Way back in the 1980s, when I was a small town newspaper editor, we used to get tons of what is today called “snail mail.” Please do read the word “tons” literally. I spent a good hour every day cutting open envelopes and reviewing the contents. Although it never occurred to me to weigh a year’s worth, it almost certainly exceeded 2,000 pounds.

When I worked in Redwood Falls, we sometimes received mail intended for the newspapers in International Falls or Fergus Falls or some other Falls. The editors there sometimes received our mail, and at industry events we would observe to each other that one small Falls must seem about like any other. The reality, of course, is that International Falls and Redwood Falls are not much alike -- and they’re 300 miles apart -- even if from a large cultural distance they seem inter-changeable.

This musing returned to me as I read Charline Bengtson’s Greater Minnesota update in this edition of the MAMFT News. Charline and others on the Greater Minnesota Committee are wrestling with a problem common to many Minnesota organizations: Connecting people from far-flung rural locations. The good news is that the technologies which have augmented snail mail offer a much better opportunity -- better than ever before -- to create long-distance connections that will serve individual therapists as well as the entire profession.

So for our members outside the metro area, please take a minute to read Charline’s column and, even better, consider how joining Greater Minnesota forces could benefit our profession.

Elsewhere in this edition, you’ll want to check out the description of the upcoming Fall Conference, as well as noting the advertisements for other upcoming trainings and conferences.

This edition’s He Said / She Said column is also particularly relevant, as Ken and Brier explore the concept of fear and how it fits into current events in our nation.

Finally, please also check out the legislative updates and pre-clinical updates in this edition. They offer great opportunities to be aware and to stay connected -- which is what it’s all about.

Dave Churchill
Editor MAMFT News

Corrections

In the Summer issue, the MAMFT News neglected to credit Ken Stewart (www.kenstewart.photos) for the photography of the annual meeting.

The He Said/She Said column was incorrectly credited. The authors of that column, as always, were Ken and Brier.

The photo on p. 18 should have been identified as being from Antelope Canyon, Page, AZ, and the photo on p. 19 should have been identified as “Trees on Fernwood.”
Managing Change
by: Beth Nelson

“When we are no longer able to change a situation, we are challenged to change ourselves”
~Viktor E. Frankl~

Warm and heartfelt greetings to All!

Frankl’s quote speaks to me on multiple levels both personally and professionally. Many of you have voiced concerns about recent changes to the vision and structure of our organization both nationally and within our own state division. Please know that your board cares, and that each of us is dedicated in our effort to remain a vibrant, collaborative, organization. We truly “hear you” and share much of the frustration and growing pains that often come when we are challenged to dig deeper, think outside boxes, and be willing to take risks and try new ways of doing things.

Minnesota is loved for its change of seasons. We are nearing the Summer Solstice with its promise of longer days filled with light and El Sol’s warm rays to replenish and rejunvinate our souls. It is with this Spirit I challenge each of you to really pay attention to all that is happening, to become more involved if you have taken a break, or perhaps you have never believed your ideas matter?...They do matter! Each of you matters, and we welcome your ideas and feedback as we continue to grow and evolve into our best collective selves. So, onward and upward we go!!

Though our 2016 Spring Conference finished with more of a fizzle than a bang, it gave us opportunity to reflect, regroup and mostly to challenge ourselves to do better.

We believe we are on track for an exciting Fall Conference, which will feature our keynote speaker, Resma Menakem and his passion for using conflict to heal and deepen relationships.

His book, “Rock the Boat” is a provocative read and one of my favorites. It is unapologetically direct, honest and passionately evokes the integrity that can unfold when we, as therapists, lean into intensity and the conflict that couples often struggle to address and frequently prefer to avoid. It challenges us as therapists, as well as our clients to compassionately choose to accept differences, embrace uncertainty, and to opt for “clean pain versus dirty pain,” thereby cultivating a profound transformation, revealing what Resma refers to as a “Brightening of Self”.

This will be one conference NOT to miss!!! The opportunity for growth and learning is multidimensional.

By now many of you have heard of and some have voiced to me concern regarding the proposed change from two conferences a year, to one mega conference. This was not a decision made lightly or in haste, rather the full Board’s effort to address the lack of willing volunteers to dedicate the many hours needed to achieve multiple and successful events.

The decision that evolved from our brainstorming and processing regarding this dilemma during the annual retreat, was one layered with hope!!

Hope, that having one spectacular event would inspire our entire membership of relational healers to connect, recharge and refuel our souls with several days of fellowship, learning, and the opportunity to be challenged and grow while continuing to fulfill or CEU requirements.

I also want to acknowledge those who expressed concern, and reassure you that if we fall short, or perhaps are flooded with suggestions ;-) from y’all for great presenters and speakers, we are open to having additional one-day training events, which would still allow opportunities to connect, and meet our CEU requirements.

A decision made last fall with a majority vote, regarding honors and moving away from multiple awards to only one, also raised apprehensions from several members. That decision was informed by a fair amount of negative feedback about the awards ceremony being too long, among other complaints.

I found myself reflecting on the concerns one member brought to my attention and would like to share some of the questions raised from my own late night musings.

Have we become so consumed with “time urgency” that we no longer see the value in setting aside one night, once a year to honor and recognize our many passionate, dedicated and talented students and colleagues?

Is it really that difficult, to reflect on people in our field who give tirelessly, move with great passion, and inspire others?

Have we become so jaded as to believe this work doesn’t change and enrich both the lives of our clients and much of our own lives from the trusted, and sacred space of really good therapy & healing?

If we believe our clients are deserving of genuine love, attention, and kindness, then why is it so hard to believe that many among us deserve those same accolades? That those special people are worthy of the small amount of time it takes to recognize and honor them in comparison to the many hours dedicated to serving the couples, families & communities we work in.

My invitation is this, if nominations pour in, whether it is for a student, a mentor, an agency, or colleague whose work stands out, then we as a board have a responsibility to our membership to accommodate those requests and to take the time to honor and acknowledge the dedication of those who inspire and motivate us.

Lastly, I feel very privileged to be serving as your president and want to extend my sincere appreciation to all the...continued on page 9
Greetings,

I wanted to write about a few things for this edition. First, I want to welcome Erin Pash to the Legislative Committee as co-chair. Her column also appears in this edition. I look forward to collaborating with her and I know she will be a positive force for the committee and for the membership. I also echo her call for any and all to contact our committee to join us either as “formal” committee members or even just to pledge support or suggest possible legislative actions.

Next I wanted to forward along some information that was sent to me recently about the Texas Supreme Court upholding a lower court’s decision that:

“The [Texas] MFT’s rule authorizing marriage and family therapists to diagnose any and all known mental disorders is not within the scope of practice set forth in state law. The common, ordinary meaning of the words used in the statute and the accepted definition of diagnosis do not provide authority for marriage and family therapists to diagnose mental disorders or for the MFT board to adopt a rule authorizing them to do so.”

This is unsettling, to say the least. This does not immediately jeopardize our standing here in Minnesota, but it will be all the more important to stay involved if other states or associations begin to use this decision as precedent for similar legislative or judicial action.

We are a vibrant community here in Minnesota and have a strong association, amazing universities, awesome practicum sites, and a variety of for and non-profit, clinics, agencies, and practices that provide a service to our local and statewide community. Many people fought hard to build what we have and we owe it to them and future therapists as well as ourselves and clients to continue to stay involved in the health and vibrancy of our profession.

Thank you and I hope you all have had a great summer and will have a great fall.

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

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Hello MFT family!

My name is Erin Pash, and I am the new legislative committee co-chair for the MAMFT. I am a licensed marriage and family therapist and I co-own Ellie Family Services in Saint Paul. I come to the legislative committee with years of experience in private practice, county social work, and community engagement positions that have allowed me to grow and learn more about the legislative needs of the Minnesota community. We are at a pivotal time in history where there is an immeasurable amount of change taking place. Good, bad, or indifferent, the changes that are being made are impacting us from an individual to global level.

While we are all united in our mission to help others through our profession, there are many changes that do and will continue to impact our ability to do what we as marriage and family therapists have chosen and been trained to do. The very passion that has led me to helping people and families is what has brought me to call for action from our wonderful and robust MFT community here in Minnesota, to help make changes to keep us doing the work we love! There are laws in place that limit our scope of practice, big companies are impacting our legislature to make and revise laws that allow people in our community access to our services (and other mental health services), and other professional associations in the healthcare community are fighting to shut down MFTs’ ability to diagnose and change how we treat our clients.

These are just a few examples of the changes in healthcare and legislation that are impacting, and will continue to impact, our work and the practice of marriage and family therapy.

I am eager and exited for this role and I am looking forward to joining forces with the powerful local mental health and wellness community to help us continue and expand our outreach to help the people of Minnesota -- and, I guess, some surrounding states too ;).

It is my hope that in the coming months we will get our legislative committee filled with members who are willing to help spread the message, and support our efforts to make changes for us as Marriage and Family Therapists. Please reach out to either Casey or me if you are interested in joining our committee or if you have feedback, questions, comments or want to know how your involvement can make a difference.

Thank you for this opportunity!

Warmly,

Erin Pash, MA LMFT
Youth Firesetting: An Introduction for Marriage and Family Therapists

by: Jerrod Brown, Don Porth, Kathi Osmonson, and Deborah A. Eckberg

In this article, the authors discuss the largely misunderstood behavior of youth firesetting. Youth firesetting is often addressed as a criminal justice-involved matter rather than a mental health and/or societal issue. We discuss the causes of youth firesetting, screening and assessment of both needs and risks, and propose coordinated intervention strategies. Viewing youth firesetting through a community mental health lens, we hope to shed some light on ways to reduce recidivist firesetting behavior among youth.

Youth Firesetting: An Overview
Youth firesetting behavior is both largely misunderstood and poorly documented. Youth-set fires typically draw the operational attention of fire service, law enforcement and juvenile justice professionals, and are more often considered a criminal or delinquency issue rather than a mental health-related concern. However, a more deliberate approach to youth firesetting may be necessary, including acknowledging some of its underlying causes, screening and assessment considerations, intervention, and treatment strategies for children who engage in this unique behavior. As such, marriage and family therapists may play a vital role in the assessment and treatment of youth who set fires. Unfortunately, our experience tells us the few mental health professionals have received the appropriate education and training in the area of youth firesetting screening, assessment, and treatment considerations.

Causes of Youth Firesetting
Interest in fire is an innate, human characteristic, as evidenced by the common curiosity many people have about fire from an early age. It is common to use fire in many ritualistic and celebratory events, including candles used for weddings, birthdays, religious services, holidays, fireworks used to celebrate our nation's birth or other major celebrations, as well as fireplaces built into homes for comfort and aesthetics.

Firesetting behavior, on the other hand, is not normal, especially among youth. It is a learned behavior that is most often driven by the youth's surrounding environment. This environment is most often controlled by the children's caregivers who fail to realize the power of their example, lighting candles or cigarettes or misusing fire. Lack of supervision and access to ignition devices (primarily matches and lighters) are common risk factors for youth-set fires. Youth typically do not understand the dangers associated with fire, perhaps due to some caregiver behavior as well as various media misrepresentation.

Causes of youth firesetting can range from a lack of knowledge or understanding regarding appropriate fire use to deep seated pathology. Other motivations may be connected to physical health, mental health, and behavioral health. Only a thorough and comprehensive evaluation will determine what the youth needs in order to desist from firesetting and reengage in a safe and productive lifestyle.

Screening and Assessment Considerations
A variety of instruments are available to determine the depth of the youth experience with firesetting and their risk level for repeating the behavior. Many are standard instruments used by the mental health community. However, general mental health assessments may not ask about fire at all, which limits the opportunity to include this behavior in a treatment plan.

The fire service has had assessment/screening tools available since the mid-1970s. Due to their level of training, which is very different than that of mental health professionals, fire service specialists working with youth firesetting behaviors use more basic assessment tools that should not be confused with mental health evaluations. The fire service tools gather a variety of responses from the youth and the caregiver, and blend those responses with the physical facts of the fire incident, whether provided by the caregiver, witnesses, or an official fire report. Through this process, warning signs in behavior or responses are scored in order to establish a disposition for the youth's behavior.

Fire service tools characterize this disposition as “risk.” High risk categories require a referral to a mental health professional. Low risk categories may only require fire safety education. Risk categories were previously connected with chronological age, but this type of chronological categorization may fail to take into account a youth's neurological or intellectual disabilities. Care must also be taken when communicating these categorizations to professionals in other disciplines (mental health, juvenile justice, child welfare, law enforcement, burn treatment, etc.) in order to avoid a misinterpretation of the firesetting profile. It is important for mental health professionals to understand that fire service assessments are qualitatively different than complete mental health evaluations.

Assessments for firesetting behavior are more productive when they focus on the needs of the youth. For example, a youth who uses a lighter and has ignited household items such as candles or incense may be imitating the behavior of a caregiver or sibling. Because it looks easy and negative consequences are few, the youth believes they can replicate the behavior safely. This may be inappropriate and indicate a need for education about appropriate fire use and fire science. Caregivers and siblings must be included in this education in order to effect a change. Therefore the focus should be on the “need” for education rather than the associated “risk” of the behavior. It should be noted that all fire use, no matter how legitimate, carries risk.

Youth firesetters are sometimes victims of physical abuse. If they find that firesetting distracts the abuser or disrupts the family dynamic enough to cause the abuse to stop, they may continue to set fires. In this case, the “need” is a safe environment away from the abuser. The “risk” might be high or low, but if the youth's needs are met, the likelihood of the firesetting behavior abating are good. Associated needs may be education and mental health support. A comprehensive intervention may best determine the list of the child's needs and how they can be met.

Intervention and Treatment Strategies
Youth firesetting behavior is not only a fire service problem, but also a community problem. A structured system of intervention will best serve a community. An effective intervention program requires the support and involvement of all of the associated community services, including fire service, law enforcement, mental health, juvenile justice, burn treatment, child welfare, and among others depending on the...
community in question. An integrated fire intervention program which taps into all appropriate services and professional relationships is likely to be the most efficient and effective.

Each discipline brings a different treatment strategy to the table. To avoid overlap, those services should be coordinated. In some programs, case managers help coordinate this provision. Open communication is important since youth can enter a system from any one of the professional gateways. A youth with a history of firesetting may be known by the fire department, but unless the question is asked of the youth/family, a mental health provider working with them may have no idea firesetting has occurred.

Conclusion
Youth firesetting behavior is a complex, community problem. Solutions are better found when a structured intervention program serves a community and includes participation from all of the necessary professional disciplines. When working together, all of these disciplines can begin to exchange effective dialogue and communication about the needs of each youth/family. This can lead to a reduction in recidivist firesetting behavior and, ultimately, a safer community. To locate a youth fire intervention program in Minnesota, contact the state fire marshal or visit https://dps.mn.gov/divisions/sfm/public-education/youth-firesetting/Pages/default.aspx. To find a youth fire intervention program in the United States, please visit www.YFIRES.com.

Author Biographies:
Jerrod Brown, MA, 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). Jerrod holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic-Brain Injuries (TBI). 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. Jerrod is currently in the dissertation phase of his doctorate degree program in psychology.

Don Porth, BS, is a fire and life safety consultant, having retired from 31 years in the uniformed fire service. He spent 27 years with Portland (OR) Fire & Rescue, specializing in youth firesetting behavior and public education/outreach. Other involvements include heading the non-profit “SOS FIRES: Youth Intervention Programs” for 21 years. Through this involvement, he provided over one hundred trainings to professionals across the United States and Canada. He serves as a principal staff member for the Youth Firesetting Intervention Repository & Evaluation System (YFIRES), a national data and case management system specifically designed for youth firesetting intervention programming.

Kathi Osmonson, Deputy State Fire Marshal, Coordinates the Minnesota State Youth Fire Intervention Team (YFIT). YFIT partners with law enforcement, mental health, justice and social agencies to sustain a network of professionals who collaborate to provide intervention. Her career includes volunteer and career firefighting with specialties in fire prevention education and youth firesetting intervention. She is a member of the NFPA 1035 Committee and the Minnesota Juvenile Justice Coalition (JJC), an adjunct instructor for the FEMA National Fire Academy, stakeholder in the Youth Firesetting Information Repository & Evaluation System (YFIRES), and presents at national and international conferences. Osmonson developed the YFPI Specialist and Program Manager Certifications through the Minnesota Fire Service Certification Board.

Deborah A. Eckberg, Ph.D. is an Associate Professor of Criminal Justice at Metropolitan State University (MN) and the Director of the Master of Science in Criminal Justice program. Dr. Eckberg’s research and teaching interests span a wide range of topics related to criminal courts, special populations in the criminal justice system, and program evaluation.

Focus on Trauma

by: Mi Ki Leong

The word “trauma” brings with it a melancholy tone that makes you think of a severely disturbing and stressful experience that has everlasting and pervasive effects. What I have realized in my experience working with clients who have experienced some form of trauma, be it from their childhood or during their adult life, is that trauma manifests itself in many different forms. It is like a chameleon that changes color. Some chameleons do it to camouflage while others use it as a communication signal. Isn’t that how trauma is?

I have seen trauma manifesting itself as depressive symptoms, low self-esteem, social anxiety, panic attacks, substance abuse, physical and emotional abuse, and the list goes on. No matter how trauma camouflage itself, its lasting shock still reverberates inside our clients, impairing them and hurting them. What makes the psychological and emotional pain grips on to our clients even more is when the trauma was caused by someone they know, someone in their family or someone they love. From my perspective, the symptoms that clients manifest are signs, just like a chameleon that is trying to communicate. More often than not, trauma camouflage itself so well that we as therapists, may overlook and take it at the symptom’s face value. Other braver therapists may try to have a face-off with trauma and take it by its horns. I have also heard from wise mentors that therapists should not attempt to open up trauma wounds if we are not ready or even capable, to patch the wound up. It is unethical for therapists to take clients to the epicenter of the trauma without knowing how to take them back to safer grounds.

Trauma is something that is pervasive and has a ripple effect on the family system. Trauma affects so many of our clients and their families, and yet, I sometimes wonder if they know the extent of the damaging effects trauma has on their lives. It may seem like a common topic that we have grown accustomed to because of its common presence; but we should always ask ourselves if we are informed about what trauma truly is. As we sit across the couch from our clients that are struggling with camouflage effects from trauma, we as therapists, owe it to our profession and our clients to know our craft.

On November 10, 2016, Resmaa Menakem, MSW, LICSW, will be the keynote speaker at the MAMFT Fall Conference. He will lead an interactive and engaging workshop to increase our knowledge on the identification and treatment of trauma, which is the underlying contributor to common diagnoses. Participants will gain an awareness of the impact of intergenerational trauma, increase their ability to identify three areas of misdiagnosis around intergenerational trauma, appreciate the biological and genetic underpinnings of trauma response and understand how resilience is developed in the face of traumatic exposure. Register online at www.mamft.net.

Mi Ki Leong, MS, LAMFT
MAMFT Fall Conference Committee Member
Registration Now Open!
MAMFT Fall Conference 2016
Thursday, November 10th & Friday, November 11th
Obtain up to 12 CEUs! Register at www.mamft.net

Thursday’s Line Up:

1-4pm Resmaa Menakem, LICSW Presents: Trauma, The Body, and Community Relationships
Recent research is highlighting the broad extent to which trauma from the past is passed down in all human systems: biological, chemical, psychological, emotional, and social. Resmaa Menakem, MSW, LICSW, will lead an interactive and engaging workshop to increase your knowledge on the identification and treatment of this underlying contributor to common diagnoses.

Resmaa Menakem specializes in couples therapy and domestic violence prevention. He has served as the director of counseling services for Tubman Family Alliance, a domestic violence treatment center, and as the behavioral health director for African American Family Services in Minneapolis. He is a former radio talk-show host who has appeared on Oprah and Dr. Phil as an expert on domestic violence and couples in conflict. From 2011 to 2013, Resmaa was a family counselor for civilian contractors in Afghanistan, managing the wellness and counseling services on fifty-three U.S. military bases. Resmaa is the author of Rock the Boat: How to Use Conflict to Heal and Deepen Your Relationship.

4-5pm Poster Session; Open Bar; Passed Appetizers; Book Signing

5-6pm Dinner; Distinguished Service Award Presentation; Time to Meet and Reconnect with Colleagues

6-8pm Panel Discussion: Historical & Intergenerational Trauma: Implications in Practice

Resmaa Menakem, along with practitioners working with clients of diverse cultural backgrounds, will participate in a panel discussion. They will share example cases of working with clients that have traumatic retentions or adaptations passed down through the generations. During this panel discussion you will become familiar with the nuances that surface as indicators of historical trauma and unique needs for getting through it.

Friday’s Line Up:
Attend four sessions of workshops from 8:30-4:30 presented by local therapists. Network/reconnect with colleagues during breaks and lunch and check-out the many vendors on site! Workshop topics include, but are not limited to:

- Working with High Conflict Families
- Emotionally Focused Therapy
- Ethics Panel Discussion
- Rural Mental Health Practice
- Couples Therapy
- Medical Family Therapy
- Online Therapy
- Divorce and Co-parenting
- Somatic Experiencing
- Rule Revisions in the Field
- Supervision (6 Sup. CEUs)
- Private Practice Development
- Self of the Therapist
- Work with specific populations: LGBT, Veterans, Refugees and “Geeks”

The conference will be held at Earle Brown Heritage Center in Brooklyn Center, MN
Go to www.mamft.net for more details and to register!
There is No Career Cookie-Cutter

by: Tamara Statz

I am a part of a few networking groups on Facebook. It can be a nice place to find referrals, brainstorm marketing, and get insight from other colleagues (from all over the world). The other day a gal posted that she was going to be starting a private practice right after graduating from her master’s program. She said she was looking for advice on starting a practice, marketing, niche-ing, etc. Lots of people commented and were giving great ideas on what she was asking about. Then someone commented and started the "should-ing." It started with “You should work for an agency first. Get more experience with a diverse population” (and so on). Then many people replied to that comment with similar ... we’ll call it “advice” but I’m not sure that’s exactly what it was. It felt rather forceful and not open to the idea that this gal had made up her mind and knew what was right for her.

Perhaps needless to say, I got a little... stirred up about it. I’m a huge defender of each person’s individual path being just that, HER/HIS path. (Isn’t that what we are proponents of, as therapists? Autonomy?) I don’t know all of the reasons why this gal was starting a practice right out of grad school, but I trust that she is doing what she thinks is right for her at this moment. Ultimately, isn’t that what we are all always doing?

Maybe this has to do with the fact that I started my practice just 2 weeks out of grad school. I was receiving mentorship from two trusted colleagues (one of my internship supervisors and the Clinic Director where I work.) BOTH of them, separately of their own volition, encouraged me to start a practice right out of grad school. They helped me through any initial doubts I had because they know me well and can gauge my talents and strengths. So yes, it hits a little close to home to have other colleagues saying that one shouldn’t start a practice right out of grad school.

Is it right for everyone? Of course not! Nothing is right for everyone. That’s why it’s beautiful that we have a plethora of professional opportunities at our fingertips. You could work in an autism day treatment, try in-home work, or find a non-profit to get your feet wet.

When I mentor undergrad students back at my alma mater (Hamline), a Psychology student usually says something along the lines of, “I’m just not sure what I want to do for the rest of my life…” I smile, and hopefully give them the helpful information that the first thing they pick might not be the thing they spend much time doing. I encourage them to give themselves permission to change their minds. I joke (though who knows, maybe it’ll be come true) that 10 years from now, I might hate doing therapy. They laugh, but it’s true! How could I know how I’ll feel about this in 10 years? I have no idea! And that’s okay! Have I always felt that calm at that prospect? Certainly not!

If I’ve learned anything about being a professional in my years post-grad it’s that there is no one right way to do it. Instead of telling each other (let alone our emerging professionals) that they “should” do this or that, let’s encourage each other to try things that we “could” do if we so choose. Leave the choice up to the individual.

I wish I could speak this to you (loudly) instead of just typing it but...

JUST DO WHAT IS RIGHT FOR YOU, WHEN THE TIME IS RIGHT FOR YOU, WHATEVER AND WHENEVER THAT IS.

Give yourself permission to change your mind! Try things and see if they stick. Maybe this gal’s private practice will never take off. Maybe it’ll be the most successful business in her city. Maybe it’ll last for two years, maybe 20. Whatever it is, I hope she finds joy in the journey and the ability to listen to her voice louder than any other.

Your MAMFT Pre-Clinical Representative,
Tamara Statz, MA, LAMFT

50 Reasons to Love Being a Therapist

by: Christine Dudero

About a year ago, I found myself in a professionally dissatisfied place. I was seriously considering working outside of the therapy world.

I brought my feelings of frustration to an MAMFT Pre-Clinical gathering out on the patio of Longfellow Grill. I was surprised to find that I wasn’t alone in my frustration and struggle. The support I found with other Pre-Clinical members was very comforting and normalizing (not sure what else I was expecting from a group of therapists).

Fast forward to today, I find myself driving to another Pre-Clinical gathering, this time at The Happy Gnome, reflecting on how much has changed for me in the past year. Reaching out to my colleagues and normalizing my experience revitalized my passion for continuing in the Marriage and Family Therapy field. As I sat down with my colleagues at The Happy Gnome, I started to talk about how much I was loving being a therapist. With the continued support of my colleagues we came up with the following list of things that we are excited about it.

1. Being a witness to change
2. The feeling of satisfaction or elation when leaving a client
3. Feeling good at my job, alive and being in the right profession
4. Feeling like I did good and meaningful work
5. When clients come back and say they did something different and are excited about it!
6. Celebrating changes and success
7. Clients who are grateful! Even for the little things
8. Resilience
10. Providing resources
11. Being a source of support. Especially when there hasn't been
12. Being trusted to be the recipient of a secret
13. All of the money...... (hahahahaha!)
14. Flexibility!
15. The ability to specialize
16. Each day is so different
17. When clients get excited about hands on interventions
18. Taking chances with interventions and succeeding! Or just learning from them
19. Hearing a client is ready for changes that used to be off limits
20. Being welcomed into the clients’ space
21. Being able to be creative
22. Getting support from co-workers, supervisors and colleagues
23. The MAMFT community
24. The opportunities for growth as a clinician
25. Learning new skills or remembering to use old ones
26. How interesting all of the modalities and specialties are
27. The wealth of experience and specialty in the field and in Minnesota!
28. We don't have to know everything about everything
29. Being systemic and how powerful the systemic approach is
30. Our unique worldview in being systems thinkers
31. Being a social justice informed profession
32. Caring for the unlovable client
33. Being able to change focus as our lives change
34. Being healers while healing ourselves
35. The duality of being an insider and and outsider with our clients
36. The power of authenticity
37. Bearing witness to someone’s story
38. Therapy dogs and cats and animals
39. Advancements in accessibility via technology
40. Educating and empowering clients to take charge of their mental health
41. Opportunities to get amazing supervision from experienced clinicians
42. Sharing wisdom
43. Networking with professionals in and out of the MFT field and building a network of people to connect with when needing help
44. Paperwork.... (hahahahaha!)
45. Teaching others about the things I am passionate about
46. Being supportive of and supporting colleagues
47. Knowing that I have lots of excellent options for my own therapy
48. The brain. It is fantastic. Knowing about how the brain works is cool. The coolest.
49. Being part of a state that values MFTs as profession and license
50. Who you are matters in the therapeutic relationship. Personalities show and experiences are important and that can be healing. Being who you are is valuable and required!

Christine Dudero, MA
MAMFT Pre-Clinical Committee Member

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pre-clinical brief

Top 10 Pre-C Reads for the Quarter

by: Tamara Statz

At our most recent Pre-Clinical gathering, we had an idea of sharing the books we are currently reading. Some are for fun, some are for work. Happy Reading!

1. Rock the Boat – Resmaa Menakem **Keynote presenter at the MAMFT Fall Conference!
2. Furiously Happy – Jenny Lawson
3. Just Babies: The Origin of Good and Evil – Paul Bloom
4. Mindfulness Skills Workbook for Clinicians and Clients – Debra Burdick
5. Calming the Emotional Storm – Sheri Van Dijk
6. Beyond Religion – Dalai Lama
7. Capture: Unraveling the Mystery of Mental Suffering – David Kessler
8. The Best Yes: Making Wise Decisions in the Midst of Endless Demands – Lysa TerKeurst
9. 700 Sundays – Billy Crystal
10. Pierced by the Sun – Laura Esquivel

The Pre-Clinical Gathering at The Happy Gnome in St. Paul, June 7

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President’s Column Continued continued from page 9
talented members of this board and and those serving on our committees for their dedication, and for volunteering their time. I look forward to embracing our growing pains together as a rich community of relational and systemic healers and leaning into the struggles & challenges that often come with change.

In closing, Gregory Bateson’s sage words conjure my hope for our future:

“We social scientists would do well to hold back our eagerness to control that world which we so imperfectly understand... The fact of our imperfect understanding should not be allowed to feed our anxiety and so increase the need to control. Rather our studies could be inspired by a more ancient, but today less honored, motive: a curiosity about the world of which we are a part. The rewards of such work are not power but beauty”

Many Blessings & Peace,

Beth Nelson, MA, LMFT
MAMFT President
Therapist @ Empower Therapeutic Services LLC
227 Colfax Avenue North
Minneapolis, MN 55405

MAMFT Board President Beth Nelson chose to re-publish her column from the summer edition to ensure that all members have an opportunity to review the information and offer their responses.
Step Up, Greater Minnesota!

by: Charline L. Bengtson

MAMFT has a huge dilemma in Greater Minnesota! It appears to be the consensus of LMFT’s, LAMFT’s, clinical trainees, interns, and MA’s residing in Greater MINNESOTA that they feel unsupported by our state association for various reasons. Metrocentricity has largely led MAMFT over the years. However, since joining MAMFT as the Greater Minnesota board representative in January 2016, I have quickly learned that everyone involved with MAMFT strongly supports the organization growing and increasing its presence and activity in Greater Minnesota. I have also learned that the reason MAMFT has been metrocentrically located is due to the fact that the manpower driving the association largely resides in the seven-county metro region.

THE PROBLEM: NO ONE knows how to make MAMFT grow into an association that is supported both in the metro and in Greater Minnesota!

Any solution has to start with action! Action from our Greater Minnesota resources! We have the support from our metrocentrically located allies, but we need the manpower of individuals in Greater Minnesota willing to STEP UP and help our profession grow.

The Greater Minnesota Committee is looking for a few energetic, motivated, and organized individuals to STEP UP and help close the gap that makes Greater Minnesota lack support and resources from our state association. This is an opportunity to be a part of grassroots efforts to build a stable and lasting support network to assist with the future career development of MFT’s.

Greater Minnesota committee plans include creating social networking events sponsored by MAMFT. We recently hosted an event at Beaver Island Brewing Company in St. Cloud that was a huge hit! Social networking events create an opportunity to mingle with your professional world, network, and taste something exciting! Other plans include bringing more training opportunities to Greater Minnesota in various capacities such as keynote speakers, webinars, seminars, supervision groups, and SOS events. The opportunities are endless and with a few great minds that are motivated at leading the efforts we can step up and make this happen!

Some benefits of STEPPING UP to serve include: mileage reimbursement, 50 percent discount to conferences and trainings, meals and beverages, and the long-term satisfaction of being involved in grassroots efforts to build something great that will impact Greater Minnesota MFT professionals for the long haul. Please check out the Greater Minnesota committee page for more information about meeting schedule, commitments, goals, committee structure, and more!

Charline L. Bengtson, MA, LMFT

Strategies to Market Your Practice: Focus on Networking

by: Fran Wickner

When therapists attend one of my workshops or call me for an individual private practice-building consultation, I often hear comments like:

“I don’t see clients in the morning.”
“I never see insurance clients in my evening slots.”
“I only work with private pay clients.”

In the past, I would help therapists get a full practice based on their “rules,” such as the examples above. But due to changing economics, all rules are off. The meltdown of our economy has impacted our profession. And, unfortunately, the rules of how you want to run your practice right now have to change, or you won’t be able to keep a full practice.

I am not suggesting that you need to change your practice rules forever, however now is the time to have a paradigm shift to look at new possibilities. The economy will improve. But for now, changes in how you view and run your practice must be different.

There are many ways to promote your practice without spending a lot of money. One of the most effective and economical strategies to build and expand your practice is to focus on networking.

Before we can discuss how to succeed at networking, it is important to do away with four of the myths that stop many clinicians from considering this as an excellent private practice building strategy.

MYTH 1: Networking is a lot of work.

When you read the suggestions below, you will see that most of networking involves things you are already doing. It is just maximizing what you already do as part of your professional growth and the contacts you already have.

MYTH 2: Only extroverts can network.

Networking does not have to involve extrovert skills. The suggestions below show how even introverts can successfully network as a way to build and expand their practice.

MYTH 3: Networking is only for business people, not for “us.”

If you are in private practice, you already are a business owner. For your practice to grow, you must embrace that you are running a business.

MYTH 4: For networking to succeed, you have to sell yourself in a way that isn’t ethical.

Networking is basically just sharing what you do and offering a
way for people to find you and/or contact you so they can benefit from your expertise. It’s about being clear what you do and who you are qualified to help. You are being ethical when you are honest in what you can offer.

Below are some ways to network and get new clients. As with most practice building ideas, start with the suggestions you feel most comfortable with and then stretch yourself and try the others.

1. **Go to clinical workshops and network with other therapists.**

I’ve found that by going to smaller trainings (like the ones offered by local MFT chapters) there are more opportunities to connect with therapists than going to the large convention-like workshops. You might even run into an old colleague or someone you went to graduate school with.

Arrive at the training early and talk to the other participants. It’s as easy as asking where they work, what made them interested in the topic, if they heard the presenter before.

Stay afterwards and have informal discussions about the presentation, trade business cards and/or make a coffee date.

Then, after you leave, do the important work of following up. Check out the websites of the colleagues you met. Write a quick e-mail to them. You can comment on their website, the presentation or something you talked about before or after the workshop. If you have an email list (where you announce trainings, groups, etc.) ask if it is OK to put them on your list.

2. **Join professional associations.**

Professional associations offer so many opportunities for networking. Go to the meetings and better still, get on the board, it will get your name out. Attend social functions, association sponsored community events, meetings. Most professional associations have networking lunches; go to these too. And whoever you meet, make sure you follow-up with an email, or an offer to get together.

3. **Always carry business cards.**

Business cards are useless unless you actually use them. Give them out whenever you can. You never know who might be a good referral source. It could be the other carpool mom or the friend you run into at the grocery store or the person in line for the baseball game. I’ve found that people are really interested in our work and happy to take a business card.

If you pass a business that might be able to refer clients, stop in and ask if you can leave a few cards. Doctor’s offices are obvious places, but I have also left business cards at the hair salon and in the café near my office.

4. **Do “coffee” once a week.**

Invite another therapist, health practitioner, teacher or business person with whom you might be able to cross refer. I have found this not only has led to referrals, but to new friendships.

If you are uncomfortable meeting with a new therapist alone, this is a good time to have a “marketing buddy”. You can take your buddy with you to these coffee dates and they can take you to the ones they set up.

The above suggestions can be implemented immediately into your practice. Remember that follow-up is as important as the initial contact so make sure it is an integral part of your marketing plan.

I know that many of us find the prospect of networking to be intimidating but if you network and market in a way that fits your values and personality you will get results. Having a steady stream of referrals will motivate you to keep working on the business side of your practice.

**Fran Wickner, Ph.D., MFT has been a Licensed Marriage and Family Therapist since 1983. In addition to seeing clients in her Albany, CA office, Dr. Wickner is a practice building consultant and offers individual consultations and workshops as well as availability to speak to your consult group or professional association on all aspects of building and expanding your private practice.**

You can download practice building packets at [http://franwickner.com/?page_id=67](http://franwickner.com/?page_id=67) or download the COMPLETE FEE-FOR-SERVICE PRACTICE BUILDING PACKET here: [http://franwickner.com/?page_id=594](http://franwickner.com/?page_id=594) and the COMPLETE MANAGED CARE PACKET at this link: [http://franwickner.com/?page_id=540](http://franwickner.com/?page_id=540).

For more information: www.franwickner.com, franwickner@hotmail.com, 510-527-4011.

**Parricide: An Introduction for Clinical and Forensic Mental Health Professionals**

by: Jerrod Brown, Deborah A. Eckberg, and Kimberly D. Dodson

In this article, we explore the extant literature on parricide, the murder of a parent by a child. We discuss perpetrator characteristics, victim-perpetrator murder scenarios, family risk factors, and other research findings. The article touches on key factors, providing a baseline of information for those in the criminal justice system and mental health fields who may encounter cases of parricide. We conclude with future considerations and suggestions for further research, toward the goal of developing critical prevention and intervention strategies to minimize the risk of parricide.

**Parricide: An Introduction for Clinical and Forensic Mental Health Professionals**

Parricide, the murder of a parent by a child, is a crime usually viewed by society with astonishment and revulsion. In the present article, we examine the extant literature base on parricide, exploring perpetrator characteristics, victim-perpetrator murder scenarios, family risk factors, and other key research findings. Our purpose is to provide those in criminal justice system and related
fields with a mutual understanding of parricide so that they may be better able to identify those most at risk for committing future acts of parricide.

The definition of parricide includes not only the murder of one’s mother (matricide) and/or father (patricide), but also the murder of other primary caregivers such as stepparents (Boots & Heide, 2006). It has been estimated that parricide cases represent less than 4% of all homicide incidents in the United States (Ewing, 1997; Fedorowycz, 1999; Hillbrand, Alexandre, Young, & Spitz, 1999; Perri, Lichtenwald, & Mackenzie, 2008; U.S. Department of Justice, 2009). Parricide typically involves the murder of one parent although double parricide events have been documented (Fegadel, 2014). While parricide occurs rarely (Shon & Targonski, 2003; Heide, 1993; Flowers, 2002), when an act of parricide is committed it generates significant media attention (Heide, & Boots, 2007; Evans, McGovern-Kondik, & Peric, 2005). Some of the societal shock and attention these incident garner may be due to the lack of predictability of parricide.

**Parricide Offense Characteristics**

According to prior research, most incidents of parricide are unplanned and occur with little to no planning and without warning (Bourget, Gagné, & Labelle, 2007), generally following a family argument or altercation (Shon & Roberts, 2008). Thus, identifying and preventing these types of cases prior to the actual incident may be difficult. In some cases, there are indications of trouble prior to the homicide event, as demonstrated by a worsening of psychiatric symptoms and increases in perpetrator hostility towards family members (Bourget, Gagné, & Labelle, 2007). Most incidents of parricide take place in the victim's home (Green, 1981; Campion et al., 1985) and while the victim(s) are asleep (Shon & Roberts, 2008). Male victims are more likely to be killed by guns, as opposed to females who are often killed by knives or blunt objects (Walsh, Krienert, & Crowder, 2008). Parricide victims are more often the fathers of the perpetrators (Bourget, Gagne, & Labelle, 2007; Hillbrand, Alexandre, Young, & Spitz, 1999). Female parricide perpetrators are more likely to use knives, while males are more likely to use guns (Walsh, Krienert & Crowder, 2008). While these are all characteristics specific to the parricide offense, there are also distinct characteristics of parricide perpetrators.

**Parricide Perpetrator Characteristics**

Parricide is more often committed by males (Barnett, Miller-Perrin, & Perrin, 2011) over the age of 18 (Chilton, 2002; Heide & Peteet, 2007) and under the age of 30 (Edwing, 2003). Research also indicates that whites are more likely to be perpetrators of parricide than minorities (Fegadel, 2014). Unidentified and/or untreated mental illness can be a contributing risk factor in parricide cases (Bourget, et al., 2004; Millaud, Auclair, & Meunier, 1996). Additionally, in many instances, the parricide perpetrator also has a comorbid substance use problem (Malmquist, 2010). Adult parricide perpetrators are more likely than juveniles to exhibit psychosis such as perceptual hallucinations and/or delusional beliefs (Bourget, Gagne, & Labelle, 2007; Heide, 1992; Hillbrand, Alexandre, Young, & Spitz, 1999; Malmquist, 2010; Mones, 1991). Dysfunctional family dynamics and abuse are often risk factors for parricide.

**Dysfunctional Family Dynamics & Abuse**

Except when parricide is solely accounted for by untreated psychosis, dysfunctional family relationships are typically present between the perpetrator and the parent (O’Connell, 1963; Singhal & Dutta, 1990). In particular, researchers have found that parricide is often spurred by rejection and/or shaming from the father (Hagerich & Bottoms, 2000; Singhal, & Dutta, 1990) and hostility and over dependence on the part of the mother (West & Feldscher, 2010).

Parental neglect may also play a role in the progression and eventual completion of the act of parricide (Heide, 1992). Other precipitating factors include a familial history of mental illness, domestic violence, neglect, and physical, and emotional abuse (Heide, 1992; Heide & Solomon, 2009; Millaud, Auclair, & Meunier, 1996; Myers, & Vo, 2012). According to some researchers, most juvenile offenders who kill their parents do so to stop past and current severe physical and/or sexual abuse (Buyuk, Kurnaz, Eke, Ankarali, & Oral, 2010). Parental psychopathology can also contribute to maltreatment, humiliation, and shame for juveniles that may lead up to the incident of parricide. The adolescent may develop a need for vengeance following repeated occasions of humiliation. This is believed to be a failure in moral regulation (Malmquist, 2010). Still, it should be noted that the overwhelming majority of individuals who were abused as children do not commit extreme violence including murder.

As children are dependent on their parents in many ways, those being abused may believe that they are unable to disclose such abuse to outside sources. They may have misguided loyalty to the abuser or a fear of retribution. The relationships in the family may promote insularity such that the child feels trapped in the situation. Other adults may disregard a juvenile’s pleas for help, perpetuating an atmosphere of denial regarding family problems. The abusive family may appear to outsiders as an intact, loving household, hiding the destructive tendencies of the parents. Substance abuse by the parents is also common and is another variable worth consideration in parricide cases.

**Future Considerations**

As noted above, there are numerous antecedents to parricide that can serve as red flags for those who work with children and adolescents, with the ultimate goal of preventing such crimes. A review of the research has found that adolescents who commit parricide may show increased impulsivity, low educational attainment, impaired attachments, mood instability, and neurobiological vulnerability (Malmquist, 2010). Continued research into the precipitating risk factors for parricide may better aid mental health professionals, educators, social service providers, law enforcement, and other advocates in devising and implementing interventions before lives are lost. Increasing the awareness of parricide and providing training and education to first responders regarding these cases is a crucial step toward preventing future acts of family homicide.

**References**


Malmquist, C. (2010). Adolescent parricide as a clinical and legal prob-...
Fear. I don’t know about you, but I don’t remember a time when clients were bringing up world issues as often as they do now. This is frequently interlaced with anxious head shaking, concern mixed with dismay, even dread. From overt acts of terrorism and mass shootings to videos showing White cops slaying Black people, from increasing xenophobia and nationalistic dogma to the serious suggestion that we need to build a wall to keep people out, fear is driving us, fear that stems from one place: our differences, and our inability to tolerate and live with them.

Fundamentalists are overt about their belief that only they know the truth. But of course we are all bound by our own truth. Our work as relational and systemic therapists often calls us to assist clients in recognizing that their truth, while inherently valid and worthy of being heard, is not The Truth. Citing the research that long term successful couples report they have never resolved most of their differences, I encourage clients to build a bigger relationship, one capable of holding their divergent opinions, perceptions and values, without domination, colonization, or capitulation. Hopefully leading to greater tolerance and more compassion for one another, minimally increasing the ability of each partner to show up without fear of rejection or reprisal. Fear. There it is again.

I hear more fear from my African-American clients and my Muslim clients though – those who are more likely to have been on the receiving end of a fear-filled public. “Oh, yeah, I’ve been racially profiled a lot,” they tell me. I can’t begin to imagine what that’s like as a privileged, educated old white guy. I’m damn lucky. In our offices and organizations and clinics we foster dialogue: that honest give and take of speaking and listening, speaking from the heart and listening generously. Speaking in order to listen (to what the other person has to say about what you just said), instead of listening in order to speak (so that you can quickly insert your opinion whether or not you’ve really heard what was just said). It seems so damn simple – this dialogue of speaking and listening – both ways – with respect and curiosity, with the intention to learn. That’s what we teach, what we show, what we want in the end. When those skills and values are learned, we are 75% done.

Yes, we therapists place a high value on respect and curiosity, on generous listening. Hopefully it’s how we ourselves roll, not just how we make a living. In a conversation about fear, I’m not surprised that you mention Donald Trump. His candidacy seems to personify fear, though it’s different from the fear borne of oppression experienced by your Black and Muslim clients. Trump is speaking to those afraid of losing their privilege and status; his rhetoric is designed to increase the fear of change represented by the growing diversity of our global world. And it’s bigger than one demagogue – it’s systemic. I deeply appreciate the work of Bill Doherty, calling all therapists to come out of our offices and, as citizens, speak out against the values and fear-based rage represented by “Trumpism” as “anthetical to everything we stand for as therapists.” To read more and add your support go to http://citizentherapists.com.

Should we as therapists be talking about world events with our clients and speaking out publicly about politics? 50 years ago, growing out of the consciousness-raising efforts of the Women’s Liberation Movement, a term was coined that seems every bit as relevant today: “The Personal is Political.” Ken, I agree you are lucky to have privilege as an “educated old white guy” (and I’d add “straight”), but we know as holistic, systemic thinkers that we ALL suffer from the hateful, corrosive impact of racism, sexism, xenophobia, homophobia.

When it comes to social injustice, to the global contagion of fear showing up as oppression, exploitation, terrorism, the political and the personal are complexly intertwined. The political IS personal. To restrict it from our therapeutic conversations and from our public position as healers is to endorse compartmentalization, mystification and “don’t talk” meta-rules - everything that family therapy stands against.
HE SAID
I don’t know any of my clients who support Trump. Therapy is in part about liberation from oppression, about compassion, about love and understanding and forgiveness and neighborliness, and community values – in the marriage, in the family, in the community, and yes, with oneself. So, when some take advantage of hate, racism, xenophobic values, or sexist values, we are hypocrites to keep quiet. Is Hillary without sin? No, of course not. Has she been careless, has she seemed more politically expedient at times? Yes. However, does she speak for economic justice, gender justice, and caring for the community? Yes. It takes a village. I hope she still believes and practices that. I have many clients who could use a ‘tribe’ – a close knit community of people dedicated to looking out after each other and sticking together. I’ve even said that to some of my clients: “You could use a tribe” [of such minded people], and they have heartily agreed. Enough said.

KEEP IT ON THE RADAR

**September**
24 National Exam Prep Course, Part I @ St Mary’s University 9am–4pm. Check MAMFT.net for registration information and complete description. TBD

26 Pre-Clinical Gathering from 6–9pm at Betty Danger’s Country Club. Details and RSVP at MAMFT.net

**October**
08 National Exam Prep Course, Part II @ St Mary’s University 9am–4pm. Check MAMFT.net for registration information and complete description.

14 MAMFT Collaborative with MFT Schools meeting. University of St. Thomas Minneapolis Campus. Check out MAMFT.net for details.

**November**
10 & 11 MAMFT Fall Conference, Earle Brown Heritage Center. Details and registration at MAMFT.net

**December**
09 MAMFT Board Meeting. Details and RSVP at MAMFT.net

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**Programs in Mindfulness**

Mindfulness-Based Stress Reduction (MBSR) programs are offered in Minneapolis and St. Paul beginning in September, January, March, and June.

This program is a thorough, well-structured introduction to mindfulness practice in everyday life, suitable for both mental health professionals and their clients. Includes instruction and practice in sitting meditation, gentle yoga, body awareness practice, and working with stress, pain, and anxiety.

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**SAVE THE DATE!**

MAMFT ANNUAL CONFERENCE 2017

Mark your calendars for the new MAMFT Annual Conference, to be held at the Westin Galleria Hotel in Edina on April 20th and 21st of 2017!

We are very excited to have author and nationally known speaker Tina Payne-Bryson speak on Thursday and we will have workshops by local presenters on Friday. There will be lots of opportunities for networking. Come join us for a great time! More details to follow at www.mamft.net soon.

**THERAPY AND SELF-OF-THERAPIST CONSULTATION WITH BRUCE MINOR**

Last year I returned to full-time private practice, working with my partner Brier Miller in our office in South Minneapolis, and have loved every moment of my work. Currently I am emphasizing work with other therapists, including self-of-therapist consultation and therapy. I offer individual and dyadic supervision, as well as supervision mentoring, and I will be starting a new supervision group in the fall. I am taking clinical referrals, emphasizing couple and sex therapy, family and individual therapy. I will continue to offer bi-monthly classes preparing for the state MFT Orals Licensing Exam.

My focus in all of my work is to engage in meaningful, intentional relationships that promote strengths, resilience and healing within the context of culture and community. - Bruce

**• FOR INFORMATION PLEASE CALL ME AT 612-501-9531 OR EMAIL AT BMinor2255@aol.com •**

**ORALS PREP SCHEDULE:** http://www.bothandresources.com/workshop.cfm
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, advertising policy and rates, and submission deadlines go to www.mamft.net.

**Editors**
Dave Churchill
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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. **Opinions expressed in the MAMFT NEWS do not necessarily reflect the opinions of the Editors or of MAMFT.**

All ads, 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 2016**

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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.

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