

ftm

FAMILY THERAPY MAGAZINE

THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

Systemic Therapists Influencing Broader Contexts

A new path

The role for systemic therapists in the environmental crisis

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A woman and a young girl are participating in a beach cleanup. They are both wearing bright blue t-shirts. The woman's shirt has the word "VOLUNTEER" printed on it. They are wearing black gloves and are in the process of filling a large white plastic bag with debris. The setting is a sandy beach with sparse green vegetation. In the background, another person in a similar blue shirt is visible, also engaged in the cleanup. The scene is captured in warm, golden-hour light.

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FAMILY THERAPY
MAGAZINE

“

Though climate change is now widely acknowledged to be the result of human behavior, our pro-environmental efforts don't skillfully attend to the deep-seated psychological factors that drive our unsustainable lifestyles and cultural norms.

”

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A Message from the the CEO



WHILE ATTENDING A RECENT EVENT sponsored by the American Society for Association Executives (ASAE) participants were reminded that “Associations touch all aspects of life” (John Graham, CEO of ASAE). We were further challenged to consider if our association was making the world a better place.

As I sat with this message and challenge, I started contemplating how AAMFT is contributing to a better world. Our purpose is to advance the practice and profession of marriage and family therapy but, it was clear, associations should take inventory about how their efforts are making the world a better place. Doing more than engaging in self-serving interests is becoming the norm for associations and many are needing to rethink their strategies and operations to insure positive contributions to society.

Running down a quick checklist in my head, I took inventory:

- AAMFT is a member of the Mental Health Liaison Group (MHLG), a coalition of mental health associations (60+) representing consumers, family members, mental health and addiction providers, advocates, payers, and other stakeholders that encourages Congress and the federal government to prioritize mental health and addiction issues. AAMFT has signed onto over 15 MHLG letters. Among them, AAMFT signed onto S1122, supporting the Mental Health Services for Students Act of 2019. **Benefit to society – extended funding related to children and access to school-based comprehensive mental health programs.** AAMFT also signed onto the Protecting Pre-Existing Conditions and Making Health Care Affordable Act of 2019. **Benefit to society – it protects the vulnerable patient populations with mental health and substance use disorders by ensuring health insurance coverage for pre-existing conditions and comprehensive coverage for essential health benefits.**
- Assisted Tennessee in succeeding in the continuation of their licensing board until the next review in 2023. **Benefit to society – provide the public with mental health provider options that include marriage and family therapists.**
- In Nevada, legislation that removed a restriction against MFTs treating clients with psychotic disorders was signed. **Benefit to society – consumers with psychotic disorders have access to marriage and family therapists.**
- Helped New York MFTs win a major victory when the New York State Office of Mental Health revised telehealth regulations to include MFTs. AAMFT and the New York Family TEAM submitted written comments advocating for the inclusion of MFTs. **Benefit to society – consumers are able to engage in telehealth clinical services with licensed marriage and family therapists.**
- Collaborated with Kentucky to successfully amend legislation to include MFTs as eligible school providers. **Benefit to society – provide parents, teachers, students access to the skills and experience of licensed marriage and family therapists.**
- On July 1, 2019 North Dakota Blue Cross Blue Shield, after diligent work by AAMFT and our members, announced LMFTs will be eligible for reimbursement of individual psychotherapy CPT® codes (90832, 90834 & 90837) and psychotherapy for crisis CPT® codes (90839 & 90840). **Benefit to society – consumers of mental health services with BCBS now have access to marriage and family therapists.**
- This year, a helpful bill has been introduced that would greatly assist with the hiring of MFTs within the VA. On March 13, Senators Jon Tester (D-MT) and Jerry Moran (R-KS) introduced bipartisan legislation, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act (S. 785), to improve veterans' access to mental health care and make sure that no veteran life is lost to suicide. This important legislation makes several significant changes to mental healthcare for veterans. **Benefit to society if it passes – improving access to mental healthcare in rural locales and giving every service member one full year of healthcare through the Department of Veterans Affairs after they leave the military.**
- In 2019 alone, more than 1,000 courses on Teneo have been taken by MFTs to advance their knowledge in clinical areas. **Benefit to society – clients are exposed to MFTs with up-to-date education.**
- AAMFT is a member of the Coalition for Patients' Rights (CPR), an organization made up of over 30 associations representing non-MD and non-dental professions. The goal for CPR is to defend and advance the ability of non-MD providers to practice to the full extent of their education and training. Currently AAMFT is working with CPR to fight advocacy efforts aimed at limiting credentialing (certifications). **Benefit to society – defeat of these credentialing limitation activities diminishes consumer confusion about credentials and subspecialty skills of marriage and family therapists.**
- The Minority Fellowship Program (MFP) is now over 10 years old with AAMFT and the AAMFT Research and Education Foundation. AAMFT advocates for continued funding for the MFP. Not only does the MFP benefit master and doctoral students, the training prepares these students to

provide substance abuse treatment. **Benefit to society – ethic minority and underserved populations receive clinical services from specifically-trained MFTs.**

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) works diligently to ensure that MFT programs meet rigorous standards for training and quality assurance. **Benefit to society – students are protected from dubious training programs that may simply be diploma mills.**
- AAMFT continues to develop our leadership program through the Leadership Certificate and Leadership Symposium (2020 location is Phoenix, AZ). Through these programs and events, AAMFT members can hone their leadership skills. **Benefit to society – employment and practice settings benefit from marriage and family therapists with advanced training in leadership.**
- The Family TEAM is a network of advocates willing to volunteer a bit of time and/or energy towards furthering MFT policy interest. With all of the competing healthcare legislation interests, it is essential that the Family TEAM is vibrant and active. **Benefit to society – providing consumers of mental health services the opportunity to utilize the services of marriage and family therapist.**
- AAMFT Research and Education Foundation has hosted two trainings (Minnesota and Washington) on creating Faith Based Services for Immigrant Families. **Benefit to society – providing assistance to refugees after their resettlement period.**

Through this short checklist of accomplishments, it is easy to see that AAMFT is heeding the challenge to positively touch society. We will continue to do so, but AAMFT needs your help. There have never been so many opportunities to engage with AAMFT and I have provided a list of some opportunities for you to continue AAMFT's efforts:

- | | |
|------------------------------|---|
| • AAMFT Board of Directors | • Interest Network leadership |
| • COAMFTE Commissioner | • Ethics Committee |
| • Elections Council | • Family TEAM |
| • Minority Fellowship Mentor | • Leadership Certificate Program Mentor |

If you are interested in these, or any other AAMFT opportunities, please do not hesitate to write us at central@aamft.org.

At times, world events can become overwhelming and maybe even lead to despair. It is hard not to feel beaten down when taking in any type of media, from news networks to social. Although AAMFT will always hold advancing the practice and profession as its top priority, that doesn't mean we are not also touching society in a very positive way. Through the efforts of our many volunteers AAMFT is continuously working to make the world a better place. We should all be proud—I know I am...and I hope you will join us in extending these efforts even farther in the future.

TRACY TODD, PHD

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PRINT

Good Printers, Bridgewater, VA

Family Therapy Magazine (ISSN 1538-9448) is published bimonthly (January, March, May, July, September, November) by the American Association for Marriage and Family Therapy, Inc., 112 South Alfred Street, Alexandria, VA 22314-3061. Printed in the USA. Periodical mailing from Alexandria and additional entry points. ©2019 by the American Association for Marriage and Family Therapy (AAMFT), Inc. All rights reserved. Written permission for reprinting and duplicating must be obtained through the Copyright Clearance Center at www.copyright.com.

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Manuscripts may be submitted electronically to FTM@aamft.org or mailed to: Editor, Family Therapy Magazine, AAMFT, 112 South Alfred Street, Alexandria, VA 22314-3061. Telephone: (703) 838-9808. Concise articles (1800 words or less) are preferred. Authors should allow at least two months for a decision.

Single issues of FTM can be purchased for \$10 at www.aamft.org/Store.

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Alexandria, VA 22314-3061

LETTERS TO THE EDITOR

We encourage members' feedback on issues appearing in the Family Therapy Magazine. Letters should not exceed 250 words in length, and may be edited for grammar, style and clarity. We do not guarantee publication of every letter that is submitted. Letters may be sent to FTM@aamft.org or to Editor, Family Therapy Magazine, 112 South Alfred Street, Alexandria, VA 22314-3061.



CALL FOR VOLUNTEERS



What are you waiting for? Volunteer today for your professional organization!

We all know that different folks are drawn to different types of activities. At AAMFT, we have several different options for members to get involved and make a difference in the profession, organization and for families and communities.

Run for an elected position: Consider holding a governance or leadership position on AAMFT's Board of Directors, serving as a COAMFTE Commissioner, being part of the Elections Council, or the Ethics Committee.

Get involved with the Minority Fellowship Mentor program and other opportunities within the AAMFT Research & Education Foundation.

Our new Topical Interest Networks need your leadership, dedication and experience for growth and development.

Family TEAM is always looking for members to become active with legislative and advocacy efforts all across the country.

Get involved with AAMFT's Leadership Certificate Program as a Mentor.

Serve as a Student Volunteer at the Annual Conference and get a discounted registration fee.

There's a lot of good work to do, and we need your help to do the best job possible!

Contact central@aamft.org to be directed to a staff person who can assist in getting you on your way to a rewarding volunteer position!



NOTEWORTHY

data note

Marriage and Family Therapy Employment Overview



2018 Median Pay
\$50,090 per yr
\$24.08 per hr



Entry-level Education
Master's degree

Number of jobs (2016)

41,500



**Job Growth
(2016-26)**
23%
(faster than avg)

**Employment Change
(2016-26)**

9,700



The largest employers of MFTs as of 2016:

Individual and family services: **28%**

Outpatient care centers: **15%**

Offices of other health practitioners: **14%**

Source: Bureau of Labor Statistics, U.S. Department of Labor. Occupational outlook handbook. Marriage and family therapists. Retrieved from <https://www.bls.gov/oooh/community-and-social-service/marriage-and-family-therapists.htm>.

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therapy talk

Researchers show that people have a “type” when it comes to dating, and that despite best intentions to date outside that type—for example, after a bad relationship—some will gravitate to similar partners. Using data from a study on couples and families, researchers compared personalities of current and past partners. Their finding was the existence of a significant consistency in the personalities of an individual's romantic partners. The analysis showed that overall, current partners of individuals described themselves in ways that were similar to past partners. If a new partner's personality resembles an ex-partner's personality, transferring the skills one learned might be an effective way to start a new relationship on a good footing.

University of Toronto. (2019, June 10). In romantic relationships, people do indeed have a 'type': Study finds consistency among people's current and past partners. ScienceDaily. Retrieved from www.sciencedaily.com/releases/2019/06/190610160248.htm

Letter to the Editor



The article, "Online Therapy: Shaping the Future of Our Field" was a timely and interesting look at this phenomenon. However, right now the field is hindered by a very troubling limitation: the lack of reciprocity between states. As more of us choose to practice solely or in part online, we will be working with an ever-growing number of clients who will sometimes travel for work and/or pleasure but do not wish to disrupt the continuity of their therapy while doing so. Yet right now, the way most state laws are written, one's competence to practice somehow vanishes at the state line. It defies logic that I can be licensed in California but considered a potential public menace in Nevada. In order for us to practice with maximum efficacy online we should be able to work with our clients wherever they happen to be. This is a huge and looming question in the field and one that I hope will be addressed by all state boards and regulatory agencies. All MFTs should lobby for changes in reciprocity laws to reflect the developments in technology that are allowing us to reach more people than ever before.

Note from the editor: Learn more about AAMFT's model of license portability at www.aamft.org > Advance the Profession > License Portability

Correction to the March/April issue: In Harris-McKoy and Strachan's "Removing the Cape: Black Superwomen and Depression," credits were inadvertently omitted for the following Black women's service organizations: Lone Star (TX) Chapter of The Links, Incorporated, Waco Central Texas (TX) Chapter of The Links, Incorporated, Mu Theta Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated, Pi Omega Zeta Chapter of Zeta Phi Beta Sorority, Incorporated, and the Southwestern Region of Sigma Gamma Rho Sorority, Incorporated.

New Member Benefit from AAMFT!

AAMFT members now receive complimentary subscriptions to the *Australian and New Zealand Journal of Family Therapy* AND the *Journal of Family Therapy* (from the UK).

All members of AAMFT may now access all online content for both these journals on the Wiley-Blackwell website as part of their membership benefits.

www.aamft.org >>

click on the Enhance Knowledge menu tab



COAMFTE

Quality Assurance of MFT Education Through Accreditation

Accreditation may seem boring, but it is critically important. Okay, so you are thinking that watching paint dry may be more entertaining—quite probable. Yet, accreditation is vital to the integrity of the profession and the quality of education delivered by educational training institutions.

The United States Department of Education reports:

Accredited institutions have agreed to have their institution and its programs reviewed to determine the quality of education and training being provided. If an institution is accredited by a recognized agency, its teachers, coursework, and facilities, equipment, and supplies are reviewed on a routine basis to ensure students receive a quality education and get what they pay for. Attending an accredited institution is often a requirement for employment and can be helpful later on if you want to transfer academic credits to another institution.

Remember: In some states, it can be illegal to use a degree from an institution that is not accredited by a nationally recognized accrediting agency, unless approved by the state licensing agency.

(Source: <https://www2.ed.gov/students/prep/college/diplomamills/accreditation.html#unrecognized>)

Accreditation is all about multiple checks and balances. University programs and professional programs, such as those accredited by COAMFTE, must account for quality and integrity. A professional accreditor such as COAMFTE is held accountable by the Council for Higher Education Accreditation (CHEA)...and so the chain of accountability goes. Without some organization monitoring professional accreditors, accreditation mills can flourish similar to diploma mills.

As described by CHEA, accreditation mills are dubious providers of accreditation and quality assurance that may offer a certification of quality of institutions without a proper basis. CHEA works to promote quality assurance among accrediting bodies through a review and recognition process.

Recognizing an accreditation mill that poses as a legitimate accrediting body may not be easy. However, an accrediting body that lacks any of the characteristics from CHEA's recognition standards should be a red flag to institutions, programs, faculty, students, and the public. Accreditation mills can be recognized by the following attributes:

- Allow accreditation to be purchased
- Conduct accreditation reviews solely based on the submitted documentation
- Do not conduct site visits or interview key personnel as part of its accreditation process
- Allow institutions/programs to attain accredited status in a very short period of time
- Publish a list of institutions or programs it claims to have accredited without those institutions or programs knowing that they are listed or have been accredited
- Grant “permanent” accreditation, with no requirement for periodic review
- Claim recognition from an authority such as CHEA without appearing on lists of accreditors recognized by that authority
- Has a name that is very similar to the name of a recognized accrediting organization
- Publish claims for which there is no evidence

COAMFTE is the only recognized nationally accrediting body—since 1997—to grant accreditation for marriage and family therapy training programs. Thus, licensing boards view COAMFTE as the only accreditor for the educational component required for MFT licensure, and employers seek candidates with a degree from a COAMFTE-accredited program. Based on the 2018 data collected from COAMFTE accredited programs, the employment rate is at 80% ensuring a strong trend for COAMFTE graduates.

Students in COAMFTE programs experience numerous benefits of attending an accredited program. Earning a degree from a COAMFTE-accredited program assures that:

- transparency and diversity are the at core of the MFT program
- program faculty are active participants in contributing to the body of knowledge for the field of marriage and family therapy

- students receive a quality education in marriage and family therapy that has been evaluated and has met standards established by the profession
- coursework, clinical hours, and credits completed among COAMFTE-accredited programs are transferrable
- students are well-prepared for the national and/or state examination in marriage and family therapy
- licensure is facilitated by providing a recognized qualifying degree
- students have advantage in obtaining employment as marriage and family therapists

Marriage and Family Therapy programs that receive COAMFTE accreditation report increase in applications and admissions. Programs are also able to strengthen their academic requirements. COAMFTE accreditation standards ensure that programs are focused on the systemic-relational approach, training students as couple, marriage and family therapists; require programs to demonstrate student learning and achievement and ensure that students are prepared for licensure and to enter the profession as culturally-aware practitioners. As such, COAMFTE accreditation serves as a marker of quality, certifying that students are equipped with knowledge and skills to be effective clinicians within our diverse communities.

Over the past 10 years, 13,895 students graduated from COAMFTE-accredited programs. Every year, new programs seek COAMFTE accreditation, among them is the marriage and family therapy program at Touro University Worldwide. “Because of the commitment to MFT educational programs, COAMFTE accreditation adds the value of licensure portability that is relevant for TUV students, faculty, administrators and external regulatory agencies. These various communities of interest recognize the impact of quality COAMFTE accreditation standards have towards the best practices of care among MFT practitioners in a multicultural and diverse society.” —Dr. Shelia Lewis, Provost, Touro University Worldwide (TUV).

University administration recognizes the value of COAMFTE accreditation as marker of quality that:

- supports and strengthens regional accreditation
- promotes best practices for MFT programs
- assures university donors of the quality and strength the accredited program
- facilitates licensure for students
- certifies that students are equipped with knowledge and skills to be effective clinicians within our diverse communities

As evident by the support universities provide to programs during the accreditation process, COAMFTE accreditation is a valued and sought-after credential. “As an Associate Dean, I daily consider the needs of numerous programs and advocate for resources towards accreditation because of the added value of accreditation to our programs and the hallmark of excellence for our College. Prospective students are savvy consumers looking for open systems that embrace ongoing feedback, continuous improvement, benchmarks of excellence and synergies with licensing environments, professional associations and workforce demands. As such, our university is committed to ensuring that our marriage and family therapy students graduate from a COAMFTE-accredited program. COAMFTE accreditation is a framework that facilitates quality education and vision.” —Dr. Stephanie Brooks, LCSW, LMFT, Associate Dean Division for Health Professions, College of Nursing and Health Professions at Drexel University.

While there are a number of programmatic accreditors providing quality assurance for the overall field of mental health, COAMFTE assures that MFT programs focus on training students in the relational/systemic model and promotes the MFT identity. “Accreditation is vital to the profession and protecting its integrity. Without boundaries and guidelines upheld by COAMFTE, the profession would have difficulty hanging on to its identity and quality of the training. I believe the strength of our license is tied to the strength of our training and the strength of our training is tied to the strength of our accreditation. While other licensing bodies may attempt to accredit our professional training programs, there is no other quality greater than that extended by the COAMFTE.” —Dr. Jennifer Hodgson, LMFT, Nancy W. Darden Distinguished Professor and Director of the Medical Family Therapy Doctoral Program at East Carolina University.

Accreditors that review universities in the United States are called regional accreditors. There are several regional accreditors: Accrediting Commission for Community and Junior Colleges (ACCJC) Western Association of Schools and Colleges; Higher Learning Commission (HLC); Middle States Commission on Higher Education (MSCHE); New England Commission of Higher Education (NECHE); Northwest Commission on Colleges and Universities (NWCCU); Southern Association of Colleges and Schools Commission on Colleges (SACSCOC); WASC Senior College and University Commission (WSCUC).

Currently COAMFTE accredits 124 programs across North America, providing quality assurance for 6,710 students across accredited programs.

As consumers begin researching accreditation for the field of

marriage and family therapy, they may come across a number of other mental health accreditors, promising to fulfill the same role as COAMFTE. Fortunately, many programs already recognize both the uniqueness and versatility of COAMFTE accreditation. As noted by Dr. Carol Messmore, LMFT, Program Director and Faculty Chair at Capella University, “Capella University has chosen to maintain COAMFTE as the only Marriage and Family Therapy program accreditation because it strengthens the professional identity of the program in terms of alignment with the mission, goals, and outcomes, focusing on the education and training of marriage and family therapists.”

COAMFTE takes the existence and proliferation of accreditation mills very seriously. “Accreditation” from an accreditation mill can mislead students and the public about the quality of the program or institution. In the presence of accreditation mills, students may spend a good deal of money and receive neither a quality education nor a useable credential. The “accreditation” they grant has no legal or academic value but is used in diploma mill marketing to help attract students. As part of its mission to ensure quality education, COAMFTE continues to educate consumers to be vigilant with organizations that

promise accreditation for significantly reduced costs but fail to deliver quality review.

As accreditation becomes more recognizable, consumers will need to practice a heightened sense of vigilance to avoid the trap of accreditation mills. Parents, students, programs, universities, employers and the public alike, must be educated on the dangers of these organizations, posing as legitimate accrediting bodies. In summary, maybe watching paint dry is more exciting, but not nearly as important as accreditation.



For any questions related to COAMFTE accreditation, accreditation mills, and degree mills, please contact us at coa@aamft.org.



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Relating, Educating & Innovating... One Episode at a Time

Eli Karam, PhD

For many professional associations, podcasts now play a pivotal role in connecting with both current and potential new members. If utilized correctly, they can build member engagement—and, perhaps more important, expand an association's mission to the wider population. Earlier this year, AAMFT debuted the AAMFT Podcast as a way to link members and other systemic therapists to the past, present and future of MFT.

The AAMFT membership is a good fit for the growing demographic of podcast consumers. In 2018, Edison Research reported podcast listeners are predominately 18 to 54 years old, with 85% of them listening to podcasts on some type of mobile device. The most popular scenario for podcast listening is at home, followed by the car, walking, and at the workplace. Forty-two percent of millennials, ages 18-34, listen to at least one podcast a week. In descending order, the three most listened to genres of podcasts are comedy, education, and news.

The target audience is both AAMFT members and any clinician wanting to learn more about systemic therapy and the MFT profession. The podcast seeks to boost the confidence of those new to the career (students and Pre-clinical Fellows) as well as motivate seasoned practitioners. Episodes of the AAMFT Podcast revolve around three areas: 1) updates on

“Listening to a good conversational podcast should feel like overhearing a chat between two friends.”

AAMFT news and programs; 2) interviews with MFT Pioneers/ model developers; and 3) focused discussions with industry leaders on emerging trends and topics driving the future of the profession.

By conducting interviews with AAMFT leadership, including CEO Tracy Todd and President Tim Dwyer, the podcast will routinely share best practices, industry updates and the latest news specific to your membership in the AAMFT. Podcasting is a way to reach a segment of the membership that may not have the resources to make it to association gatherings, like the AAMFT Annual Conference and Leadership Symposium. With podcasting, through live recorded conference interviews, the AAMFT will share conference content and bonus material, further engaging the membership. Additionally, this podcast will highlight the evolution of the association, by exploring new AAMFT Topical Interest Networks.

Listening to a good conversational podcast should feel like overhearing a chat between two friends. More than hearing about the clinical interventions or research underlying a specific approach or MFT model, the long-form interview unearths relational sides of the expert by exploring formative, family-of-origin experiences and therapy stories that humanize the guest and help bridge MFT's past to the present. So far, the podcast has featured influential model developers and MFT innovators like Sue Johnson, David Schnarch, Bill Doherty, Harry Aponte, Dick Schwartz and Chloe Madanes. Also scheduled to appear over the course of 2019 are influential figures such as Michele Weiner-Davis, Monica McGoldrick, Fred Piercy and Terry Real. Another unique feature of the podcast will be the interview with couples who share both personal and professional partnerships, including John and Julie Gottman, as well as David and Jill Scharff.

The AAMFT Podcast is an ideal complement to both coursework and lectures in COAMFTE training programs. The podcast also focuses on current trends and clinical practice areas relevant to our membership, fitting nicely with the mission statement of AAMFT and the AAMFT Research & Education Foundation—to promote systemic and relational research, scholarship, and education in an effort to support and enhance the practice of systemic and relational therapies; advance the healthcare continuum; and improve client outcomes. Episodes have already been produced

featuring such hot topics as telehealth, cultural competence, and mindfulness for systemic therapists.

One of the greatest advantages of podcasts is the portability and convenience they offer. Sometimes, it may difficult to spend an hour or more reading an article due to the level of attention and concentration required. Podcasting, on the other hand, can be done alongside a routine activity. Listeners are far more likely to consume the material if they can do it while driving the car or working out at the gym.

Podcasts can be either streamed or downloaded to a mobile device, allowing the user to access the content anytime, anywhere, with very little effort. There are podcast subscription apps available for nearly every smartphone, and these make the process even easier. You can find the AAMFT Podcast on every major platform, including Apple Podcasts, Spotify, Stitcher, and Google Play. Once you have subscribed to the AAMFT Podcast, you don't have to initiate the download: it's sent automatically to your app whenever a new episode is available. The podcast drops every other Friday. You will be able to find a preview and direct link to the current installment in the Family Therap-eNews, which is sent directly to members' email.

The AAMFT Podcast appreciates listener feedback. The easiest way to do that is to that is to leave a star rating or comment on the platform in which you download or stream the podcast. You can also send email feedback and suggestions for topics of future episodes to communications@aamft.org or by following the conversation on Twitter @theaamft #aamftpodcast.

Eli Karam, PhD, LMFT, is an AAMFT Clinical Fellow, AAMFT Approved Supervisor, and the host/co-executive producer of the AAMFT Podcast.

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Reference

Edison Research. (2018). The podcast consumer 2018. Somerville, NJ: Edison Research & Triton Digital.



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A New Path

THE ROLE OF SYSTEMIC THERAPISTS IN AN ERA OF **ENVIRONMENTAL CRISIS**

While global warming is often explained through references to carbon emissions reports and warnings of rising seas, we're overlooking the primary cause of this traumatic reality and the domain where the solutions will ultimately be found: the human psyche. Though climate change is now widely acknowledged to be the result of human behavior, our pro-environmental efforts don't skillfully attend to the deep-seated psychological factors that drive our unsustainable lifestyles and cultural norms. MFTs have a powerful role to play in providing psychological insights and interdisciplinary conversations focused on sustainability solutions and treatments for climate-induced emotional distress.

Leslie Davenport, MS

As we know from our MFT training and experience, facts aren't enough to motivate change: It's our feelings and beliefs that color our perceptions, shape our relationships, and drive our behaviors. **Many of our most influential beliefs are unexamined, as they dwell below the level of conscious awareness.** We're at a critical crossroads, and it's imperative that systemic psychological thinkers contribute their expertise to dealing with the harsh realities of our changing world.

Our field must also develop professional competencies to treat climate-induced anxiety, depression, and trauma. Emotional distress triggered by climate change is already showing up in our practices and will only increase in the coming years.

Climate change research

A 2018 report by the Intergovernmental Panel on Climate Change (IPCC) was compiled by over 600 scientists worldwide to advise world leaders. It outlines a disturbing picture of severe ecological degradation occurring much earlier than anticipated. Without immediate and significant changes to our lifestyles and public policies, by 2040—a date that falls within the lifetime of much of the world's population—we'll face worsening food and water shortages, an increase in disease, faltering infrastructures, intensifying and more frequent extreme weather events, and a dramatic reduction of the biodiversity on our planet, including the extinction of many organisms and even species (IPCC, 2018).

Climate change is happening now, and it's personal. Consider how California previously had two defined fire seasons, but now devastating fires occur year-round. Many who fled the 2018 California Paradise Camp Fire describe how their shoes melted onto the asphalt as they ran for their lives (Hughes 2018). One of the 30,000 individuals impacted by Hurricane Harvey in Texas may tell you how civilians joined first responders to form

human chains in deep floodwater to rescue those stranded in their homes and cars (Mezzofiore, 2017). But despite the growing personal impacts, we continue to burn fossil fuels at an alarming rate, build on floodplains, and discard single-use plastics that end up polluting the oceans, unable to recognize that we're using natural resources at a rate that far exceeds nature's ability to renew itself.

Mental health impacts of global warming

Climate events devastate more than just property. The Executive Summary of the *Psychological Effects of Global Warming on the United States* warns that, "Global warming...in the coming years...will foster public trauma, depression, violence, alienation, substance abuse, suicide, psychotic episodes, post-traumatic stress disorders and many other mental health-related conditions" (National Wildlife Federation, 2012, p. i).

Many Americans are pervaded by an ambient anxiety, including those who haven't experienced a climate disaster. The Yale Program on Climate Change Communication has tracked American's concerns about the impacts of climate change, finding last year that 69% of Americans worry about global warming, and 49% believe it will harm them personally (Gustafson, Bergquist, Leiserowitz & Maibach, 2019). This marks a sharp increase in concern from just five years ago, a rapid and large-scale emotional shift. A new clinical vocabulary is emerging to capture the lived experience of

climate-related distress:

- Solastalgia: The feeling of longing or being "homesick" as your familiar environment changes around you.
- Pre-traumatic stress disorder: Anticipatory anxiety about climate disasters that are projected to occur in the future.
- Ecological grief: Intense feelings of grief as people suffer climate-related losses of ecosystems, landscapes, and human and animal life.
- Eco-anxiety: An experience of dread, helplessness, and/or existential anxiety triggered by the seemingly irrevocable impacts of climate change.

While these terms aren't yet widely incorporated in our professional vernacular, the emotional states they describe are pervasive.

Emerging roles for MFTs

Is treating climate-related emotional distress within our scope of practice? Our field has evolved tremendously, and our professional commitment includes periodically re-evaluating how and what we treat in order to keep pace with new clinical approaches and emergent issues. Psychiatrist Lise Van Susteren makes a powerful case that the time has come to include the climate-change theme in our work when she states: *Mental health professionals vigorously endorse requirements to report cases of child abuse. It is a legal obligation, but it is also a moral one. Is it any less compelling a moral obligation, in the name of all children now and in the future, to report that we are on track to hand over a planet that may be destroyed for generations to come? I respectfully request that we, as mental health professionals, make a unified stand in support of actions to reduce the threat of catastrophic climate change* (2011, p. 1).

It's time to add a climate psychology lens to our assessment and treatment

of clients of all ages. Intake forms could add a question like, "When you hear about what's happening in the world, including climate change, how does it affect you?" When clients come into our practices with a constellation of symptoms like insomnia, depression or anxiety, we look for a history of abuse, factor in family-of-origin patterns, and examine current stressors at work and at home—but clients may also be having a visceral response to the unsettling changes in their environment. It's part of the task of assessment to discern their sources of distress in order to help clients "connect the dots," process their emotions, and develop healthy patterns and relationships.

Core competencies and training

The incorporation of climate-related issues isn't intended to dominate the therapeutic focus, but rather to be appropriately integrated into our theories and interventions. Much of our existing training is already applicable to these concerns.

We can allow space for clients to bring their fear and disenfranchised grief out into the open with compassionate validation. As the exploration deepens, tremendous ambivalence often surfaces. We witness our clients begin to express a universal desire for a secure and healthy world for themselves and their families. But cognitive dissonance arises with a growing recognition of how our lifestyles impact the environment, bringing this wish into direct conflict with our daily choices. We want a wholesome diet of fresh fruit and vegetables year-round, but they're flown in out-of-season at heavy environmental costs; we love keeping our home at a comfortable temperature, but we're increasing our carbon footprint when the heat or air-conditioning is turned up; we value special time with our family, but reunions may require flying back and forth across the country, adding to pollution.



We can allow space for clients to bring their fear
and disenfranchised grief out into the open
with compassionate validation.

More common than denial is disavowal, when we acknowledge that climate change is real but turn away out of sheer frustration or overwhelm. When confronted with challenging new information, we're psychologically programmed to implement a range of defense mechanisms: rationalizing our choices, projecting the blame, compartmentalization. Remaining trapped in ambivalence can lead to shame and even despair.

We can decrease our clients' experiences of isolation by being present with their expressions of fear and helplessness. We can support them in exploring their beliefs, which may include the conviction that they're too small to make a difference. We can offer evidence-based approaches to shift ingrained habits. We can encourage their efforts to cultivate community connections and build social capital. Assisting clients in navigating the emotional grip of climate distress makes space for heightened curiosity and reimagining

a new relationship with the world. When clients make the shift to actively participating in a constructive response, they experience an increase in resiliency and empowerment.

MFT leadership opportunities

Understanding and changing the drives and behaviors that contribute to global warming is a complex and nuanced undertaking, and it requires a systemic approach that includes a comprehensive understanding of the human mind. Our training has applications outside the therapy room, and we can bring our expertise to interdisciplinary strategies. In collaborative dialogs, we can provide our insights on the emotional underpinnings of climate disavowal and ambivalence, share the many evidence-based studies of our motivations for change, facilitate non-polarizing communication strategies, and teach tools for building emotional resiliency.

Many environmental strategists hope to spur others into action, but they often don't recognize that their tactics run counter to what we know about human behavior. For example, when people are given a great deal of information about the dangers of climate chaos without having had a direct experience of the personal difficulties stemming from it, they'll tune out and develop a kind of "apocalypse fatigue" (Stoknes, 2014). One hundred twenty-nine different behavior change studies confirmed that the *least effective* strategies for encouraging change are those that arouse shame or fear (Curfman, 2009). These results are a clear indication of how well-intentioned but ill-informed efforts can produce the opposite of the desired effects. Bringing these kinds of psychological insights into our pro-environment efforts is one of many ways that MFTs can contribute to a more effective approach to change.

Adding a global warming lens to our work is imperative. The systemic roots of the MFT theoretic orientation—which tell us that changing one part of the system influences the entire congruent living system—could not be better suited to addressing the interconnected nature of climate issues. We can be valued partners in the collective effort necessary to drive the personal and social evolution that our planet's condition so urgently requires.



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Renne Rodriguez Dragomir, MAEd
Heather Katafiasz, PhD



As a home-based family therapist, supervisor, and consultant for the past 19 years working with youth (and families) who are at-risk of out-of-home placement, I (RD) have seen a multitude of parents feel discouraged and disempowered by providers with the intention of doing good work.

When youth are pulled from their homes and placed in a psychiatric hospital or juvenile detention center, families may feel as if they are being told they can't handle their own child; only professionals can solve their problems. We know that children and adolescents are more successful in their natural ecology than in long-term formal placement, residential treatment facilities, or detention centers.

There is a target goal of least restrictive environments to keep youth in their homes and communities, and prevent out-of-home placements. Some providers have a desire for immediate stabilization and safety, which is understandable; however, even for psychiatric suicidality risks, there are several programs that can be offered in the family's home that are suited to stabilize the family, ensure safety for the youth, and not reinforce any of the perceived benefits of hospitalizations or jail.

What can be missed in these out-of-home placements is truly understanding the family system's interactions and functioning of what occurs within the family members, which perpetuates the dysfunctional interactions. Removal does not lead to family empowerment or the opportunity to learn new skills to maintain the youth in the home for an extended period of time. Families see this as "what is best from the experts," and they get a temporary break from the hard work that is needed for systemic change to occur.

Home-based family therapists are the perfect match to meet the family where they are, coordinate treatment with other providers, and enable a systemic conceptualization of the youth's challenges to ensure a family-focused roadmap for treatment strategies. We have the availability to work in alignment with families every day at times that meet the family's needs, in their homes, to safety plan against suicidality and aggression, improve relational functioning within the family unit, treat underlying mental health issues or substance use behaviors, avoid hospitalization or jail by being available 24/7, and support all family members with increased skills to manage personal and interpersonal difficulties.

We walk through every room in the home, to ensure safety is paramount, and can create a safe home

environment, similar to what can be achieved in formal settings, while also being available for check-ins, crisis calls, and stuck points or successes. We provide ongoing hope for change, and tell families that they have the answer for their family's current struggle areas; instead of a hospital, jail, legal system, residential treatment facility, foster care, doctor, social worker, counselor or therapist. The solutions lie within the family system. Home-based family therapists empower the parents to effectively resolve the child's presenting problem, instead of the various professionals involved.

What is home-based family therapy?

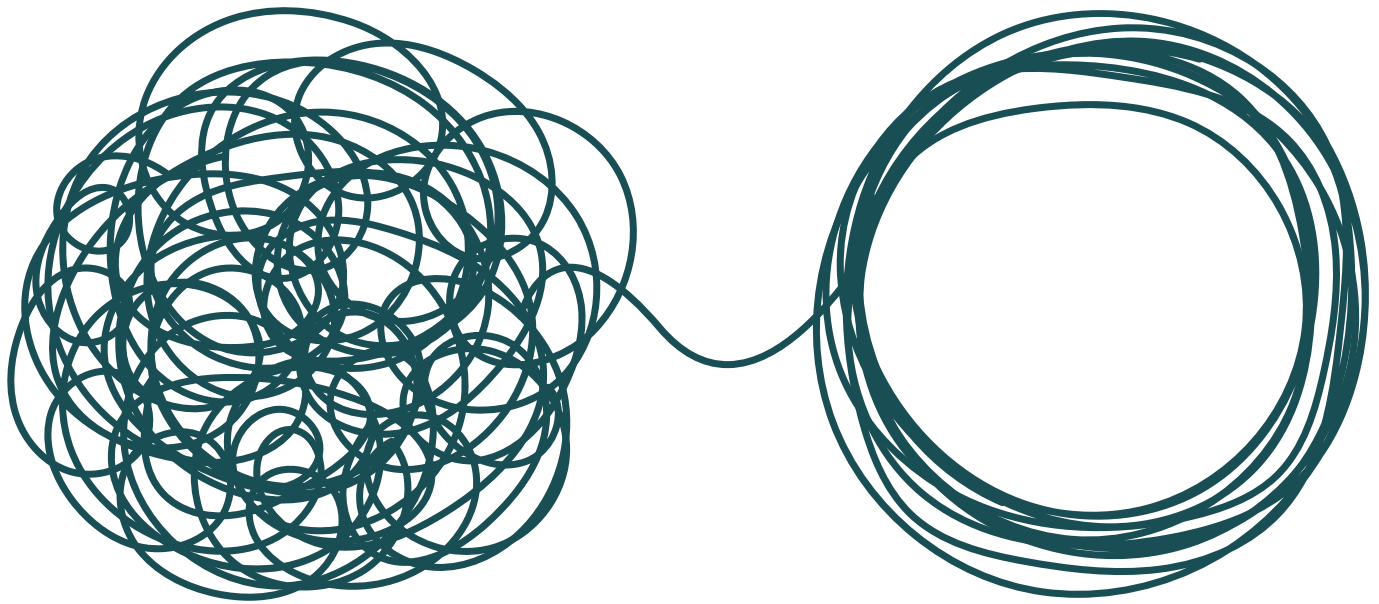
Home-based or in-home family therapy originated from the family preservation model which was developed by child welfare, with the goal of decreasing removing children from the home (Lee et al., 2014). Home-based family therapy has grown exponentially, existing today across the United States and other countries. This treatment modality offers therapy to those who may be home bound or who may not have the resources to travel to an office-based therapy setting. Individual, couples, and families of all configurations can be eligible for home-based family therapy. Home-based family therapists have an insider's look into a client's real world, in their natural environments; late in the evenings before bedtime routines, and early in the mornings before the

school bus arrives. They are on-call for emergencies, like physical and verbal aggression, refusal or non-compliance behaviors, threatening suicide or self-harm behaviors, attempting to runaway, substance use intoxication or abuse, high family conflict and discord, and parents in need of support for a variety of challenges.

While not all home-based family therapists use a specific model of therapy, there are many evidence-based and promising practice models of treatment, such as multisystemic therapy, which provides family therapy in the home, to youth (and families) who are at-risk of out-of-home placement. These evidence-based models of home-based family therapy tend to increase the frequency of sessions (such as two to four sessions per week with sessions conducted for up to two hours per day, or as clinically indicated), while limiting the timeframe of treatment to three to six months. Many clients are referred to other treatment modalities after successfully completing the more intense course of treatment, which may be located in office or still in the home.

What is a change agent?

A change agent promotes change or enables change to happen. This is precisely what a home-based family therapist does every single day. It starts at the first "hello," as we are invited into the family home, and readily accept the opportunity to join the family system, becoming a part of it to better understand its strength and need areas, collaboratively develop and streamline interventions in the home, and finally restructure it for successful functioning (Minuchin, 1974). There is empathy for the intensity of challenges, as well as excellent listening skills to ensure we can hear where families are, and be creative and collaborative in guiding the direction of treatment. It is parallel to juggling several balls in the air at one time; youth safety, family conflict, school



A change agent promotes change or enables change to happen.

attendance and academic success, home rule compliance, probation or child welfare requirements, parental individual challenge areas, community or basic needs issues, and so on. Since home-based family therapists essentially work in the community, we are in the home, in the school, at doctor appointments, at court hearings, at child welfare appointments, and anywhere the family or parents need us to be (including parent's doctor or therapy appointments, if needed). In addition, a systemic therapist is also working with the many different providers or service agencies involved, making change in their conceptualization and intervention direction for the family. It can be a challenge to balance when a referral source (probation, school, hospital/psychiatry team) wants to recommend the youth be placed out of the home, as the parents "just don't get it." As a family therapist, it is our responsibility to conceptualize what has led to this decision (likely frustration), validate concerns (safety is a shared top concern of focus), and create

possibility for other strategies for change (more time with home behavior plan, weekend in jail versus one month). This is done while balancing engagement with provider mandates (no more aggressive incidents, clean drug screens), the parents' goals (be respectful and stop breaking items in the home), and the child's (more privileges, freedom, and return of cell phone). Family therapists facilitate change in order to support the parents to be the change agent in their child's life.

Systemic therapists create ripple effects

Family therapists treat the entire family. This may (and usually does) include parents, caregivers, siblings, grandparents, and other relatives who may be linked to the child or in the home.

Bronfenbrenner's (1979) theory of social ecology is quite relevant for their work. Family therapists work at the microsystem level with the individual and family in their immediate environment as this has the most

direct influence of change for any child, and at the mesosystem level as related to school and neighborhood involvement. This may include school, neighborhood, or community meetings. The family therapist is in a unique position to also understand how the exosystem can indirectly impact the child within the family home via extended family, the social welfare system, local government, mass media, etc. We are systems collaborators, and can impact how families are viewed by mental health, social services, juvenile courts, school, and psychiatric hospitals. We provide a better understanding of the systemic impact to the child's behaviors of concern. The identified client, generally child or adolescent, is seen as the symptom bearer, and can sometimes be the only target of focus in traditional individual treatments. Systemic thinkers see the interplay of family interactions, unclear boundaries, roles, rules, unbalanced hierarchies, couple discord, family addiction, unemployment, lack of supports and resources, untreated mental health

issues, and trauma (Minuchin, 1974).

Lastly, family therapists must also have the ability to conceptualize how the macrosystem impacts the family system—via cultural, ethnicity, religion, social class, laws, and ideologies—and contributes to the functioning of the child and family. As systemic change agents, we ultimately impact the family system within which we work, with the hopes to lastly change the macrosystem's values, attitudes, culture, and customs.

Attending to community needs

We know that families can be successful, and parents have the ability to become empowered to be change agents for children. Family therapists are best suited for this task, and it is absolutely possible. The ability to bring home-based family therapy to someone's front door is a realistic way to deter out-of-home placements. It removes the common barriers to outpatient therapy, including varied and long work schedules, lack of reliable transportation, limited funds or insurance coverage, low social supports, other appointments or meetings, or just not enough hours in the day to meet family needs.

We have learned in educational and real-world settings that family therapists are systemic thinkers, and can find comfort in multiple system layers. We are able to attend to the youth's needs, family needs, referral source needs, school or court or child welfare needs, agency needs, community needs, and the broader mental health system. Home-based family therapists are the ideal systemic change agents for today's at-risk youth and families.

Further considerations and suggestions

If you are considering being a home-based family therapist, do it! One has to be prepared for a variety of learning opportunities, and open to change and growth, both clinically and personally. One must be prepared for families who are not engaged in

treatment. Instead of thinking "they are just resistant to treatment," home-based family therapists must explore what factors they contributed to this issue, and how they can change in order to improve the situation. You have to be open to feedback, willing to accept it, and improve your behaviors to accommodate families. You have to find comfort in the discomfort of being in someone else's home, and being respectful of their norms, values, and rules. You have to find balance in boundaries; do you accept food or a drink, or decline, knowing that it may impact engagement, and be an important way for a family to give back, or a cultural perspective of their norms. You also have to be prepared to not have all the answers all the time. It is okay, and respectful, to say that you do not know, but will work hard to get the answer or information they need.

A supportive and skilled supervisor is a must. They will guide your clinical direction with families, ensure that you are adherent to any specific model of therapy you may be using, provide independent clinical development which can be generalized to other families, and be available for any challenges that may arise, as well as share in your successes. Also important is team cohesion and support, as each person can learn and grow from the vast knowledge and experience base of fellow teammates. It can be quite fruitful and satisfying to discuss cases with like-minded folks, who can validate the hard days, as well as celebrate in your success stories. All home-based family therapists have amazing stories to share. If you can do home-based family therapy, then you can do anything in the clinical mental health world.



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**“Can you
speak to
this family?”**



THE CASE FOR MFTS AS CRISIS WORKERS

“Can you speak to this family?!” an exasperated nurse asks as she walks into the crisis office. This is a question I am asked at least five times every week. It begins with a client coming to our small community hospital emergency department due to a significant mental health concern. Patients are triaged, escorted to an ER room, and seen by the emergency physician. After all this has occurred, the behavioral health evaluation can begin. My job is to make appropriate referrals to outpatient services, and to assist the ER staff in determining the most appropriate level of behavioral healthcare for the client. These evaluations typically result in transfer to another facility for inpatient psychiatric hospitalization, referral to intensive outpatient programs (IOP), or other less intensive services.

Reanna Serafine, MA

When I started my career in crisis intervention five years ago, I suspected that there would be a wealth of different helping professions represented. That had been my experience at local outpatient clinics, so why not here? I had no idea that I would be the only marriage and family therapist (MFT) on staff. Not only was I the only MFT, I was also asked questions such as, “What is a marriage and family therapist? How did you end up working *here*, doing *this*? Were you trained in providing clinical assessments?”

I have also been asked if I regret pursuing an MFT degree rather than a clinical counseling or social work degree. I have been asked several times about the *scope of my practice* and how it relates to working in a medical setting. While the typical path for many of my peers was to go into various outpatient settings to “do” marriage and family therapy, I found myself drawn to the crisis intervention field. To me, my MFT background fits well here. I was shocked to have people questioning my qualifications or choice of training.

I quickly found the crisis intervention field to be extremely individually focused. So the questions I was asked made a bit more sense after some thought about the norms of this setting. In fact, this seemed to be the case in all of our local emergency services programs. However, over time, I became the preferred clinician for adolescents who came to the ER for mental health concerns. My peers and the health professionals with whom I work began to understand that the skillset of an MFT could be most useful for our clients. Anytime an adolescent presented to the ER, the case was passed to me. Why? Because adolescents always present with their *families*.

Understandably, families can be seen as a peripheral piece of the puzzle by medical professionals or more individually-focused staff. This makes sense, as their top priority is treating

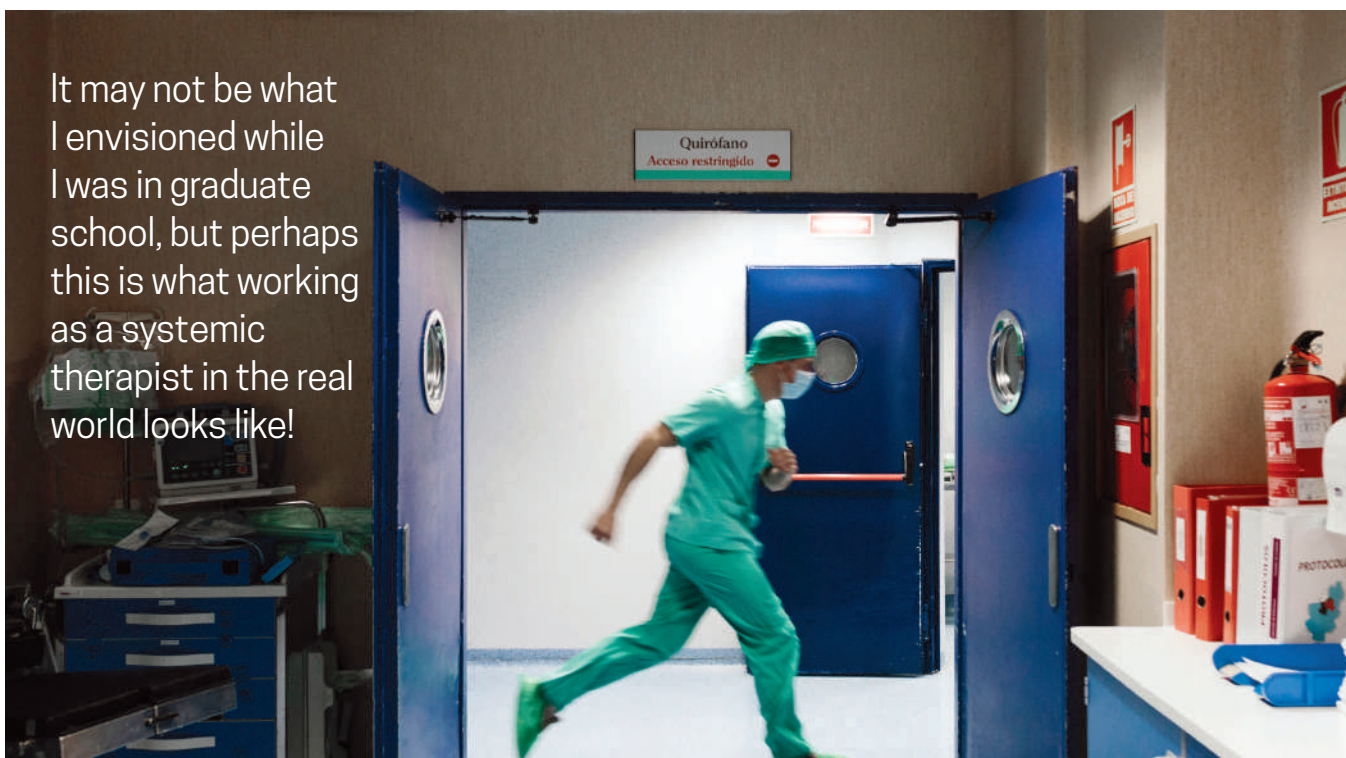
the patient in the ER bed, and ensuring they are safe. However, an MFT will see the family as a vast resource for this presenting client. This is where a systemic therapist can be most valuable. As MFTs, we are especially trained to focus on multisystemic issues which typically play a role in why an individual and their family may present to a crisis center for suicidality, anxiety, or depression. These triggering events can differ widely, but the result is typically the same. The family's homeostasis is disrupted, and they are unable to provide a safe environment for the family member as their ability to cope has been overwhelmed ((Forgatch, Patterson, Degarmo, Flannery, & Everly, 2000)). Sound familiar?

In working with these families at their most dire time of need, crisis intervention became a crash course for me to develop my diagnostic skills, learn the intricacies of psychiatric hospitals, incorporate case management knowledge, and witness first-hand the impact of severe mental illness on the family. Over time, I began to see that there is truly a place for MFTs in crisis intervention. It may not be what I envisioned while I was in graduate school, but perhaps this is what working as a systemic therapist in the real world looks like! I wanted to push through the barrier and make a name for MFTs in this part of the field. This should be a career path that more of us embrace.

When researching the history of MFTs in emergency settings, I found articles dating back to the 1960s that advocated for the importance of family involvement in crisis interventions. It was important that I be reminded that our prolific systemic theorists Haley, Bowen, and Minuchin were all psychiatrists prior to embarking on their work with families. If they bridged the gap between a more individually focused form of practice to systemic work, then so can I! So, I furthered my research on crisis intervention and family systems.

Several studies from over 50 years ago demonstrate the importance of utilizing a systemic framework in crisis intervention. In 1968, Langsly, Pittman, Machotka, and Flomenhaft advocated for the importance of family involvement in the crisis stage, as it was shown to have a positive outcome for those involved, and limited the need for further psychiatric hospitalization. They assert that the treatment process begins the moment the client and family present for help. This can be a unique moment in which many families experience their first contact with the mental health system. This substantiates what we already know as MFTs—our clients do not exist in a vacuum. What better time to impact the family system? In fact, this study also argues that all of the requests for psychiatric hospitalization or higher levels of behavioral healthcare can be the result of a series of events in a person's life that has overwhelmed the family's coping strategies. Often, these situations are divorce, death of a loved one, job loss, severe financial stressors, and many other issues that impact both the microsystems and macrosystems of the family. The root of crisis intervention involves mobilizing resources and utilizing our support networks to stabilize the individual in psychiatric crisis. This study further corroborated the need for MFTs to utilize a more systemic framework that can help to further

It may not be what I envisioned while I was in graduate school, but perhaps this is what working as a systemic therapist in the real world looks like!



the individual's treatment and prevent reoccurrence of these crises.

In 1997, the Family Systems Psychiatry Project in Germany (Schweitzer, Weber, Micolai, & Hirschenberger, 2007) trained psychiatrists with the guiding principle to invite the client's social network to participate in treatment planning to ensure that their needs, as well as the needs of caregivers and relatives, were being met with their services. The family was enlisted as co-consultants to determine the meaning of psychiatric symptoms and how they become chronic behavior within the system. They argued that this was crucial to ensuring that treatment was successful to avoid the necessity of psychiatric hospitalization.

It certainly makes sense to MFTs that if you do not consider the larger systems at work for a client, their future outcomes may be less helpful than when the family system (or larger system such as legal, school, etc.) is engaged and involved in the

process. When this person leaves the ER, what is the planned follow up? How will they get there? Do they have insurance to pay for this service? These questions are followed by at least a dozen more to ensure we are making the best referral for the client family. This is especially true for adolescents. According to a study from 2004 (Huey et al.) 9% of adolescents in the US attempt suicide each year. They theorized that multisystemic therapy, when implemented after psychiatric crisis evaluation, could be effective for youth with chronic suicidality. Schoenwald, Ward, Henggeler, and Rowland (2000) completed a similar study in 2000 where they studied the long-term benefits of multisystemic therapy and were able to demonstrate a 49% decrease in hospital utilization four months post crisis incident.

A 1979 study by Uri Rueveni emphasizes the importance of psychoeducation and mobilizing extended family during times of emotional crisis. It describes a technique in which the family is

trained as a team of interventionists to jump into action when specific issues or triggers may arise. In my practice, I consider this to be a family meeting, where I will bring the family into the room to discuss their options for assisting the client in pursuing treatment.

Consider the example of a 17-year-old female living in a suburban area. Her mother is a single parent who does not drive. Though they live in a small town, none of the therapists within walking distance accept medical assistance benefits to pay for services. How can we ever assume that this client family will successfully engage in therapy to prevent the teen's depression from increasing further and perhaps eventually leading to hospitalization? The successful engagement here is activating the system at large. We can call on extended family, student assistance programs, or even friends to schedule transportation to ensure she can make it to an agency where care can be arranged that accepts her insurance, but perhaps is not within walking



Consistent consideration of the individual and family's larger environment and the factors that impact their ability to obtain care and assist the individual in crisis must be included for successful outcomes.

distance. Referrals can be utilized for local organizations that offer in-home programs, such as family-based services, and behavioral health rehabilitation services. I believe that MFTs are far more likely to make a referral to these systemically-based programs, like MST or home-based family services, because of our training and way of thinking. Consistent consideration of the individual and family's larger environment and the factors that impact their ability to obtain care and assist the individual in crisis must be included for successful outcomes.

In AAMFT's *Competencies for Family Therapists Working in Healthcare Settings* (2018), the importance of an integrated approach with healthcare professionals is referenced, as it improves the availability of mental healthcare for families. I would argue that in many areas within the helping professions, like crisis intervention, there needs to be further integration among the various disciplines (MFTs,

counselors, social workers). I have been able to help my peers and supervisees from other disciplines develop a more systemic mindset, and I have learned a great deal from them as well. In today's mental health landscape, just as previous generations of MFTs have asserted, there is an important place for MFTs in crisis intervention. More of us are needed in these roles to help families in their most dire time of mental health need. I hope this will be a path of exploration for MFTs in the future, both in practice and in valuable research. I challenge my peers to look for more opportunities, like crisis intervention, where MFTs can be represented in practice, and in the real world!



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FINDING **YOUR PLACE** IN BROADER SYSTEMS

Marriage and family therapists work in a variety of settings and contexts—agencies, clinics, universities, consulting, government, private practice, hospitals, schools, in-home, and more. However, it appears we are in need of better representation within these distinct environments. Some ways to accomplish this are advocating for the field, distinguishing MFTs from other service providers, and conveying the need for systemic therapists in a variety of settings, not only to the rest of the world, but to those within our profession.



Eman Tadros, MS
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Understanding, claiming, and celebrating a systemic perspective

As we in our field know, it is a common misconception that receiving mental health services is reserved for those suffering from severe mental health issues. This misconception may cause individuals, couples, and families not to seek treatment or simply seek it from a psychiatrist or psychologist—lacking awareness of the availability of MFTs and their unique skill set. This leaves MFTs in a consequential position to represent, advocate, and advance the profession to reduce stigmas such as this. But where does one begin to make these changes?

According to AAMFT's (2019) website, "A family's patterns of behavior influences the individual and therefore may need to be a part of the treatment plan. In marriage and family therapy, the unit of treatment isn't just the person—even if only a single person is interviewed—it is the set of relationships in which the person is imbedded." Marriage and family therapy is brief, solution-focused, specific, with attainable therapeutic goals. Although clinical mental health counselors, social workers, and psychologists may conduct couple and family treatment, MFTs undergo advanced professional training that enables them to see problems through a systemic lens. MFTs are trained to help families restructure, open up lines of communication, gain insight, create boundaries, reframe stories, and generate solutions to problems. Further, MFTs can help families become aware of the process occurring in their relationships rather than placing emphasis on the content of their issues.

It is a frequently espoused truth that a significant factor in successful treatment is the quality of the therapeutic alliance. As MFTs, we are aware that a supportive human relationship, which may instigate the greatest change in clients, is extremely beneficial, but what happens when there is more than one client

in the room? With the addition of significant others to the session, the number of relationships to account can be multiplied to a staggering amount. However, it is important to observe clients within the context of these everyday relationships to gain a better understanding of the persisting relational dynamics at play. This is a welcome supplement to client self-report that allows a marked improvement in data collection quantity and quality. Of course, the question arises: Aren't there other professionals who observe these interactions? Can't any therapist do this? Although MFTs can differ from each other in theory of change or therapeutic style, many of which are specific to MFTs, they primarily differ from other professionals in that they think systemically. Consequently, MFTs offer a varied perspective in their research, which also interprets data in systemic terms.

Given how powerful a system's influence can be in impacting an individual's psychological development and ongoing functioning, as well as its resistance to change, it is crucial to treat the system with deliberate expertise.

Thinking systemically entails a practical conceptualization of the cyclical nature of an individual's interaction with others based on the theory of cybernetics and general systems theory. A systemic perspective recognizes the influential and self-perpetuating nature of relationship systems, some of which may span generations. Given how powerful a system's influence can be in impacting an individual's psychological development and ongoing functioning, as well as its resistance to change, it is crucial to treat the system with deliberate expertise. MFTs enthusiastically attend to a facet of personality development to which other

professionals may only briefly refer. When a client seeks family or couple's therapy, there is an expectation that treatment will prioritize the presenting relationship. An MFT's education and training prioritize this relationship as well. Improvement in the quality of the relationship will likely serve as the most salient measure of progress for the client and, ultimately, denote the success of the treatment plan.

Take your seat at the table

While MFTs are gaining a foothold in many larger systems, there are unfortunately some areas where there are still few of us (one example is within systems of incarceration). When there are few MFTs working in a particular system, it is vital that we 1) represent MFTs well by advocating for the unique services we provide and 2) apply systemic principles to the distinctive and complex issues faced by both individuals and families.

Looking at incarceration as an example, one way to acknowledge the differences in perceptions of an MFT versus another type of mental health professional is to explain how an incarcerated individual is not the only one in need of treatment. For example, a clinical mental health counselor working with an incarcerated individual may choose to focus on what caused an individual to commit a crime, criminal thinking, how individuals can change their behavior, and what their plans are regarding release. There is nothing wrong with this treatment plan. However, an MFT, while working with offenders from a systemic perspective, would be able to not only

encourage a partner, child, or other family members to attend sessions, but work through the presenting issues relationally. Further, understanding the past, present, and current patterns that persist and gaining insight on how incarceration impacts the entire family system is a unique approach an MFT brings forth.

Another way of finding a voice for MFTs within this setting is to connect the dots from research to practice while also reducing stigma. Research has consistently shown that it appears to be most beneficial to offenders' long-term well-being when their behaviors are viewed within the context of various systems (Datchi & Sexton, 2013). Therefore, to connect this to practice using a systemic approach aids in the reduction of the stigma of an incarcerated individual being the blame-bearer or identified patient in the family. This also allows for behaviors to be viewed contextually and more intricately than in a cause and effect fashion. Thus, making family engagement a primary objective of family-based programs for offenders (Datchi & Sexton, 2013).

Working within broader systems, it is vital that MFTs use their voices to speak on behalf of not only the individual but the whole family. This can be done by explaining impacts on other family members who may not typically be considered in a particular process.

Systemic therapists are trained to view individuals within the context of their social location. MFTs are often experienced in working with people of different backgrounds, belief systems, cultures, etc. It is particularly important to consider multicultural issues that impact disadvantaged and oppressed populations (Tadros, Fye, McCrone, & Finney, 2019). Employing culturally competent care to address presenting problems includes taking a curious stance on a client's life rather than imposing the MFT's view on

the world. Imposing our own views can be problematic due to the power imbalance from therapist to client, and further exacerbated by a socially privileged therapist to an individual who is of a differing gender, ethnic, or sexual minority. Thus, this calls for the enhancement of multicultural competencies, as well as MFTs with this knowledge being employed in various settings.

How we can all advocate in any setting

As MFTs know, problems can be treated by viewing issues systemically. Advocacy for our own profession is no exception to this. We can start at the individual level, with each member doing their part to help the overall system. You all are the ambassadors for systemic therapy in the world. Here are some suggestions on how to advocate for MFTs in various distinct settings:

- Join AAMFT's The Family TEAM—it's free.
- Write your state legislators/Members of Congress (fun fact—they really do reply).
- Collaborate with community organizations.
- Apply for positions even if the job description calls for a counselor or social worker. Chances are you are qualified and MFT just isn't listed.
- Vote for AAMFT governance positions. Who runs your organization is vitally important.
- Nominate deserving individuals (professors, supervisors, mentors, students, etc.) for awards to acknowledge their contributions.
- Attend conferences (national, state, or regional).
- Write for Family Therapy magazine. Share your interventions, ideas, and thoughts. Or write about your research projects in *Journal of Marital and Family Therapy*.

There are plenty of ways to advocate for the field and for your own community or specialized population of interest. Therefore, I invite you to add to this

list. If more of us were participating in these efforts, we could be stronger as a profession. One of the co-authors, Eman Tadros, is a current co-leader of Ohio's Family TEAM and would be happy to answer any questions on how to better advocate for your seat at the table. Please don't hesitate to reach out to collaborate and share your ideas.

Thank you for all that you do every day to advance our field!



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Encouraging Clients to Move from
Individual to **Family Therapy**

Shifting Gears

Family therapy as defined by the Mayo Clinic (2017) is a variety of psychological counseling (psychotherapy) that can help family members improve communication and resolve conflicts. It is usually provided by a psychologist, clinical social worker or licensed therapist. These therapists have graduate or post-graduate degrees and may be credentialed by the AAMFT. According to AAMFT (2019), “A family’s patterns of behavior influences the individual and therefore may need to be a part of the treatment plan. In marriage and family therapy, the unit of treatment isn’t just the person—even if only a single person is interviewed—it is the set of relationships in which the person is imbedded.”

In 2005, Rober stated “The idea that family therapy can be conceived as a dialogue might offer a fresh and promising perspective. The focus of the therapist is not primarily with knowing, or with not knowing. Instead the focus is on the idea that first and foremost therapy is a meeting of living persons, searching to find ways to share life together for a while” (p. 385).

Gary Sytsma, MAMFT

Nichols and Schwartz (2008) noted that developments in the 1950s led to a new view of the family as a living system, an organic whole. "Hospital psychiatrists noticed that often when patients improved, someone else in the family got worse. Thus it became clear that change in any one person changes the whole system. Eventually it became apparent that changing the family might be the most effective way to treat the individual" (p. 6).

Systems theory and practice began to take hold in the 1960s with pioneering efforts of family systems therapists such as Murray Bowen, Gregory Bateson, Jay Haley, Don Jackson, Salvador Minuchin, Milton Erickson, Virginia Satir, Carl Whitaker, August Napier, B.F. Skinner, Norman Epstein, Kim Insoo Berg, Steve de Shazer, Michael White, and Harlene Anderson, to name a few. Systems theory and practice continues to grow; almost as if an evolving organism in and of itself.

Like many of my MFT colleagues, I have a desire to get my clients and their families more interested and involved in family therapy. Unfortunately, I have encountered a certain degree of indifference to this form of therapy during my practice. I suspect what is much needed by systemic therapists is to inform the general public about this

effective form of therapy. I find myself wondering if the general public is still in the early phases of embracing this type of therapy. Many parents find individual counseling with the "identified problem" within the family is most suitable to them and often fits within their comfort zone. But when the stress level in the family home reaches a more uncomfortable level, despite counseling with the identified client, the parents will sometimes become more amenable and open to family systems therapy. This is the time when therapists should consider taking a more proactive stance and encourage these parents to become proactive, as well. "Shifting gears" may bring about the outcomes a family desires. It is important to strike while the iron is hot.

So, how can we assist and persuade clients to consider this form of mental healthcare? Perhaps having more voices speaking for this "cause" may be a means of spreading the word further.

Nichols and Schwartz (2008) discuss the differences between family versus individual therapy by noting: *As family therapists it may be useful for us to further point out the differences between individual and family/systemic therapy to our clients and their families as a possible means of getting them involved in systemic family therapy.*

Both have their virtues. Individual therapists have always recognized the importance of family life in shaping personality, but they have assumed that these influences are internalized and that intrapsychic dynamics become the dominant forces controlling behavior. Treatment can and should, therefore, be directed at the person and his or her personal makeup. Family therapy, on the other hand, believes that the dominant forces in our lives are located externally, in the family. Therapy using this frame-work is directed at changing the organization of the family (p. 6).

Further, Schwartz (2011) notes that "Growth and fundamental levels of change only tend to occur when we are out of our comfort zone. We can refer to this as being far from equilibrium, where certainty and predictability no longer reign supreme. So we might look at the crisis as being a blessing in disguise albeit an unwanted one" (para. 5). He goes on to suggest four dimensions for which balance is crucial to a system's health:

- 1) The degree of influence a person or group has on the system's decision making
- 2) The degree of access a person or group has to the system's resources
- 3) The level of responsibility that a person or group has within the system

THE DIFFERENCES BETWEEN INDIVIDUAL AND FAMILY SYSTEMS THERAPY

INDIVIDUAL THERAPY	SYSTEMIC THERAPY
Although this is currently not a common form of practice, some counselors who treat individuals will elect to treat the person who has been identified as the cause of the difficulties and turmoil within the family.	Systemic therapy suggests that the family is a whole unit or "organism" in and of itself. In other words, a family is not simply a collection of individuals.
Individual therapy typically focuses on the needs of the individual.	Family/systemic therapy also focuses on the needs of the individual but also takes into consideration how the individual influences the family and how the family influences the individual.
Counselors who practice individual therapy will typically address their client's concerns regarding the nature of their family environment and how this may be impacting them.	Family therapists encourage the participation of as many family members as possible. Collaboration regarding treatment planning and being involved during the therapeutic process is what can make systems therapy most effective for the individual.

4) The degree to which the system's boundaries are balanced

Schwartz (2011) also discusses the concept of harmony. He explains the concept of harmony applies to the relationships among people in a system, where an effort is made to find the role each member desires and for which he or she is best suited.

Another means by which a therapist may be able to increase parental and increased family involvement is by speaking of "balance." Balance is a term to which many people can relate. Oftentimes the word balance has a positive and reassuring effect in people's minds. Schwartz (1995) found that "Human systems function best when they are balanced. What does that mean? What are the qualities that, when out of balance, create problems? Family therapy helped clinicians understand that the extreme way some people behave is not necessarily a result of personal pathology, but often relates to their family contexts" (p. 1).

Further validation for the therapeutic benefit of increased parental and total family participation in therapy is found in Stratton (2016) regarding the efficacy of family/systemic therapy. Stratton's research included meta-analysis and longitudinal studies which discuss a wide variety of mental health conditions. He discovered that systemic therapy resulted in improved long-term results over other forms of therapy as a result of increased family participation. Stratton added that family therapy was more cost effective since the duration of therapy was usually shorter.

In a summary, Stratton's arguments (2016) to ensure and expand the provision of family therapy include:

- It has proven effectiveness for all those conditions for which it has been properly researched.
- There is very substantial supportive evidence for its effectiveness from diverse research and clinical experience.
- Trained family therapists draw on a good range of approaches with clear



theoretical rationales.

- Current models of family therapy pay explicit attention to issues of culture, ethnicity, gender, discrimination, and wider physical and societal contexts.
- Most governments place a high value on families, and claim to be motivated to improve the well-being of their citizens.
- Systemic family therapy offers proven resources that could coordinate these two objectives if more widely deployed.
- Properly trained family therapists have transferable skills in relation to team working, consultation, organization, etc.
- Family therapists can support other professionals in their work with families.

Carr (2008) also provides research on the efficacy of systemic interventions for families facing numerous difficulties. In his meta-analysis, systematic literature reviews, and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various behavioral issues, he found systemic interventions to be effective. In this context, systemic interventions included both family therapy and other family-based approaches such as parent training. Carr found evidence of the effectiveness of systemic interventions either alone or as a part of multimodal programs for sleep, feeding, feeding and

attachment problems in infancy, child abuse and neglect, conduct problems including childhood behavioral difficulties, ADHD, delinquency, drug abuse, anxiety, depression, grief, encopresis, and eating disorders.

Family therapy, as we all know, is a therapeutic intervention which can result in a coming together of the elements required for effectively treating the individual. Systemic therapists recognize that it can "take a village" to make a difference in a child's life. Part of the "village" should be the parents of the child as well as the other family members.

The chart (p. 34) shows the differences between individual and family systems therapy and may provide assistance to clients and other family members who are considering systemic therapy.

In my current practice, I work with children and young adults, ages 3 to 18. When I first meet with these young clients, I always mention to the parents that their involvement in therapy is not only appreciated but can also make a big difference regarding the success and outcomes of therapy. "How the family goes, the individual goes." Therefore, I encourage input from the parents of my clients. I ask them if they are interested in parent only sessions.

This provides a venue for parents to give their perspective and feedback regarding how well they believe the current course of therapy is working for their child without putting their child in the uncomfortable position of having to listen to things being said about them. A therapist should also recognize that this represents an opportunity to assist the parent(s) in coming up with a workable family plan. I also offer and suggest skills which may be beneficial to these struggling parents. During these parent sessions, I also provide information about the numerous community resources available to them which can offer tips on how they can become more effective as parents.

I often provide examples of "I" statements while dealing with families. Effective communication of course is key to improving the quality of family relationships. Unfortunately, confrontational communication is very prevalent in families who are experiencing duress. Their dialogues with other family members often contains verbiage which is the result of the emotions they are experiencing in the moment.

During the initial phases of therapy, much of the counseling we provide to our clients is based on the needs of the client as indicated by the statements they make during the intake assessment. Oftentimes these clients and their families are seeking therapy to deal with a current crisis within the family. During times of crisis, it may be helpful for the therapist to point out that surviving a crisis can often be a turning point in the life of an individual or family. It is important for us as mental health professionals to help the client and their families make this a positive turning point.

Additionally, establishing family cohesiveness is an important component of successful family therapy. During family sessions, therapists should consider suggesting to parents the recreational and family-oriented opportunities available to them and their

As MFTs, we understand the value and efficacy of using a systemic approach to therapy. Maybe we all deserve a "pat on the back."

children. This is something I frequently do in my practice. Since I deal with low-income families, I have discovered that many of these activities are often not only enriching, but are also quite often inexpensive if not free. Taking the time to research the resources available in one's community is time well spent.

McGoldrick, Carter, and Garcia-Preto (2011) commented "We are born into families. They are the foundation of our first experiences in the world, our first relationships, and our first sense of belonging to a group. We develop, grow, and hopefully die within the contexts of our families. The family life cycle and the larger social context in which it is embedded are the natural framework within which to focus our understanding of individual identity and development" (p. 1).

During his psychiatric training, Minuchin made the following observations about his experiences as a family therapist intern: "In sessions we were suddenly unsure about the beginnings of behaviors or feelings of other family members, who were in turn responding to behaviors and feelings. We encouraged continuity of dialogue and respect for the individual point of view, and we pushed for a recognition of individual differences in family members" (Minuchin & Nichols, 1993, p. 29).

As MFTs, we understand the value and efficacy of using a systemic approach to therapy. Maybe we all deserve a "pat on the back" for continuing in our efforts and contributions we have made and will continue to make on behalf of our couples, children, and their families. We have been specially trained to

consider multiple perspectives. We have been given the tools needed to provide systemic therapy to those clients most in need.

I believe Virginia Satir (Satir, Banmen, Gerber, & Gomori, 1991) explained the value of family therapy most eloquently and succinctly by stating: "Why family therapy? Because it deals with family pain."

Awareness of the resources that systemic therapists have to offer mental health is an important message for the members of our profession to convey to the public.

They deserve to know why our therapy works as well as it does.



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Six Questions to Ask Before Committing to a PhD Program

You can't know what you don't know. If you have never gone through a PhD program, it can be difficult to know exactly how to prepare yourself for one or how to best utilize your time once you're in. The following is a list of six questions we believe would have been helpful to think about at the beginning of our PhD journeys. Consider this the grad school version of *Ned's Declassified School Survival Guide* (2004-2007).

1 How will getting a PhD help me reach my goals?

Have a strong idea about what you want out of a PhD and how it will benefit your life.

There are so many amazing programs where you can choose to apply. Knowing what you want out of a PhD will help you focus on ones that will meet your specific needs. Also, getting a PhD is a much more difficult process than can be put into words. Some days, the only thing that keeps me going is remembering why I began this process in the first place.

As systemic thinkers, considering bidirectionality is important.

Not only does our field shape us as professionals, but we also shape our field. Getting a PhD will benefit you and it will also benefit our field. There are more reasons to get a PhD than just a desire to go into academia. My program is filled with individuals who want to become faculty members,

advocates, and clinicians. Each one of them plays an important role in enhancing my education and makes me a more well-rounded professional. Our field needs capable individuals in all areas and PhD programs need students with different perspectives to enrich the education they provide.

Your program should feel like home.

We know as therapists that no perfect family exists and the same is true for PhD programs. Be realistic about the benefits and drawbacks of each program. You know your own strengths and growth areas. Be honest with yourself about how you would be able to navigate through each program's culture, especially in moments of self-doubt. Ultimately, it is important to choose a program where you feel empowered to be the best version of yourself so you can grow into the professional you desire to become.

2 How can I best utilize my faculty members?

Find your Morrie.

Tuesdays with Morrie (1997) is a memoir detailing the story of Mitch Albom's reunion with his dying professor and mentor Morrie Schwartz. In the book, it was said that a person can experience no higher fulfillment than experiencing loving human relationships. Whether your program has formal advisors or not, having a solid, safe relationship with at least one faculty member is crucial. You need a go-to person who has been through a PhD program and survived. I personally struggled to choose my advisor. There were so many incredible faculty members who would have welcomed me with open arms. I was advised to think about the skills I already had and areas where I needed to grow to meet my goals. In the end, I chose an advisor who I felt knew me the most and would best be able to

both challenge and encourage me. I would suggest others do the same.

Your relationships don't stop after you graduate.

Not only do you need at least four people who know you well enough to write you reference letters when you're applying for jobs, but you need professional connections. Different faculty members have different strengths and will help you grow in different ways. Further, developing relationships with the entire faculty allows you to feel more comfortable asking for help or voicing concerns that may come up. It also helps to hear multiple voices telling you "no" when imposter syndrome inevitably hits and you try to drop out.

3 How does a PhD program differ from a master's program?

Class assignments won't be your main focus anymore.

You will be required to absorb knowledge in class, but your role will expand beyond being primarily a student and clinician. You will be asked to juggle several additional tasks that are unrelated to coursework such as conducting research, publishing manuscripts, supervising master's students, and teaching undergraduate/graduate courses. Ultimately, you are working to become an independent professional who can train others to run advanced statistical analyses, publish research, provide therapy to clients, and advocate and influence policy.

Personal growth happens whether you're ready or not.

First, there's a ton of personal growth! Second, it's painful! Your personal growth no longer just impacts your clients, peers, and family. You are now a role model for your students, supervisees, and other master students who are turning to you for guidance. There will be many challenges that require you to be aware of your pain and inadequacies

in order to grow. It may require you to seek out therapy, but remember that your actions and growth directly impact your ability to help others grow.

Hit. The ground. Running.

You do not have the time to ease into becoming a PhD student. You will be expected to start producing on the first day of class. Getting smacked in the face with all the expectations is intense and overwhelming. On top of that, you have very little time to complete everything. Make sure you are hydrated and hit the ground running on day one.

4 How do I set goals in a PhD program?

Look at your portfolio and graduation requirements.

Your goals should be based on your graduation requirements, and your overall professional goals. I remember feeling lost on the first day of school as I tried to decide what I wanted to accomplish during the program and where I wanted to go after graduating. I knew I wanted to pursue a career in academia, but I had no idea what all that entailed. I began by looking up other professionals' CVs to get an idea of what my goals should be to help me reach my overall goal of becoming a professor. Use your resources when setting your goals. Ask others in your program and faculty about what their goals were in their program that helped them reach their professional goals.

Don't over invest yourself in things that won't be helpful to your goals.

It's easy to find yourself distracted by all the big lights in a PhD program. You will be presented with lots of exciting opportunities and you will want to say yes to all of them. Make sure you invest your time and energy into the things that will help you reach your goals.

Develop cornerstone habits that can sustain you.

There will always be people who need and demand your time. It is crucial that you begin your day with your priority items. If your goal is to get a job in academia, then you must block off a part of your day for writing time and guard that time with your life. Your writing time should lead to publications, which help you get one step closer to a job in academia. Additionally, you must set boundaries around when you answer email from students, when you are available for additional supervision consultations, or lab meetings. I have found it helpful to place my writing time in the morning to ensure my number one priority is complete and then I transition to answering email in the afternoon. The cornerstone habits you develop in a PhD program will be the habits you continue once you graduate and land a job.

It's a long-distance marathon.

There may be times when you will ask yourself, "I am going to be here for how long?" A PhD program will feel like a sprint while simultaneously seem like there is no light at the end of the tunnel. Take a deep breath and remember that it is a long-distance marathon. There will be times where you have run mile after mile only to realize that there are over a thousand more miles to go before you reach your goal. You will reach your goal, but don't forget to celebrate the little victories along the way. It's the little victories that motivate you to keep pushing and grinding to cross the finish line.

5 What should I know about developing relationships with other students?

Navigating authorship is an awkward and at times uncomfortable process.

You will end up co-authoring manuscripts inside and outside the classroom with others in your program. Talking about authorship

order is not always fun but discussing roles and expectations before you begin working will make the conversation easier to have throughout the writing process. Think about how much effort each person has/will put into the manuscript and how much weight each section holds (this often differs based on the methodology). Considering boundaries around what is expected from each person based on position in authorship order is also useful. I have found it helpful to think about with whom I work well and whose interests align with mine. For class assignments specifically, this is a huge plus so neither person is working on a topic they are not interested in, or that will not benefit their ultimate goals for the program.

Don't compare yourself to other students or try to compete with them.

Falling into an unhealthy pattern of comparing yourself to others around you is easier than breathing in a PhD program. But the truth is, you're not supposed to be doing the exact same things as your peers because you don't all have the same goals. I'm sure almost every person who has gone through a PhD program can say that they have felt an urge to "keep up" with others in their program. Remember to follow your own path. Nobody wants to graduate and realize they've prepared for a job they don't really want.

6 What does self-care look like in a PhD program? And why does it matter?

If you're not happy now, you won't be happy later.

It is easy to convince yourself that there is no time for self-care as the demands of coursework, students, clients, supervisees, and most importantly, publications begin to pile high. These demands will always be there but your happiness and ability to meet these demands will quickly diminish if you do not take time for

yourself. I have heard several PhD students, including myself, say, "After I make it through this semester or publish this manuscript, I will have time for self-care, and I will be happy again then." It's a lie. If you are not happy now, you will not be happy later. Be real with yourself; you know that once you finish the semester the demands may be less, but you will still push self-care to the side. Self-care in a PhD program is crucial for not only your development, but the development of your students, supervisees, and clients.

Don't let the pressure get to you.

The pressure may at times feel like the ground is on fire, the ceiling is on fire, your chair is on fire, and there is no way out or a place to catch your breath. It's fierce and overwhelming. The truth is, the pressure will always be there. You will always feel like you should be doing more and that the work you have completed isn't enough. Find a place to breathe and recognize that all PhD students feel this pressure, even if they're not voicing it. You are the only one who can step away from the fire and actively engage in self-care.

People can't know you are struggling if you don't tell them.

As MFTs, we recognize the courage our clients possess as they seek help and share their struggles with us. You will have to utilize that same courage in a PhD program. Furthermore, as MFTs, we believe in systems theory and that our relationships shape us. You will be faced with many struggles and will question if you should keep going. It may seem terrifying to admit to a professor, advisor, or even your peers, that you are struggling but they are your resources to help you navigate the hard times. You need them to survive. Don't stand alone in the wilderness of a PhD program; utilize your compass and find the stream that will lead you to more resources and help.



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A first of its kind resource for clinicians, researchers, educators, graduate students, and policymakers, this authoritative four-volume Handbook is a ground-breaking reference work on both the profession and the practice of systemic family therapy. The Handbook integrates the scholarly literature on systemic interventions focused on children, couples, and families into a single resource. Volume 1 includes critical information on the theoretical, practice, research, and policy foundations of the profession of systemic family therapy and its roles in an integrated health care system. Topics in Volume 2 (children and adolescents), Volume 3 (couples), and Volume 4 (family over the lifespan) reflect established and emerging interventions for the core difficulties in relationships that impact the mental and physical health of individuals, couples, and families. Contributors provide a balanced, integrative, and forward-looking analysis of the research, theory and interventions related to their topic illustrated with clinical examples. Particular attention is paid to cultural and family diversity throughout the work.

In the coming months, the ***Handbook of Systemic Family Therapy*** will be released. This authoritative four-volume handbook is a ground-breaking reference work on both the profession and the practice of systemic family therapy. The handbook integrates the scholarly literature on systemic interventions focused on children, couples, and families into a single resource.

Four volumes were needed to capture the breadth and depth of systemic family therapy theory, research, and practice. Material is organized to maximize accessibility by creating volumes on the profession, the parent-child relationship, the couple relationship, and the family across the lifespan. Each volume stands on its own, as well as acts as a complement to the others.

Three problem-oriented volumes are organized to reflect typical reasons clients initially seek treatment: concern about relationships, worry about a problem or disorder with a family member, or challenging contexts impacting the family. Taken together, the four volumes of the handbook offer a comprehensive and accessible resource for clinicians, educators, researchers, and policy-makers.

As much as possible, the editorial team wanted to reflect how systemic family therapists actually think about and do their work. Instead of providing separate chapters on each evidence-based treatment model, those models are integrated into the material on relevant treatment topics. The pervasive impacts of culture, diversity, and inequitable treatment are major themes and several chapters are devoted to these important topics. The work includes a global perspective on systemic family therapy. Rather than promoting a specific approach, editors asked the authors to describe what is known about intervention and prevention for each topic and the next steps needed to determine best practice. Each chapter is geared toward stimulating improved practice, as well as to serve as a springboard for further research.

AAMFT is very excited to release this handbook and we hope you will find the content important, compelling, and useful.

Look for announcements in the coming months for purchasing information.



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