have to slow down your mind and not hold onto that one thought; watch it go away." Megan has learned she needs down time, whether reading, traveling or practicing yoga. Taking time to do different activities helps to offset her perfectionism. She also asks her clients what they are eating and how they are sleeping. "It seems basic, but when these routines are out of whack, just that little shift can make a huge difference in how you feel."

Don't be afraid to try something different. "I listen to the words my clients are saying," explains Megan. "Are they saying 'should'? Are they using negative words? Is there a theme or pattern to what they're talking about?" Megan says many people get stuck. "They feel that it's all or nothing; it can be paralyzing." She passes on a lesson she has learned, as a recovering perfectionist. "It's okay to try something different. It doesn't mean it's permanent. You can do it on a temporary basis."

Be a connector. "You never know who you're going to meet who you can help, or who can help you," says Megan. "I like connecting people with others they can benefit from meeting, or connecting them to resources. I like sharing my knowledge."

For information on Megan Bearce, LMFT: **meganbearce.com**

For information on Megan's book: **supercommutercouples.com**

Megan Bearce, LMFT

TRAUMATIC BRAIN INJURY AND INTIMATE PARTNER VIOLENCE:
A NEED FOR GREATER AWARENESS, UNDERSTANDING, AND TRAINING FOR MENTAL HEALTH PROFESSIONALS

Traumatic brain injury (TBI) occurs when the brain is damaged by a blow or penetration from an external force. This could be the result of a range of events including a car accident, falling and hitting one's head, or being violently shook or punched. As such, it is unsurprising that intimate partner violence (IPV) is a common cause of TBI in the United States and around the world. Unfortunately, IPV often persists across time with multiple incidents, which only exacerbates TBIs. For instance, exposure to multiple TBIs prior to properly healing can result in worse symptoms and lengthier recovery times. These symptoms can include cognitive deficits (e.g., executive functioning and memory), mental health issues (e.g., mood and anxiety disorders), self-harm and suicide, substance abuse, education and employment issues, and a host of other challenges. To make matters worse, victims of IPV with TBI often go undiagnosed and do not receive adequate treatment. Even when properly diagnosed, research remains unclear on how treatment should be modified to account for the needs of these individuals. These shortcomings can likely be attributed, at least in part, to the fact that IPV-related TBI is not commonly addressed by advanced education and training programs.

To address this essential need, education and training programs should introduce mental health professionals to the links between intimate partner violence (IPV) and traumatic brain injury (TBI) by focusing on six key training objectives. First, education and training programs should systematically define the constructs of IPV and TBI with a thorough review of their symptoms and red flag indicators. Second, mental health professionals should learn about how IPV can result in TBI along with the short- and long-term consequences of these issues. Third, education and training should highlight screening and assessment techniques that have the potential to improve the identification of victims of IPV who may be suffering from TBI. For example, to prevent inaccurate diagnoses, any approaches must account for the individual needs of clients, which can often include memory issues when TBI is present. Fourth, mental health professionals should learn about techniques and strategies that are most suitable for treating clients with IPV- and TBI-related issues. This may include incorporating a TBI-informed approach to treatment in domestic violence shelters. Fifth, education and training programs should explore the potential consequences of IPV and TBI across different professional settings (e.g., human services, mental health, and criminal justice) when not properly identified and treated. Sixth, education and training programs should include a discussion of the existing research in the area and the identification of future directions for research. In combination, advanced education and training in these areas has the potential to break the cycle of violence for these victims of IPV and improve their short- and long-term outcomes.

Jerrod Brown, Ph.D., MA, MS, MS, MS, is the Treatment Director for Pathways Counseling Center, Inc. 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 holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic-Brain Injuries (TBI), and has completed four separate master's degree programs. Jerrod is certified as a Youth Firesetter Prevention/Intervention Specialist, Thinking for a Change (T4C) Facilitator, Fetal Alcohol Spectrum Disorders (FASD) Trainer, and a Problem Gambling Treatment Provider.

December 15, 2017
Tracy Todd, AAMFT Executive Director
AAMFT Board of Directors
board@aamft.org

Dear Tracy Todd and The Board of Directors of AAMFT,

We are writing this letter to inform you about the future of the Minnesota Association for Marriage and Family Therapy (MAMFT) given the approved and upcoming changes to the AAMFT bylaws.

The Board of Directors of MAMFT understand the reasoning behind the AAMFT bylaw changes. We understand that they are based on research and analysis of the needs of the organization as a whole. We believe we understand the vision that AAMFT has for the future of the national association.

It has become apparent that the vision and future structure of AAMFT no longer allows MAMFT to operate in a way that meets the needs of our members at the local level and preserves what MN leaders and members have worked so hard to create over the years, while still being an entity of AAMFT. After many years of conversation with AAMFT, conversations with our members, and careful analysis and consideration, the MAMFT Board of Directors has decided that, since being a division of AAMFT is no longer an option, we will best meet the unique and local needs of our members by continuing as an organization separate from AAMFT. The MAMFT Board of Directors passed a motion to put a vote out to our membership as to whether we should terminate our contractual relationship with AAMFT. That vote was held from October 15- November 15, 2017. The following was the outcome of that vote:

97% of the votes cast by our voting members were in favor of termination of our relationship with AAMFT

3% of the votes cast by our voting members were not in favor of termination of our relationship with AAMFT

Therefore, due to the results of our vote and after following the termination process outlined in the AAMFT bylaws, we want to inform you that we are choosing to terminate our contractual relationship with AAMFT effective 12-31-2017.

We would like to thank AAMFT for all your hard work toward establishing and building marriage and family therapy as a viable and credible profession. We would also like to maintain a friendly relationship with AAMFT, since so many of our members will remain AAMFT members and supervisors. We again appreciate all you have done and all you continue to do for Marriage and Family Therapists and we look forward to continuing our role in the support of Marriage and Family Therapy in Minnesota.

Respectfully,

Beth Nelson, MA, LMFT – President

Megan Oudekerk, PsyD, LMFT, RPT-S – President-Elect

Sara Bidler, MS, LMFT – Executive Director

Along with:

Charline Bengtson, MA, LMFT – Greater MN Representative / Jennifer Knapp, MS, LMFT – At-Large Director / Chad Lorenz, PsyD, LP, MA, LMFT, MBA – At-Large Director; President Elect for 2018 / Marissa Mitchell, MA, LMFT – Secretary / Kadija Mussa – Student Representative / Patrick Parker, MA, LMFT – At-Large Director / Erin Pash, MA, LMFT – Legislative Chair / Lynne Silva-Breen, MDiv, MA, LMFT – Treasurer / Tamara Statz, MA, LAMFT – Pre-Clinical Representative / Cedric Weatherspoon, MA, LMFT – At-Large Director

HE SAID/SHE SAID

HE SAID:

I just returned from 4 days of training in Atlanta on advanced applications of Brainspotting, including using Brainspotting to treat addictions, to treat various traumas, and to enable actors and athletes to improve their performances by processing past traumas. It was incredibly satisfying. David Grand, Ph.D., the founder of the new method of Brainspotting was there for 3 of the 4 days and he was terrific. I had not heard of Brainspotting until this past spring from Gail Yost, a colleague and former intern. I went to a training in August and have been using it ever since. In the aftermath of the shooting at Sandy Hook school in Connecticut, research was conducted on the various approaches used to treat the survivors and family members of their traumas. Brainspotting was found to be the most effective method, better than EMDR and many other methods.

Brainspotting says that "Where you look affects how you feel." It is a brain-body approach to therapy that uses focused mindfulness; observing one's internal process while in a state of focused activation, looking at a spot in space that corresponds to a high degree of emotional activation when recalling the trauma. That spot is found though the therapist holding a pointer and moving it from side to side until the patient feels the activation inside, then the therapist holds the pointer at that spot, and the patient holds her/his gaze on that spot while the brain is processing the trauma. In EMDR there is bi-lateral movement from side to side, tapping or eye movements. In Brainspotting the gaze is held in one place while the client mindfully processes the trauma. The process combines mindful attunement, curiosity, never making assumptions, observing, patience, and perseverance. You don't make any assumptions. You follow the patient – never lead them. There is a YouTube video – just search for "Brainspotting, David Grand" on YouTube. Or go to www.Brainspotting.com

What's the point here? It is incredibly satisfying and rewarding to know there are some very effective methods to help people through their traumas – small or major – with these new neurobiological methods like EMDR and Brainspotting. Talk therapy doesn't cut it when it comes to dealing with trauma. But these new methods work and work very effectively.

SHE SAID:

It sounds fascinating. So too is your drive to learn more, to challenge yourself to be ever curious and open to the latest research and techniques. I admire that, even as I recognize that this has not been my path. I have tended to look inward. The majority of my growth has come from deepening my understanding of what I know – as a therapist and a human - and how I know it, in order to use myself more effectively. I don't mean I devalue the wisdom and discovery of others. I have brought this inward listening with me to 35 years of conferences, trainings and institutes, finding validation, amplification and deepening of my inner knowing. I have also learned a tremendous amount by teaching and supervising others. The path has always led back to my own wisdom.

That voice within calls me to challenge your assertion that when treating trauma "talk therapy doesn't cut it." That kind of blanket statement, wrapped around the latest empirically validated approach, is what caused me, a few years back, to think momentarily, "I better refer this client. She has a significant trauma history, and I'm not trained in EMDR!" Insert here EMDR, Brainspotting, Somatic Experiencing, EFT – every latest approach, often packaged as multiple levels of training and practice (and dollars), seems to claim it is THE way, eclipsing and even calling into question any therapeutic approach that preceded it.

In your excitement, don't throw the baby out with the bath water. In this case the baby is decades of effective relationship therapy treating inter-generational violence, sexual abuse, serious illness or sudden death in the family… trauma, in other words. We use that term more often now, but we family therapists have been treating trauma since the field began. Not always effectively, of course, but as I learned as a grad student, there is no silver bullet.

I applaud your commitment to lifelong learning, your seeking of new specialties. I just hope, as a field, we never forget we are the family doctors in the field of psychotherapy, what now in physical medicine is called "the Primary." Specialization is very important, and it does not eliminate the need for "just" talking, feeling, experiencing and being in relationship with our clients.

...continued from previous page

HE SAID:

I agree that therapeutic conversations are satisfying and have a long history of efficacy. The majority of my work is just that – collaborative, therapeutic conversations. This trauma work – especially Brainspotting, emphasizes mindful awareness, curiosity, deep attunement, not-knowing, and following the client - many of the same values and elements of any good psychotherapy - not imposing, and a mindful presence. Yet, what Brainspotting provides are specific ways of directing awareness and attunement for the brain to do it's processing. It's a brain-body therapy. I easily integrate it into my present approach of collaborative therapy.

SHE SAID:

Your statement here could be used as a road map of integration for therapists, Ken, blending as you have your core therapeutic perspective and approaches with new research and specific modalities. It reminds me of standing in two places at once, one foot in the known and one in discovery. I think it's a wonderful reminder to us all to seek to hold a not-knowing stance and to practice beginner's mind (even when we know a lot!).

I also value the power of conversation among us as therapists, of identifying the commonalities and differences in our perspectives and tenets in order to grow our curiosity and deepen our understanding, to stretch and even to challenge our "truths." It's what we relational therapists encourage for our clients, and it's just as valuable for us as the healers.

Brier Miller & Ken Stewart

PUBLICATION INFORMATION

MAMFT News is the official publication of the Minnesota Association for Marriage and Family Therapy, and is published quarterly. MAMFT is the Minnesota division of the American Association of Marriage and Family Therapy. For publication information and submission deadlines go to www.MAMFT.net

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

ISSUE	SUBMISSION DEADLINE
Spring	January 30
Summer	April 15
Fall	July 15
Winter	October 15

Submission of an article does not guarantee its publication. No materials will be returned. All materials for publication should be submitted via the website at www.MAMFT.net

MAMFT
Minnesota Association for Marriage and Family Therapy
Relationships Matter