

MAMFT News

Vol. 32, No. 3 Fall 2014

The Newsletter of the Minnesota Association for Marriage and Family Therapy



MAMFT Fall Conference 2014
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by: Caz Moffat, LMFT & Angie Baker

As you get settled in to this fall edition, you'll see that it's as full of great content from regulars and guest contributors as always. I hope you enjoy, and are also encouraged to look forward to our terrific Fall Conference **Families and Resilience: Hope, Connection and Meaning**. Clear your calendars for November 13 & 14!

And while you're at it, if you're receiving this newsletter as a non-member of MAMFT, I hope you're encouraged to join and be part of our ever-growing MAMFT family. Even better - join and be involved in an active way serving in one of the many volunteer roles. And speaking of which, I might have just the thing....

As a full time Aussie, it's time for me (Caz) to step aside and make room for someone else to co-edit the MAMFT News with Angie. What a privilege it has been to be involved these three + years! If you love being part of a team; are committed to helping our MAMFT family stay connected, informed and supported; are flexible, adaptable and stable (desired but not required) and a bit muddleheaded, then you might just be the perfect person for the task.

Please contact us with expressions of interest at editors.mamftnewsletter@gmail.com

And have a wonderful fall day.

Warmly,

Caz & Angie

Caz Moffat is Co-editor of the MAMFT NEWS. She is also crazy about EFT, and divides her time between the Twin Cities and Newcastle, Australia, where she provides EFT Couples Intensives and retreats. She can be contacted at cmoffat@eftcouplescounselling.com.au



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"Resilience is accepting your new reality, even if it's less good than the one you had before. You can fight it, you can do nothing but scream about what you've lost, or you can accept that and try to put together something that's good."

– Elizabeth Edwards

by: Katherine M. Pacyga Routt

Summertime...and the livin' is easy.

It is summertime and I am reflecting the desire to be easy, not heavy. Even book recommendations are “easy” reading for summer versus the deeper more challenging reading lists for the winter. Thus I am going to follow in the same vein, being easy. I am also very aware of more “heavy” events and changes coming ahead not only for personal, professional, MAMFT and AAMFT. Thus I am going to assign myself and you the reader some therapeutic denial – let’s keep it easy just for awhile.



Let’s just imagine you are in your favorite summer happy place for a moment. Where are you right now? On a beach? Cabin? Woods? Mountains? What are you doing? Fishing? Laying in a hammock? Hiking? Are you with people? Or alone? What does it smell like? Clean, fresh air? Campfire? By the lake? Just sit with this for a moment or two... now doesn’t that feel better...more relaxed...that is summertime.

Now that we are both relaxed, let’s have a conversation about MAMFT and where we are and the many possibilities of where we are going. MAMFT continues to be a strong Division within AAMFT. We are respected by AAMFT due to our strong membership numbers and involvement.

I need to say thank you for your Membership and your decision of continuing your Membership. I appreciate the value that you find in it every year that you continue your Membership.

And for those of you who do not join for whatever reasons, I would like to take this opportunity to invite you to talk with me about how MAMFT can make it more valuable to you. How can I tempt you to join MAMFT?

MAMFT also has continued quality trainings, learning opportunities, networking opportunities, and building connections. Do you know about our Lunch and Learns? Bring a lunch and learn something that only takes an hour of your time. Have you been to MAMFT sponsored Happy Hour? Attend one and meet some people in your corner of the metro area. When was the last Spring and Fall MAMFT sponsored conference you attended? I hope you were able to connect with people either new or old. I also hoped that the trainings were quality and that earning CEUs is something you value by attending. The Spring and Fall Conferences can feel like a family reunion. So plan on coming to the next one.

Just to note, the Fall Conference will be making significant changes for

2014 by also having a two day event. Thus we are trying to make more opportunities for our Membership to engage and be involved. MAMFT tries to find more ways to bring more value to your Membership and keep the costs reasonable.

What about Greater Minnesota? Minnesota (as most states) have metro centers where the Division happenings mostly occur. However, MAMFT is actively trying to create more opportunities for outreach and connection activities outside the Metro area. We just sponsored with St Cloud State, William Doherty, Steve Harris and Bridget Manley Mayer from the University of Minnesota, to present on “Discernment Counseling” in couples therapy. There may be more trainings in Greater Minnesota. The biggest need the MAMFT Board needs people in each of the regional areas of Greater Minnesota to work with the MAMFT Board to ensure events can happen. MAMFT would consider partnering with you or an organization to create learning opportunities in Greater Minnesota.

Does this tempt you to join or continue your Membership?

MAMFT continues to be an advocate for our unique perspective on Mental Health regarding legislation. Did you attend the Morning on the Hill 2014? Morning on the Hill is an annual event that occurs in the spring time before the end of each legislation session. This is one of our most important events of the year. This is the time that Legislators can put a name to mental health and Marriage and Family Therapists’ faces. We have a captured audience with the Legislators and how we are a different approach to mental health, to be inclusive of what we offer and to state specific issues that matter to us.

I want to thank the many people at different stages of their MFT careers who came to 2014 Morning on the Hill.

MAMFT is also involved with other Public Policy matters that will have impact on our profession but not necessarily get a lot of attention. Beth Nelson and Corey Yeager, MAMFT Board members, are on a task force that is directed by Governor Dayton to look at mental health needs of minorities and Greater Minnesota. This may have direct impact on how populations are being served and MFTs are being included, voicing our systemic contextual approach. Also MAMFT is included with other Mental Health Boards about the new Electronic Health Records mandate that will be enacted in January 2015.

MAMFT is involved in public policy matters that affect your license and how MFTs can practice.

As I hope you can see and read, MAMFT is involved and what we do as an organization, matters. Can you partner with us? Can you partner by becoming a Member? Staying a Member? Getting involved on a Committee? Attending a Conference? Letting MAMFT know what you need in order to become and stay a Member?

Let’s have a conversation...while we enjoy the summer...sipping lemonade and eating watermelon...

*Be blessed –
Katherine ~*

by: Casey McGraw

The 2014 Legislative session has come to a close and the members of the House and Senate are gearing up for an exciting election season this fall. We had a great turnout earlier this year at the MAMFT Day on the Hill with over 80 people showing up to support the larger Minnesota MFT community.

While the legislation we were supporting this year was either not passed or did not make it into the voting process, we made great strides in building relationships with members of the House and the Senate as well as the Governor's office. It is these relationships that will continue to benefit our Association as we move forward in the next years.

Because it was an election year, the bills we were looking to get support on were handled more carefully due to their nature as fiscal legislation, and no one wanted to get saddled with raising any costs or taxes during an election year. 2015 will be a budget setting year and we are hoping to make a big splash and really look to the relationships we built and

strengthened this last year. Moreover, longtime Health and Human Services Chairperson, Tom Huntley will not be seeking reelection this year and we hope to continue to make our community known with whomever takes his place.

The most important thing we (re)learned this year is that showing up and taking the time to connect with these fine people on the Hill will be the key to our larger success in these and other areas. When we show up, we are able to use our talents for connecting with people and building relationships to get really good work done for our state, our association, and the communities in which we live and work.

If you have thoughts or feedback for the Legislative Committee or are interested in being a committee member and learning more about our process with the Legislative community, please email us at mamft.legislativecmte@gmail.com. You can also email with questions regarding upcoming election action and how to get involved. There are several allies we have in the House that are up for reelection and we would like to see them retain their seats.

We hope to continue the progress from this last session and build a stronger coalition with our local, state, and national elected officials.

Have a great fall and don't forget to get out and vote,

*Casey McGraw
MAMFT Legislative Committee Co-Chair
Functional Family Therapist – Kente Circle*



The Case for Multiculturalism

by: Dorit Atar

I am writing this article in response to Iman Dadras article “Multiculturalism and Its Discontents” published in the June 2014 issue. I immigrated to the US from the same part of the world as Iman, and had the opportunity and privilege of obtaining my education here. I feel compelled to write this fact upfront, so that my words would carry a different weight and meaning to them as I am speaking about multiculturalism from a point of view of someone whose life is impacted by it on a daily basis.



In his article Iman talks about the “myth” of multiculturalism, comparing multicultural therapy to a stillborn child, blaming the “dominant US culture” for the mental health challenges experienced by immigrants, and talks about “White Supremacy”. I was amazed at Iman’s bitterness and anger, using the newsletter as a stage to preach his ideology. As I was reading his article, I was shocked and appalled at his lack of sensitivity, consideration and gratefulness for the country in which he is living and getting educated. He is easily forgetting the fact that in our native country, people are jailed, tortured and hung for openly expressing their opinions, something he does freely here in the US, yet takes for granted. In some non-western societies,

Comparing multiculturalism to a stillborn baby, “a byproduct of the guilty conscience of White Supremacy” is insulting to the many truly kind and caring therapists out there who work with immigrant populations, going out of their way to be respectful of their clients’ beliefs and ways of life.

women are unable to get educated and are treated as property, other religions are not tolerated (to say the least), and there is no acknowledgement of any rights for gays and lesbians. Iman preaches to us about sensitivity to other cultures, while doing exactly the opposite by bashing the so called “dominant US culture”, blaming it for the world’s misfortunes. I suggest, Iman, you keep your criticism for the cultures in which human rights violations are a way of life.

Yes, the US culture is not perfect, no culture is. But it is by far the most culturally accepting and respecting country there is. The so called “dominant US culture” has provided countless of people including Iman with true freedoms, the kinds they did not have in their homelands. It provided and continues to pro-

vide opportunities for higher education and success, much like Iman has been given, regardless of a person’s race or religion. Comparing multiculturalism to a stillborn baby, “a byproduct of the guilty conscience of White Supremacy” is insulting to the many truly kind and caring therapists out there who work with immigrant populations, going out of their way to be respectful of their clients’ beliefs and ways of life.

Many immigrants come to this country seeking a better life after having experienced trauma and persecution in their countries of origin. Claiming in his article that these immigrants experience “various emotional and mental health challenges” after “having to immigrate to western societies” is preposterous. Yes, immigrating to a society different than yours presents difficult adjustments, but the “western society” is not to blame for these people’s mental health challenges. Their experiences in their countries of origin and the reasons why they chose to leave, have mainly impacted their emotional and mental health. Don’t forget that many immigrants who have experienced trauma in their countries of origin most likely would not have been able to receive mental health treatment there, something that is readily available to them here in the US.

In his article Iman suggests that our “Eurocentric mental health practices” need not be devoid of politics and history, but rather allowing the client to explore “political, racial, and economic struggles”. As much as these struggles need to be acknowledged during treatment, I strongly disagree with this notion. We are first and foremost Marriage and Family Therapists, not politicians, nor fighting crusaders. Regardless of what has driven and guided us to follow this path, we are here to help and serve families. Therefore, we owe it to our clients to be free of political and historical judgment and opinions when we treat them, if we truly are in this field to help the families we serve, rather than to promote our own interests and agendas.

It is always easier to point out the negative aspects of an experience, as research even suggests this is a normal human tendency. It is also a wonderful and noble notion to always question ourselves and want to improve on our skills. However, let us not forget the many advancements and positive aspects of western society, and praise them as well. Let us also remember that when we have something to say, there is the critical and arrogant way of doing so and there is the kind and humble approach. I suggest, Iman, you take the latter.

Dorit Atar, MS, LMFT is a therapist in private practice. She can be reached at dorit@reviveyourlifemn.com

The Competence Paradox: Power, Privilege, and Professional Identity Development

by: Martine Kumar

On my journey as a practicum marriage and family therapist (MFT) I have discovered that most interns' challenges (myself included) are related to a dubious sense of administrative and clinical competence. These challenges include questioning one's ability to complete the necessary paperwork, collect sufficient diagnostic information, make an accurate diagnosis, complete a treatment plan that is relevant to both clients and administration (a topic for another article entirely), and attempting to be present, joining with clients, and managing one's own countertransference/self-of-therapist issues. Coming for a non-systems background in psychology, I have found myself feeling incompetent in most if not all of these aspects of MFT practice. However, as a therapist of color I have also experienced something, which I believe my fellow interns have not: something I will refer to as a *Competence Paradox*.



A Competence Paradox

Growing up on the Caribbean island of Trinidad and Tobago (T & T), and being born of educated parents from an upper-middle class socioeconomic echelon in hindsight I would consider myself as having been very privileged. Coming to the United States at age 19, and on my continued journey as an MFT, I have come to understand that my privilege in T & T involved not having to “prove” my competence, for it was granted to me based on this socioeconomic background and my being perceived as part of the dominant culture (i.e., East Indian/Latina). Being a doctoral MFT student I have discovered a similar automatic granting of privilege in that I may be perceived as more competent than a non-doctoral intern simply because of the level of degree I am pursuing. However, unlike in T & T where I was not considered a “person of color” and now here in the U.S. being a “therapist of color” I have discovered the paradox that if I accept the privilege granted my degree I may be viewed as too competent due to my being a therapist of color, which puts me at risk of being viewed as intimidating or competitive.

I have discovered that this paradox requires my constant vigilance. I have often found myself second-guessing whether what I say or do is coming across as too competent and in turn intimidating or competitive, thereby making my colleagues feel uncomfortable. In this way there is a power imbalance, as I feel forced to choose between downplaying any competence I believe I may have or run the risk of being isolated from my cohort. However, as Gregory Bateson offered, the myth of power is an epistemological error if it is considered inherent in a given person for it is ultimately a systemic phenomenon that emerges from the interactions between people.

Collaboration is the Thing

As I often say, “Coming from the ‘Psych side of the house’” I have not had to confront these issues of power and privilege as directly as I have as an MFT student. Training as an MFT I have been invited by professors and supervisors to see phenomena systemically; to consider how issues of color, power, and privilege are affecting my emerging professional identity AND how I play a role in these issues. Initially I recoiled from such considerations, keeping my feelings of anger and fear to myself. I felt it was unfair that I should be viewed negatively for simply trying to excel in my MFT training. I also was fearful that if I brought up these issues I would alienate myself from my colleagues. I felt stuck in a “damned if I do, damned if I don’t” situation.

One day however, I brought this issue to several of my supervisors. They were able to validate my feelings and experiences both as a new MFT and a therapist of color. Over the course of several conversations they encouraged me to consider how I might see the systemic nature of the competence paradox and in order to affect it adopt a more collaborative approach. While at first hesitant and still upset about the fact my fellow interns had the privilege of not having considered this paradox, I eventually found that holding onto such thoughts and feelings was stifling my professional identity development and having little-to-no affect on my cohorts' awareness of their privilege.

By finding the courage to speak with supervisors and then fellow practicum therapists about my experiences and perspectives both as a therapist and a therapist of color, I began to develop a professional voice. I discovered that by acknowledging my feelings, letting go of the need to “protect” my colleagues, and simply sharing my perspective (and allowing others to share theirs); a more equitable development of our respective professional identities began to occur. More importantly, by adopting a more proactive and balanced approach to these issues I have begun to feel more comfortable with clients, as well. I feel less fearful of being caught in the competence paradox with clients if I am to share my experience of power and privilege in the therapy relationship.

Conclusion

My journey as an MFT student of color has brought into my purview the previously unseen issues of power and privilege by way of this competency paradox. I have had to learn to balance my demonstration of competence with my personal sense of equity and professional identity development. In this process I have discovered that in order to find balance within myself and with colleagues I have had to develop the skill of collaboration. This collaboration has made it possible for me to have a voice in exchanging different personal and professional viewpoints with colleagues, which ultimately is allowing me (and hopefully them) to develop a more complete self-of-therapist for as I have been learning, the whole is truly greater than the sum of its parts.

Interview with Dr Sue Johnson – author of *Love Sense*: The revolutionary new science of romantic relationships – with Jim Thomas

Hold Me Tight, your book for the public, was such a success. It is still published only in hardback in the U.S. because of the steady sales. Writing a book is no easy task. What compelled you to write your second book for the public, *Love Sense*?

Writing *Hold Me Tight* was very satisfying. It took the last 20 years of work in helping couples heal their relationships and put it in to a book for all couples to use and learn from. What it did not do was articulate what I'm most passionate about. *Love Sense* articulates the huge shift in understanding adult bonding and love. *Love Sense* is a big idea book. The core message is that it's time to think about close relationships differently. It's time to think about adult love differently. It's time to think of us as a species differently. Let's recognize that we have a whole new understanding of romantic love, of partnership and of close relationships. This is a paradigm changing book. I want nothing less than to challenge old, harmful and limiting ways of viewing romantic love that exist in our culture, the media and in psychology.

What is the core of this new paradigm about romantic adult love?

First, we must acknowledge that romantic relationships are bonds, not bargains or compromises. Adult love is not a mystery or fleeting in its core nature. If we can see romantic love as an attachment bond, we can make sense of it. If we can make sense of love, we can work with it and heal. This is why I called the book *Love Sense*. As a trainer and proponent of Emotionally Focused Therapy and attachment theory, I would go home from training events with the feeling that even therapists were not getting the revolutionary new vision that attachment theory and science offers us about ourselves as bonding animals. This love sense, this way of seeing love as an attachment bond is revolutionary. It changes everything for both couples and therapists. Beyond that, it impacts the vision of what a human being is and what a human society is. So *Hold Me Tight* was written for couples in distress. *Love Sense* is written for everyone. I would like policy makers to read this. I want anyone who struggles to understand love to read this. I particularly want therapists to read it because they are the ones who can help us change the paradigm around love from a "fall in" endeavor to a "shape it and make it" endeavor. They are the front line of any revolution in our societies' vision of love; in a sense, they are the people who make or break the scientific revolution because they are the ones who put our new knowledge into action and show people that love can work!

You get at this on page 7 in the introduction to *Love Sense*,

that you write this as "a revelation and a promise." Tell us more about that.

I was in Toronto a few days ago, tired after the 20th interview in 48 hours. An interviewer asked me what I was trying to do in this book, and I found myself blurting out, "I am trying to change the culture of romantic love in this book." I think that I am trying to change a pessimistic culture that is amazingly dismissive of the power, hope and possibilities of romantic bonds. It almost denies caring and love and the significance of these bonds. There is an urgency here. At times, I feel like I'm standing and watching couples, all of us, driving off a dark cliff while my colleagues and I are trying to hold up a sign post to a highway that leads straight home. We don't have to give up on lasting relationships. Emotionally Focused Therapy demonstrates in 16 outcome studies that we can shape loving bonds. Attachment theory research shows us this straight road home again and again.

What are some of these terrible things we are led or convinced ourselves to believe about relationships in these other paradigms?

First and foremost, the myth that love does not work and cannot be understood. So love is a mystery? Do we want to base our precious love relationships on a mystery? This is not just benign misinformation. It sculpts our moves in relationships. If love is a mystery, then it simply comes and goes; we come to believe that there is little we can do. We simply fall in and fall out of love. Second, there is the idea that "needing" a partner is some sign of mental instability and immaturity. The idea is that you must become independent and have

firm boundaries to stay separate and define yourself that way. And this becomes a rule for relating. We still have psychologists who stand up and deny the thousands of studies on attachment. They argue that the most functional way to be is to be essentially separate. I would argue that we are wired to connect and the best way for us to live and live well is to be securely connected to a few precious others. Third, concerning sexuality, there is the belief that the strongest drives are sex and aggression. Attachment science states that the need to connect is our strongest drive and puts sex into this relational context. Sex is a key bonding experience for mammals. Mammals that groom and protect each other and stay together to raise their young are flooded with bonding hormones when they mate. Is that an accident? Emotional intimacy and vulnerability fuels the best sex - synchrony sex, I call it. This kind of sex then fosters closer bonding. Sex and bonding are naturally entwined, but attachment is primary and defines much of how we are sexually.



Fourth, there is the classic argument that monogamy is impossible and unnatural and having a long term love relationship is impossible without denying your sexual and identity needs. A reporter told me recently, "Ethan Hawk says we are not meant to be monogamous anyway." I asked him why he wanted to base his guiding ideas about his relationships on the comments of an actor! But, if you don't have a scientific map, how do you know what to believe? Ideas shape our experience and how we respond to our partner. These ideas shape our cultural conversation about adult love. They shape our love stories.

Such myths lead people and therapists in the wrong direction. We teach "skills" like set sequences of active listening, or we dive into teaching problem solving and negotiation skills. These things can help but they usually operate at the wrong level to really help couples move out of emotional distress and attachment panic. A huge advantage that comes with practicing EFT is that when a couple says to me, "Can we fix this and can you help us? Can we heal from this affair?", I have a confident and positive reply to give. Based on my experience and the research on our interventions, I can say, "Yes, we see people heal and craft new loving responses and we can help you do this. I expect you to get better". That is the first step out of despair for many couples. And as they delve into EFT couple therapy, I hear partners say, "This fits," and "This gets us to the heart of the matter."

I also have a secure base to lean on as a couple therapist in that attachment science gives me a key to love and loving. Again and again, attachment frames and attachment focused interventions guide couples back from the brink of divorce or the chaos caused by an affair. What would we want therapists to take from this attachment perspective that would change how they approach couples and families in therapy? I want therapists to see that they are engaged in a massively important enterprise. When a therapist helps a couple or a family gain more secure relationships, they are helping to create a civilization. They are creating the basis for happier and more stable families. They are creating the conditions that foster increased mental health and physical health. This new understanding of adult love and bonding allows us to offer what our clients so desperately need – a way to loving emotional connection and the resilience that comes from this connection. This is like gold for our field and it is desperately needed in our society. I see our job as helping people to learn about this code and use it. It is liberating as a couple therapist to work with the natural emotions and longings and the wired in ways that people naturally connect.

And I want to say, that the hunt for the simple magical intervention is the wrong way to go. I think this is looking for light in the wrong place. I think we need to tune in to the most powerful inherent force in us as a species and use this force to help people grow. The evidence is that the most powerful unconditioned, instinctive response in our species is the need to connect emotionally with another human being who would be there for you. Therapists recognize this when an individual client bonds with them and in doing so is able to access new resources and take new changes outside of therapy. We can help partners be this

secure base for each other. Knowing how things work in love relationships allows us to access the power that is there. You don't have to teach people how to bond – just provide a safe place for them to explore their pain of disconnection, their fears and longings together. It's a matter of blocking the exits and helping them get out of their own way. If we help them tune into themselves and their partners, people already know how to be responsive; they just don't know that they already know how to do it.

Why does E.F.T. get such powerful, robust and long-lasting results with couples?

We address people's deepest, most significant emotional needs and longings, so our interventions are relevant to almost everyone. We do not get many drop-outs in EFT, in our studies or our clinical practice. Couples and families tell us that we get to the heart of the matter; we are on target. The experience, the emotional balance they gain and the closeness they achieve stay with them over time and deepen. Once they know how to meet each other's attachment needs and longings, they keep doing this – it feels so good, and every challenge faced together strengthens their bond.

How did writing *Love Sense* change or impact you?

(Sue laughs heartily) Apart from exhausting me? Well, it focused my passion even more. As with couples in our sessions, when you focus on and really articulate something, you order and organize it. You get new clarity and integrate things deeply. And you grasp key meanings in a new way. *Love Sense* pulled me more into my passion for attachment. It intensified this sense that we need to be communicating to therapists and couples that this is the richest model and body of research we can use to integrate psychotherapy in general.

That is a bold statement. You are saying that attachment theory, the new science of emotions and this research can integrate psychotherapy in general, how?

Attachment integrates developmental, personality, interpersonal and neural science in one theory. There is no other theory that is empirically based and has such depth and breadth and it is a relational theory. It puts human beings in their natural ecological niche – relationships with others. Our world desperately needs to know about attachment. So many of our day-to-day problems arise from emotional isolation. We have electronic devices everywhere to allow us to always be in contact but not connected. Our mammalian brain, our hearts, our social selves long for deeper, secure attachments in our daily lives. *Love Sense* draws attention to the already huge body of evidence that close connection is the best recipe for mental health and physical well-being. So attachment theory, with its clarity about health and optimal functioning, risk factors and how we become stuck in dysfunctional affect regulation and interactional patterns offers a natural platform for the integration of psychotherapy. It gives a clear picture, for example, of how disconnection from | continued on page 15

presents...

Anderson J. Franklin, Ph.D

Working Effectively with Black Males: Family, Parenting, Trauma, & Issues of Invisibility

September 26, 2014

Event Location Sponsor:
Sabathani Community Center
310 East 38th Street
Minneapolis, MN 55409



Registration 8:30-9am Workshop 9am-4pm

In 2014, Kente Circle celebrates 10 years of service in the Twin Cities and surrounding communities. Over the years we have had the privilege to work with many individuals, couples, and families from many ethnic, cultural, religious, spiritual and social classes and backgrounds. It has been very rewarding work. One of the groups we have been most proud to serve is Black males.

**For registration information,
visit our website:
www.kentecircle.com**

This workshop is designed to promote and develop awareness, knowledge and intervention skills for working effectively with Black men, children and youth in a variety of health, mental health, work, and community settings focusing upon messages and images that cultivate attitudes and stereotype Black males, and examine the implications for their interpersonal style in everyday interactions.

Thank you to our generous sponsors!



Juvenile Corrections

180 Degrees' African American Wellness Institute



Metro Social Services

Providing Culturally Competent Services to Individuals and Families

Please join us for the MAMFT Fall Conference

November 13th and 14th 2014

FAMILIES AND RESILIENCE: Hope, Connection, and Meaning



At the Earle Brown Community Center, Brooklyn Park

The 2014 MAMFT Fall Conference is an annual event that features local therapists and presenters and creates a space for reconnecting with colleagues and building new relationships. Past conferences have provided much learning, insight, networking, and professional development. This year's conference will be no exception!

The conference will kick off on Thursday November 13th at 12:30pm with registration. There is a NEW FORMAT this year! We are now including a three hour workshop with our keynote in the afternoon! After the workshop the usual format continues with a dinner and then the hour and half keynote speech in conjunction with our awards ceremony in the evening!

This year, the MAMFT Keynote Presentation is Froma Walsh, MSW, PhD. Whose area of expertise has been working on creating resilience in families through spirituality as the Co-Director and Co-Founder of the Chicago Center for Family Health.

Friday's conference schedule will continue with a variety of workshops that registrants can choose from to advance their knowledge around families and resilience; specifically in the areas of diverse families, spirituality, supervision, and clinical application. For more information please visit the website, www.minnesotafamilies.net for workshop titles and descriptions.

The conference is available at an affordable rate. You can choose to attend Thursday only, Friday only, or both days at a discounted rate. A fantastic dinner will be provided on Thursday as well as a scrumptious lunch on Friday for those who attend. In addition, watch your mailbox for a brochure. We are also continuing to offering online registration this year! Visit www.minnesotafamilies.net for more details.

FAMILIES AND RESILIENCE

by: Lindsey Frasure

The definition of resilience is: the ability to become strong, healthy, or successful again after something bad happens. This definition is fairly straight forward, however, when applied to families, resilience can mean so many different things and can affect so many aspects of our work. This fall our community of therapists will define and clarify this essential element in our practices. The annual fall conference is your opportunity to come together as a community and learn! To get us started I want to share a glimpse into what our theme represents by taking a deeper look into how it can be present in our practices.

The definition above says what resilience is but it doesn't say how we achieve it. Our keynote speaker, Froma Walsh,

facing a crisis? Is it the belief in a god? Or is it something else? As therapists we often get bogged down in exactly what spirituality is or isn't. Many of us feel that if we are not of the same religious background as our client we cannot relate. I will be completely honest, when I started reading some of Froma Walsh's work I thought "Oh no, I am going to have to write about spirituality in this article". Something I, myself, am not extremely comfortable with, though I am extremely comfortable with sex so at least I have one taboo down right? But then as I started to read more of her work I realized that spirituality isn't about the religious doctrine I am so afraid of misinterpreting. It is about the meaning it provides our clients in their lives. Spirituality is not always linked to religion. But for some of our clients it is the religious beliefs that provide meaning. I have been hugely influenced

with discussing the religious beliefs. But like many other topics that might present themselves in our practices it isn't about being the expert. It is about being curious and providing the space for spirituality to be present and allowing clients the space to explore and examine what provides meaning in their lives.

I find myself getting excited to hear Froma Walsh as our keynote speaker. I think this is an important topic in our society today when it can be difficult to hang on to hope and create resilience. With her years of personal experience and expertise in this area I think she will have a lot to teach us about providing a more spiritual environment in our practices. As we come together this November we have the opportunity of not only expanding our own knowledge but to learn from the wisdom of Froma Walsh and our own community of excellent therapists. I hope to see you all at the conference this fall!

I want you to start asking yourself the questions below to and to challenge YOURSELF to create more resilience in your work!

-Do you expand spirituality in your practice?

-Do you ask your clients about their life meaning and purpose?

-How do you create hope?

-What does resilience mean to your families/clients?

-How do your own spiritual beliefs affect your work?

-Are you afraid to discuss religion because you feel a lack of knowledge?

The MAMFT Fall Conference Committee looks forward to seeing you this fall.-on behalf of the committee-Lyndsey Fraser, MA, LMFT

As we come together this November we have the opportunity of not only expanding our own knowledge but to learn from the wisdom of Froma Walsh and our own community of excellent therapists. I hope to see you all at the conference this fall!

MSW, PhD, has dedicated her work around this particular question. Froma Walsh is currently the Co-Director and Co-Founder of the Chicago Center for Family Health. The center's mission is to promote resilience during crisis and create healthy relational families. A lot of Froma's work has been in discovering what exactly creates resilience in the individual and family. Through her work she discovered the importance of spirituality in the therapeutic process and how essential it is to perseverance during critical events. She tapped into an area that we, as therapists, are often uncomfortable or afraid to bring into our work. Spirituality has become as taboo as sexuality in many of our practices.

But what exactly is spirituality? Is it the dogma of religious doctrine? Is it the ability to look to a higher power when

by Victor Frankl's work on man's search for meaning. It has had personal, as well as a clinical, influence in how I operate in the world. When I saw Froma Walsh quoting him in her work I started to realize what it was that she meant by spirituality.

Spirituality is the ability for client's to have hope in moments of crisis and promotes positive perseverance. As therapists our goal is to provide an avenue for spirituality to flourish in any way that it may present itself to our clients. This could be through mindfulness, religious doctrine, family values, an existential crisis, atheist beliefs, or any other spiritual avenue a client may have. It isn't just about religion but being able to bring the topic of meaning and purpose into our work with our clients. For some that might be being comfortable

Worried About the Approaching Deadline to Adopt an EHR? Don't Panic – Assess!

by: Annie Schwain, MA, LADC, LAMFT

Still feeling uncertain about the idea of electronic health records and health information exchange? Feeling overwhelmed trying to figure out what to do? You're not alone.

Using technology to help in caring for our clients is not new, but the mandate for EHRs certainly brings about a huge shift in both our practices and in our work with clients. While there are many benefits to adopting e-health technology, including improved workflow processes, ease in communication with clients and other providers, ability to track client progress in therapy, and improved security, it is appropriate for clinicians to have a degree of caution and hesitation in making this transition.

We spend much of our time trying to support clients in making changes in their lives, and thus we know that change is a process. The move to using or increasing our use of technology in our practices is a change that, like most changes, we may both look forward to and dread simultaneously. This change will likely lead to a shift in how we provide informed consent to our clients, how we talk with them about their care and treatment, how we document the services we provide, and how we handle confidential information. The challenge is to not let our fears and anxieties about this process hinder us so much that we can't make progress, or throw up our hands and let someone else figure out how to solve the problem for us. When we work with our clients, we support them in staying engaged in their process and in finding their own answers to the challenges that they face. For clinicians, the journey of adopting e-health is a parallel process to that which our clients experience.

In the process of adopting an EHR or HIE, I encourage people to SLOW DOWN and spend time assessing and planning the changes they want to make and to prepare themselves to be a good consumer. What works well for a fee-for-service clinician who works primarily with couples may not work so well for the clinician that works with families / children and takes insurance. Understanding your unique practice needs and exploring what products and features are most meaningful to you will provide you with better odds of finding a solution that doesn't simply comply with the mandate, but helps you to deliver more efficient and coordinated care. Educating yourself about the basic of EHRs and HIE will help you know what to ask about when talking with potential vendors and ensure that they are able to meet your needs.

The first step to adopting an EHR is to assess your present situation and to begin to think about what you want your end goals to be. Without taking the time to assess realistically where we are and where we want to go, we may find ourselves ill-prepared and somewhere we don't want to be.

- Do you want to just want an EHR to comply with the mandate?
- What types of Clinical Quality Measures (CQMs) are important to you?

- Do you want electronic billing?
- How about scheduling, appointment reminders, and practice management features?
- How do you want your workflow process to change (or not)?

We need to assess both our strengths as well as the things that might challenge us or get in the way of making progress.

- How comfortable are you in using technology?
- How much support or training do you anticipate needing?
- What financial resources do you have?
- Who can help you understand legal documents and contracts?

We also need to explore who and what we can use for support, both in learning the skills that we need to make the transition, and to gently nudge us forward when we are feeling uncomfortable or uncertain.

- Who do you currently use to support your practice?
- Do you have colleagues that are working through this process now as well?
- Who helps you with IT issues when they arise?
- How do you learn best?

We need to demonstrate progress towards adopting an EHR and using HIE by January 1, 2015. This does not necessarily mean that you will have a vendor selected, be fully trained, and have all of your client files transferred into the new system at the start of the year. As some people have noted, there is not presently a penalty for those not in compliance on the start date, as the goal is to take the time to find a solution that is the best fit for your practice and that will serve you well in the years to come, not to make a decision simply to be in compliance. As more and more clinicians move towards adopting an EHR, there will be bottlenecks in the adoption process as vendors try to keep up with the influx of new customers and implementation may not be able to happen "on time". Again, don't panic, just continue to work through your process.

So how do you begin the assessment process? Stratis Health has created a free Behavioral Health Toolkit to assist providers in all phases of adopting health information technology, including assessment, planning, selection, implementation, maintenance, and optimization, which can be found online at <http://www.stratis-health.org/expertise/healthit/behavioralhealth/>. HealthIT.gov in partnership with the National Learning Consortium also provides guidance on how to implement EHRs, including recommendations for the assessment process. More information can be found at: <http://healthit.gov/providers-professionals/ehr-implementation-steps/step-1-assess-your-practice-readiness>. For those that want more hands-on support, Voda Counseling will continue to offer workshops related to EHR and HIE adoption, and a listing of current offerings can be found at: <http://vodacounseling.com/e-health-workshops-for-clinicians/>.

Have a question about health information technology that you'd like to see answered? E-mail Annie Schwain at annie@vodacounseling.com or post it in the Linked In Group "EHR Collaborative of Minnesota".

Electronic Health Record (EHR) Resources

- Glossary of Selected Terms and Acronyms from the Minnesota Department of Health: <http://www.health.state.mn.us/e-health/glossary.html>
- Information on Personal Health Records (PHRs) <http://www.health.state.mn.us/e-health/phr.html>
- Resources for achieving the 2015 Interoperable EHR Mandate: <http://www.health.state.mn.us/e-health/>
- Guidance for Understanding the Minnesota 2015 Interoperable EHR Mandate: <http://www.health.state.mn.us/e-health/hitimp/2015mandateguidance.pdf>
- The Certification Commission for Health Information Technology: <https://www.cchit.org/>
- A comprehensive list from the MN Department of Health of currently certified EHRs: <http://www.healthit.hhs.gov/chpl>
- Current list of Certified Health IT Products: <http://onc-chpl.force.com/ehrcert>

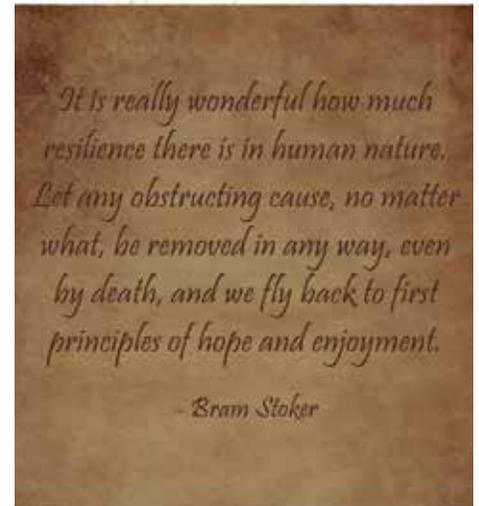
Health Information Exchange (HIE) Resources

- For information on understanding and selecting health information exchange options in Minnesota: <http://www.health.state.mn.us/divs/hpsc/ohit/hieguidance/>
- For a definition of HIOs and HDIs, and for more information on State-Certified HIE Service Providers: <http://www.health.state.mn.us/divs/hpsc/ohit/certified.html>

How to Connect With Others

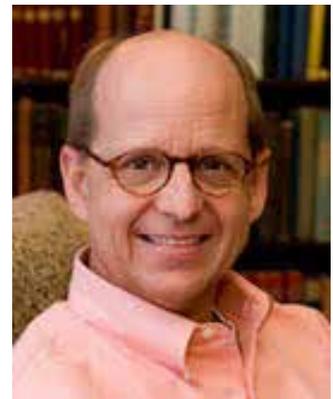
- The Regional Extension Assistance Center for HIT (REACH) works with providers of all types and sizes to improve quality of care through adoption and meaningful use of EHRs: <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs>
- Stratis Health offers support services and a FREE behavioral health toolkit for adopting an EHR and HIE technology: www.stratishealth.org

- Workshops on EHR and HIE technology: <http://vodacounseling.com/e-health-workshops-for-clinicians/>
- LinkedIn Groups:
 - EHR Collaborative of MN - <https://www.linkedin.com/groups/EHR-Collaborative-MN-5102179>
 - MN Behavioral Health Information Collaborative - <https://www.linkedin.com/groups/MN-Behavioral-Health-Information-Collaborative-6673382>



Family Therapy Specialist (FTS)

I have been the director of the Family Therapy Specialists (FTS) Training Institute since its inception in 1987. I am stepping down from this position effective July 1, 2014. Mark Anderson will assume the title and responsibilities.



Mark has been associated with the institute for over twenty years. I believe that he is the best teacher, trainer, supervisor, and therapist, which I have been fortunate enough to know and to work with in the Twin Cities area. I am leaving the institute in good hands. The institute will continue to function as before using a one-way mirror format. We will continue to offer supervision, training, academic classes, and continuing education. I will be helping Mark on an unofficial basis. I ask the emeritus faculty and the alumni of FTS to join me in offering Mark our best wishes.



Thank you,

George Vognar

by: Dennis Maurer

How do you react when you hear the terms; “Best Practice”, “Evidence-based Best Practice” or “Research-based Best Practice”?



The Professional Practice Committee has been on an interesting journey as we tackle our goal to define the focus of “Professional Practice”. Our exploration found us wading through what “Best Practice” guidelines might be helpful for our membership. I took this discussion to the MAMFT board meeting. This led to questions of what “Best Practice” really means and the fact that it conjures up a wide range of definitions and emotional reactions.

Here is a summary of the reactions. All agreed that there are A LOT of opinions about what is “Best Practice”. Some focused on the need to be more fact-based; from the laws and statutes, and to be careful with “opinion”. Most agreed that it is a great idea to have conversations about it. One person reported the belief that the best practice lingo elicits a “we have arrived” mentality, stifling creativeness. The point was made that “Best Practice” should be a formative as opposed to summative process. One perspective stressed the need to agree on “working principles” of ethics that guide our profession and development and identified the 5300 Rules and the ethical code of practice from the AAMFT as sources that inform our professional values. Focusing on the design to protect consumers and to advance the competency of professionals was one comment. And finally, there were concerns of misuse for political and economic gain; bias based on who is paying for the research and frustration with payors beginning to dictate what type of treatment they will pay for based on “Evidence-based” proof of effectiveness.

So I thought, let’s check the resources. A simple web search produced lots of resources. I found this SAMHSA site very interesting. (<http://nrepp.samhsa.gov/>) Here is information from their site:

The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online database of mental health and substance abuse interventions. All interventions in the registry have met NREPP’s minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination.

The purpose of NREPP is to help the public learn more about available evidence-based programs and practices and determine which of these may best meet their needs. NREPP is one way that SAMHSA is

working to improve access to information on evaluated interventions and reduce the lag time between the creation of scientific knowledge and its practical application in the field.

At this site and under the SAMHSA Learning Center (<http://nrepp.samhsa.gov/Norcross.aspx>) we find the resource we all need to be familiar with; “Evidence-based Therapy Relationships”.

This resource draws from detailed meta-analyses appearing in the second edition of *Psychotherapy Relationships that Work*, published by Oxford University Press. The introduction states that decades of careful scientific research indicate that “the therapy relationship accounts for why clients improve—or fail to improve—as much as the particular treatment method”.

The summary of this research specifies the strength of the alliance, empathy, goal consensus and collaboration, affirmation and adapting the relationship to the individual to mention just a few.

There is great “Evidence-based” research to support our work! My hope is that we make it a priority to become equipped to respond intelligently and persuasively when questions of “Best Practice” come up. Health Care Reform is moving from a “fee for service” to an “outcome-based” reimbursement model. This is another reason why I would encourage all MFTs to build outcome measures into your treatment process and documentation. The good news is that with the focus on measuring outcomes, we are given the power to record our own “evidence”. Make asking questions about client satisfaction with the therapy relationship and the therapy process standard. Helping your clients learn to set clear measurable goals and recording progress is good for everyone. Set up your EHR so that outcomes are documented; outcome reports can be produced routinely and progress can be reviewed and adjusted regularly.

My wish is for this to be the beginning of many more conversations about “Best Practice” and Marriage and Family Therapy. If you would like to share your reactions and point of view, consider writing a response to this article for the next MAMFT Newsletter. If this really got you thinking and you would like to part of the Professional Practice Committee email me at dennisrobertmaurer@gmail.com.

continued from page 8 | others and insecure bonding may be fueling the rise in depression and anxiety rates in the United States. It has allowed us to address these problems in a couple therapy context. A recent study by my colleague, Wayne Denton, shows good results using EFT with couples who also struggle with depression. Strong bonds build strong individuals.

How does the vision presented in Love Sense and in EFT differ from other approaches to couple relationships in therapy?

The first difference is that we do not focus on just intervention. In general, couple therapy has been accused of being a grab bag of tools that addresses only the surface symptoms of relationship distress. Salvador Minuchin, one of the great pioneers in family therapy, has said that our field made a crucial mistake when it moved away from trying to understand relationships into first trying to treat and change them. I think this move came from a good intentions, from therapists wanting to help. But without a grounded theory of bonded relationships, we are left seeking magic interventions to address the apparent “mystery” of affectional bonds. Attachment gives us an in-depth understanding of love and interdependence. This helps us understand how relationships work from the bottom up. Attachment also helps us understand relationships and how they evolve throughout our lives. It does so in a way that other models cannot; simply because they are not based on a well researched socio-biological model of what it means to be human.

You know, if you are an attachment oriented therapist, that teaching cognitive negotiation skills is most often not that effective in couples and families. It happens at the wrong level. General research in psychotherapy outcome by researchers like Castonguay and by Coombs find that it is emotional engagement and connection with the therapist that predicts success in therapy, as well as a collaborative rather than a coaching approach to working with emotion. Attachment also offers a very clear view of what goes wrong in close relationships and what is necessary to make them right. A clear treatment protocol comes from a well-developed understanding of what the problem is and what is necessary to create the best solution. EFT is an attachment based approach to couple and family therapy. With 16 positive outcome studies, we see that it works. Numerous process studies of how change occurs have also helped us hone EFT interventions and training.

What was the most compelling or intriguing piece of research you came upon in writing the book from outside of E.F.T. research that supports this understanding of adult love?

There are lots of them; it is tough to decide; I like three in particular. Jim Gross has done great work on the suppression of emotion and how amazingly difficult and physiologically taxing this strategy is. It's so taxing; it stresses you out and it stresses the people around you because they tune into your tension. It also shuts them out! Nancy Eisenberger's work is also wonderful. She stresses that we are social and bonding animals. Thus,

social pain from rejection or being ignored are processes in the same way as physical pain. Both are danger cues, alerting us to survival imperatives. She finds this effect even in research tasks that involve strangers, imagine then the impact of rejection in our closest relationships. This kind of research helps us understand the huge impact that lovers and family members have on each other's emotions, brain functioning and general physiology. Jill Hooley also writes on the toxic effects of criticism from those we depend on. She suggests that such responses are equivalent to low grade punches to the brain. These three stand out, but there were so many more that are outlined in the book.

And there is an exciting, ground breaking study on EFT - one that showed changes in the brain, (Johnson, Coan, et. al., 2013, PLOS ONE), can you tell us about that?

For the first time, this study demonstrates that a relational intervention led to changes in how the brain responds to both contact comfort from a partner and an imminent perceived threat – in this case the threat of a painful electric shock to the ankles. This study used fMRI imaging to show that, after EFT and key bonding conversations designed to create a more secure bond between partners, holding a husband's hand modified the way women's brains responded to threat and to the pain of shock. After therapy, but not before, these client's brains were amazingly quiet and calm as they were given the cue that a shock might be coming, and they reported that the shock was simply uncomfortable rather than painful. Attachment theory predicts that a felt sense of secure bonding changes offers us a safe haven where threat can be tolerated and modified, and this is what we saw in this study.

This study was part of a larger study designed to show that EFT interventions can indeed change the security of a couple's bond – the emotional responsiveness – the love they have for each other. It speaks to the enormous advances made in the social sciences that we can do a study like this – and it speaks to the enormous promise of our field. We talk lots about environmental sustainability but for me, human kind sustainability is all about whether we can learn to connect and co-operate to build loving partnerships and families that foster truly civilized societies.

When Ghandi was asked about western civilization he replied, “I think it would be a good idea!” It seems to me that professionals who know how to show others how to build loving relationships are a key part of this “good idea”. And we are moving to the place where we know how to help people build the kind of partnerships and families that to do just that – create an empathic and truly civilized society.

Thanks for your questions and for listening Jim -

www.drjsuejohnson.com www.iceeft.com

by: Gail Yost, MA, LMFT

Greetings Pre-clinical members,

My, oh my, how times flies. As I sit and reflect upon how time can slip away, it reminds me of the importance of family and friends. I hope you have taken time to reconnect and/or stay connected with your relationships.



You may recall that cool summer day in July – 64 degrees for a high? Well, it got me thinking about fall and what a great time of year it is to have gatherings outside. So, I've decided to host a Pre-clinical member gathering at my home in Bloomington. This event will take place on Saturday, September 20, 6:30-9:30 p.m. We will enjoy great food, beverages, a bonfire (friendly fire), and a relaxing evening with colleagues. Space is limited (no more than 40 guests) and you need to RSVP to me at gmyost1@gmail.com no later than September 10th. You are welcome to bring your partner/spouse.

Now, you may be saying to yourself, "Great, how much is this going to cost me?" The answer... zero, zip. It is MAMFT's way to provide social opportunities at no cost because we know this part of the journey is a financial stressor. So, come and relax but remember you must RSVP and space is limited (no more than 40 guests).

Before I close with a list of upcoming events. I want to encourage you, if you are in need of supervision, to attend the Supervision/Practicum Fair on Saturday, October 25th. The Pre-clinical and Student committees are collaborating to host this event. Let me know if you would like a list of questions that you could ask a potential supervisor(s). Consider having more than one supervisor. It's beneficial to have multiple perspectives and you'll have richer experiences.

Here are upcoming events worth attending and they're FREE, too.

Thursday, September 4th: Brown Bag Lunch, Byerly's, Edina, 11:30-12:30. Come and join others in private practice or thinking about starting a private practice for networking and support.

Saturday, September 20th: Pre-clinical member event. 6:30-9:30 p.m., Bloomington. Rsvp is required to gmyost1@gmail.com

Thursday, October 2nd: Lunch and Learn – Byerly's, St. Louis Park, 11:30-12:30. Geri Scherer, LP, from the Emily Program will be our speaker. The topic is Eating Disorders.

Thursday, October 2nd: Brown Bag Lunch – Byerly's, Edina, 11:30-12:30.

Saturday, October 25th: Supervision/Practicum Fair. This will be held at Adler in Richfield, MN. Keep your eyes open for more information in the near future.

Thursday, November 6th: Brown Bag Lunch – Byerly's, Edina, 11:30-12:30.

Thursday, January 8, 2015: Lunch and Learn, Byerly's, St. Louis Park, 11:30-12:30. We have an opening for a speaker. If you or someone you know would be interested in presenting at this event, please contact me at gmyost1@gmail.com

*Wishing you continued success.
Gail Yost, MA, LMFT
Pre-Clinical Representative*

OPENINGS FOR INDIVIDUAL AND GROUP SUPERVISION IN THE SOUTH METRO AREA

Sheila Marker is a state and AAMFT approved supervisor and able to supervise clinicians working on their LMFT, LPC, and LPCC licenses. I am also an EMDR certified therapist working on being an EMDR consultant and looking to form an EMDR consultation group. There are openings available for group supervision on the 1st, 2nd and 4th Saturday of the month. I am looking to form more groups and dyads at other times. Family theories I work from include Solution Focused, Bowenian, Cognitive Behavioral, Psychoanalytic, and Experiential. I also focus on self of the therapist which I think is very important. If you are interested in more information, please feel free to contact me at my office 952-892-8495, cellphone 952-484-0313 or email me at smarker6@gmail.com.

Happy Summer, Fellow MAMFT Student Members!

by: JoEllen Lange

Welcome to Fall, Fellow MAMFT Student Members!

As we read this in our publication, it will be fall, or close to it; however, as I write this, it's summer, construction season in Minnesota. And I'm thinking a lot about construction lately—it's my current metaphor.

I just constructed and submitted my final graduation project, a labor of reflection, growth, creativity, and hard work. Why I'm finding it strange that the 'end' of this construction project is leading to the beginning of many others, I don't know, because, after all, as the song has been reminding us for years, *one thing leads to another*.

There are so many 'next's on my construction list, it's hard to know where to start. Frankly, there are many construction projects around my home to which I'm excited to return (an unfinished door, a headboard project, an exercise space?!). I'm working on connecting with other students to assemble an MAMFT student committee. I'm going to be creating a new résumé that reflects my graduate program work and training. I'm working to revitalize some of my relationships that were 'on hold' during my practicum year in particular. This refresh includes my relationship with myself as well—am I meeting my own needs with regard to exercise/movement, nutrition, intellectual stimulation, emotional and sensual needs, and so on?—if not, I need to build and execute plans and then create a plan for maintenance. I need to develop a plan for studying for the national exam and for continued learning in general. Construction is *being intentional*.

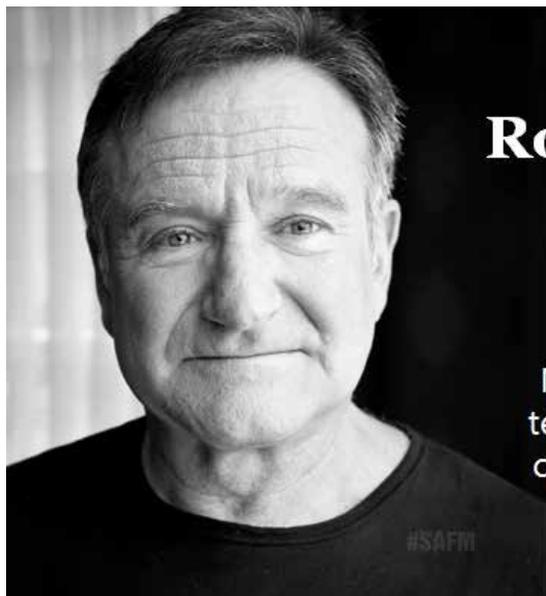
So, "under construction" could be my motto . . . but I'll be literal for a moment . . . I'm not really *under* construction as in 'beneath' it—I'm swimming in it, relishing it, embracing it for the opportunities and anticipated results . . . a friend and cohort said to me recently, "it's an open road!"



In this same conversation, my cohort and I talked about our respective development during our practicum year. Now, I'm curious about *you* and *your* processes . . . How are you exploring and developing your Self of the Therapist? Are you practicing and behaving ethically by exploring your own "stuff" (see Minnesota Administrative Rules 5300.0350, Subpart 4J)? Are you seeking supervision? Are you in therapy? Are you open to receiving and hearing feedback? Are you able to provide feedback in a way that reflects curiosity?

Let's be active, reflective, passionate, curious, receptive, and ethical in our thoughts and practice. See you at the next Session on Saturday!

(As always, if you have comments or questions about this article, or if you're a student with ideas for development with which your professional board may be able to help, please send them my way or join the student committee. Reach me, JoEllen, at MAMFTStudentRep@gmail.com.)



RIP
Robin Williams
1951 - 2014

No matter what people tell you, words and ideas can change the world.'

-Robin Williams



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he said – she said

by: Ken Stewart and Brier Miller



SHE SAID

It's been one of those days. 3 sessions, consultation on a health-care project, some supervision. Good to have the mix, nice to be home. I am thinking about the people I met with today, reflecting on our conversations. I have the house to myself this evening so I am free to spend some time with my "work" relationships. This doesn't feel like work the way many people experience their jobs. How lucky are we, as therapists? For me,

It is at the intersection of my clients' and my humanity that I find the healing to take place. It's where I find that relationship is medicine. And that our relationships are reciprocal, that my clients' voices go with me as well.

even better, I feel free of the therapy field's admonitions that it is unprofessional – or a prescription for burnout – to spend time (as I am right now) thinking, even being concerned, about our clients when we are off the clock.

I have granted myself this freedom in late career, and it manifests in many ways. Having pro bono clients. Letting prospective clients know I practice outside a Western medical model and that I do not consider their troubles "disorders." Reassuring my client facing stem cell replacement that I will visit her regularly in the hospital. Letting my newest client know that – while I'm no crisis service – she can call my cell phone if she needs to right now. Freedom is knowing I can talk about it with her, if she seems to rely on me too much.

Is it a prescription for burnout, holding my clients, my work, so close to my heart? You know I never tire of quoting Carl

Whitaker ... "Any patient worth treating is worth loving." That's what keeps it from being too heavy for me, the love. I know not all my MFT colleagues can have the freedom I do, but I hope we all have the love.

HE SAID

Well, if you can't have some degree of care for your clients, they will know. It's much in the relationship. We must come to know them, come to know them more deeply than anyone else – their secrets, their shame, their fantasies, their dreams. We connect, we care, then they go home till next week or two weeks from now. Our words go with them. My therapist's words have certainly gone with me. I still recall words he said to me last summer and appreciate the wisdom in his words. And our clients take our wise words, our reassurances, our reflections, even our throw away remarks, and hold them, take comfort in them, use them as guides.

But mostly for me, I don't think about my clients much when I'm home. Sure, I reflect on some of them, but I don't obsess about them, don't wring my hands, don't worry and wonder. It's part of my respect for them and their autonomy. They have their lives to live, their decisions to make. Our words, our conversations are pebbles tossed in a pond – they ripple outward. Our words are the flapping of butterfly wings in China – who knows what their long term effects will be? Perhaps what's said or not said in therapy is analogous to a turbulent, chaotic system like the earth's atmosphere – and we can't predict with certainty what will be ignored and what might be the tipping point.

SHE SAID

I hope my words go with my clients, as you say, to be utilized and made sense of in ways I cannot predict or control. I have long borrowed the words used by Ernest Rossi to title his collection of Milton Erickson's teaching

tales: "My voice will go with you." I love to call these words forth. And I embrace the mystery of what will and will not be useful in our work. I am honored to be a butterfly wing.

Autonomy, though...I am not sure I believe in autonomy, or independence. Rather, it's how well we manage our interdependence. What does it mean to have interdependent relationships with my clients? I believe it means that they are butterfly wings in my life too, that the conversations we have can be a pebble in the pond of my life as well as, I hope, in theirs. Our MFT brother Ken Hardy says "I've been a human being a lot longer than I have been a therapist." It is at the intersection of my clients' and my humanity that I find the healing to take place. It's where I find that relationship is medicine. And that our relationships are reciprocal, that my clients' voices go with me as well.

KEEP IT ON THE RADAR

Today a client said “You are my lifeline.” I had agreed to squeeze her into an already busy day, cutting into some of my own writing group time. Is it a problem, to be willing, at times, to make personal sacrifice for my clients’ well-being? My client really needs a lifeline right now. She is reworking many experiences in her life when she had none, had to silence her needs. Of course I am just a place-holder. Her rush of vulnerability and anxiety has already opened my client up to a more intimate relationship with her parents, her husband. Gradually she will be able to trust their presence as lifelines, and find the lifeline again inside herself. I believe her life is enhanced because I loved her enough to make time for her when she needed it.

And here’s the best part: in all this “self-sacrifice,” I benefitted personally. I brought my unfinished She Said column to my writing group and my colleagues wrote their own responses. Thought-provoking, rich. You should have been there! When the pebble hits the pond of relationship, we never know where the ripples will go.

HE SAID

No, you don’t know where things will ripple outward and what the impact will be of the choices we make. I have always taken pride in the 39 years of my clinical career of being willing to stay late, come in early, lower the fee, go the extra mile for my patients. I’ve had patients say to me that “I better not retire,” better not “go away.” And yet, they do find ways to go on. Actually, that’s the essential question that’s asked by our patients, “How shall I go on?” So, at the end of the day, at the end of this stretch of therapy they have come to say, “Now I know how to go on.”

September

- 4 Brown Bag Lunch, Byerly’s, Edina, 11:30-12:30. Come and join others in private practice or thinking about starting a private practice for networking and support.
- 11 New Member event at Pinstripes in Edina, 5:00-7:00pm. Contact Megan at meganoudekerk@yahoo.com for more info.
- 13 SoS @ U of M, St Paul Campus “Perinatal Mood Disorders: Symptoms, Causes, Risk Factors” presented by Alyssa Wright, MA, LMFT and Delta Larkey, MA, LMFT, RPT.
- 20 Pre-clinical member event. 6:30-9:30 p.m., Bloomington. RSVP required gmyost1@gmail.com

October

- 2 Lunch and Learn – Byerly’s, St. Louis Park, 11:30-12:30. Geri Scherer, LP, from the Emily Program will be our speaker. The topic is Eating Disorders.
- 2 Brown Bag Lunch – Byerly’s, Edina, 11:30-12:30.
- 15 MAMFT Newsletter Winter Issue deadline for submissions
- 18 Happy Hour/Social on Saturday in Milwaukee for members attending AAMFT National Conference. Look for more info on the MAMFT email blasts in October.
- 25 SoS@ Adler Graduate School, Combined Practicum and Supervisor Fair. Watch for updated information at www.MAMFT.net and on weekly MAMFT email updates.

November

- 6 Brown Bag Lunch – Byerly’s, Edina, 11:30-12:30.
- 13&14 2014 Fall Conference/Honors Event: November 13 & 14. Topic Family Resilience: Connection, Hope and Meaning; Featuring Froma Walsh and local presenters.
- TBD SoS @ U of M, Mankato

December

Happy Holidays

January

- 8 Lunch and Learn, Byerly’s, St. Louis Park, 11:30-12:30. We have an opening for a speaker. If you or someone you know would be interested in presenting at this event, please contact me at gmyost1@gmail.com.

Future dates and details:

Board Meetings: 9am-10am (Exec Committee) 10am-1pm (full Board); Locations TBD

Committee Meetings: A schedule of committee meetings should be sent to the Administrative Assistant and President for its’ inclusion on the MAMFT website calendar. Any changes to the meeting schedule should be communicated to keep the calendar accurate and up to date.

Collaborative Meetings: Collaborative meetings are held four times a year. MAMFT committees along with MAMFT Board members meet from 9-10am, and the collaborative meeting is from 10am-12:30pm.

Fall Conference/Annual Meeting/Awards Ceremony: Thursday November 13, and Friday November 14, 2014 (8am-5pm). Location: Earle Brown Heritage Center, 6155 Earle Brown Drive, Brooklyn Center, MN

AAMFT Conferences: **Milwaukee, WI : October 15-19, 2014** Solution Focused Therapy; keynotes Michele Weiner-Davis, Michael Durrant, Frank Thomas, and Cynthia Hansen
San Francisco, CA : September 3 - 6, 2015 TBD
Indianapolis, IN : September 15 - 18, 2016 TBD
Atlanta, GA : October 5 - 8, 2017 TBD

Sessions on Saturdays (SOS): Typically SoS’s are one Saturday a month. There are no SoS trainings in June, July, August or December. Dates, locations, topics, and presenters are as posted or TBD. The trainings are from 10:00am-12:00pm. Check www.MAMFT.net for the latest information and dates for SoS trainings.

Brown Bag Lunches: A networking and support group for those in private practice. Location: Byerly’s in Edina; meeting times 11:30-12:30pm. Please note change of location and time. This group meets the first Thursday of every month.

Lunch and Learns: A networking and support group for those in private practice. Location: Byerly’s in St. Louis Park; meeting times 11:30-12:30pm. Please note change of location and time. This group meets the first Thursday of every month.

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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. Submission of an article does not guarantee its publication. All materials should be sent via email to the addresses above:

Please note - our deadlines have changed

<u>Issue</u>	<u>Submission Deadline</u>
Spring	January 15
Summer	April 15
Fall	July 15
Winter	October 15

No materials will be returned. Opinions expressed in the MAMFT NEWS do not necessarily reflect the opinions of the Editors or of MAMFT.

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