Conference Schedule

**Thursday, March 12, 2020**

8:30 – 9:00 am  Pre-Conference Registration (providing Ethics CE Hours)
9:00 – 12:00 noon  Morning Session
   100 Ethical Issues and Strategies for Collaborative Practice When Working with Survivors for Family Violence
12:00 – 1:30 pm  Lunch on your own
1:30 – 4:30 pm  Afternoon Session
   101 Marriage and Family Therapy Ethics: Four Ways
3:30 – 5:30 pm  Early Conference Registration
6:00 – 10:00 pm  Board Meeting (open to all members)

**Friday, March 13**

8:30 – 12:15 pm  General Session—Mona Fishbane, PhD
   From Reactivity to Empowerment in Couple Therapy: A Neurobiological-Relational Approach
12:15 – 1:30 pm  Awards Luncheon (all included)
1:30 – 3:15 pm  Breakout Sessions (choose 1)
   A. Integrated Care for Minorities with Cancer
   B. Applying Gottman Couples Therapy and Emotionally Focused Couples Therapy to the EAP Model Part 1 (you must attend both parts)
3:30 – 5:15 pm  Breakout Sessions (choose 1)
   C. Family Systems and Serious Illness: Bridging the Divide
   D. Applying Gottman Couples Therapy – Part 2 (you must attend both parts)
5:15 - 7:00 pm  Approved Supervisors and People seeking supervision are invited to this informal gathering to get to know each other and talk about how to connect.

**Saturday, March 14**

8:30 – 10:15 am  Breakout Sessions (choose 1)
   E. Examining the Relationship of Privilege, Power and Cultural Humility in Systemic Therapy
   F. Queering Marriage and Family Therapy
10:30 – 12:15 pm  Breakout Sessions (choose 1)
   G. MFT as Sex Therapist
   H. Healing the Unspeakable Wound: Maternal Sexual Abuse
12:15 – 1:30 pm  Luncheon with Membership Meeting (all included)
1:30 – 5:15 pm  General Session—Harry Aponte, HPhD, MSW, LCSW, LMFT
   The Person of the Therapist: Core Personal Skills for Therapists
Conference Information

Hotel Information
All events will be held at the Renaissance Asheville Hotel in Asheville, North Carolina. The Renaissance has a block of rooms available for attendees at the rate of $179.00 single/double. Room reservations must be made by February 26 by calling the Hotel at 800-468-3571. Individuals must identify themselves as being with the NCAMFT Conference at the time the reservation is made in order to receive the group rate. After this date rates and availability cannot be guaranteed.

Continuing Education Information
Thursday: A possibility of 6 hours can be earned depending on what sessions you choose. Friday and Saturday will give you an opportunity to earn up to 7 per day. You will get credit for any you attend. You must attend the entire day to get the maximum number of hours offered. You will be awarded the hours you attend. NBCC hours have been applied for. Please contact the office if you have any questions cathywomack@customassociation.com

Refund Policy
All requests for refunds must be sent in writing, by February 26, 2020, and are subject to a $40 cancellation fee. No refunds will be made after February 26, 2020 for any reason due to hotel meeting guarantees.

Prices
Prices depend on member/nonmember and early bird/normal rate. For the 2 day conference (pre-conference rates are different). Please register online at http://ncamft.org/annual-conference/
NCAMFT Member $275/$295 one day $140/$150
Non Member $325/$350 one day $165/$175
Student $120/$130 one day $60/$70

For Additional Information Please Contact
NCAMFT 919-518-1919  cathywomack@customassociation.com   www.ncamft.org
Description and Speaker Information for
Thursday, March 12, 2020

General Session
Ethical Issues and Strategies for Collaborative Practice When Working with Survivors for Family Violence
Mona Fishbane, PhD

Couples in distress often get caught up in cycles of mutual blame and emotional reactivity. This workshop explores psychodynamic, interpersonal, intergenerational, cultural, and neurobiological factors fueling these cycles. Dr. Fishbane will present an integrative approach to transforming couple impasses, informed by interpersonal neurobiology and relationship research. The focus is on helping couples shift from disempowered, blaming stances to positions of relational empowerment, connection, and respect. The workshop highlights the interplay between kneejerk reactivity (driven by the emotional brain) and a more thoughtful ability to live according to goals and values (powered by the higher brain). We will explore ways to help partners become proactive lovers, working to co-author their relationship together. The workshop will also consider the challenges of change in couple therapy, given the power of habit in the human brain, as well as the potential of neuroplasticity, the ability of the brain to change. Dr. Fishbane’s presentation builds on her book, Loving with the Brain in Mind: Neurobiology & Couple Therapy, part of the Norton Series on Interpersonal Neurobiology.

Learning Objectives: Participants will be able to:
- Identify brain processes that underlie couple reactivity
- Diagram & work with the vulnerability cycles of distressed couples
- Identify & work with “unfinished business” from partners’ families of origin
- Facilitate relational empowerment in couple therapy, including empathy, respect, & differentiation

Session A
Marriage and Family Therapy Ethics: Four Ways
Susan Perkins, PhD, LMFTA (NC), LMFT (MI)
Isha Williams, PhD, LMFT
David Haralson, PhD, LMFT
Janelle Johnson, LMFT

Join us as we revisit a process for reviewing MFT ethical situations from four key perspectives. With new cases, this advanced workshop builds on participants’ knowledge of the AAMFT Code of Ethics and North Carolina LMFT law and rules. Presenters will begin by reviewing themes of recent ethical complaints to the LMFT Boards and will share scenarios based on these themes. Then, presenters will briefly review ethical decision making models and explain their application. Presenters will each represent one of four perspectives: the client, the therapist, the AAMFT Code of Ethics, and NC LMFT laws and rules. Participants will discuss scenarios from these four perspectives and explore implications for each of these perspectives if participants’ plans for resolving the ethical dilemmas were used. After participants have wrestled with the scenarios, presenters will share the decisions of the LMFT Boards in the real-life situations and will review the codes, laws, and rules that led to these decisions.

Learning Objectives: Attendees will…
- Review ethical decision making models.
- Identify common themes in ethical complaints and violations for LMFTs in North Carolina.
- Review AAMFT Code of Ethics and NC LMFT laws and rules relevant to the common ethical complaints.
- Apply an ethical decision making model to couple or family case studies.
- Explore the perspective of clients, therapists, AAMFT ethical code supporters, and licensure board members in reviewing ethical dilemmas.
Description and Speaker Information for
Friday, March 13, 2020

General Session
From Reactivity to Empowerment in Couple Therapy: A Neurobiological-Relational Approach
Mona Fishbane, PhD

Working with families impacted by violence and abuse can present complex challenges. Applying your ethical principles with families in crisis as well as engaging with other disciplines to support ones’ safety requires careful attention to confidentially and information sharing. In practice, ethical challenges manifest in the therapist client relationship as well as when collaborating with other professionals. Presenters will explore common ethical challenges presented when working with survivors. Content shared will include an overview of domestic violence and details regarding common survivor safety interventions including risk assessment, safety planning, restraining orders, civil legal resources, and the criminal court process. In addition, strategies for working with multi-disciplinary teams will be shared. The training will be experiential in nature and will include case studies that will highlight potential challenges and lessons learned in practice.

Learning Objectives
- Exploration of common ethical challenges presented when working with survivors of domestic violence
- Understanding of safety planning and risk assessment tools
- Increased knowledge of the various systems of response involved in multi-disciplinary work with domestic violence survivors

Session A
Integrated Care for Minorities with Cancer
Afarin Rajaeei, LMFT (PhD Student at ECU)
Jakob Jensen, PhD, LMFT

Integrated behavioral healthcare (IBHC) influenced by medical family therapy is growing in prominence worldwide. However, the global influence and availability of IBHC varies depending on sociopolitical factors. The goal of this study was to capture the nuances of working with underserved couples dealing with cancer and living in the U.S. We utilized a longitudinal multiple case study design with narrative methodology. Intervention protocol included covering topics such as education on IBCH, asking for resources and help, social justice, active listening and empathy, and learning vulnerability. Participants included three Iranian, heterosexual, married couples living in the Northeastern U.S. with ages ranging from 32-50, who had been married for approximately 10 years. One member of each couple had been diagnosed with cancer. These couples participated in open-ended interviews every few weeks over the course of six months. Results from qualitative analyses suggested the emergence of the following three themes: (1) learning to be vulnerable (subthemes of giving permission to ask for help, and dealing with uncertainty/ambiguity); (2) noticing resourcefulness (subthemes of contacting support groups, and acknowledging the new normal); and (3) meaning making (subthemes of life has different stories, growth after wounds, and enjoying moments). Clinical implications include the need for therapists to provide education about IBHC services to underserved, minority clients, especially those dealing with chronic illnesses. Familiarity with such resources will likely result in improving their experiences in dealing with cancer and other challenging medical and caregiving trials.

Learning Objectives
- Based on the content of the session, I am able to identify the nuanced needs of underserved, minority communities as they seek IBHC services.
- Based on the content of the session, I am able to validate and appease specific romantic relationship challenges surrounding a diagnosis of cancer.
- Based on the content of the session, I am able to more effectively work with ethnic groups that have access to limited clinical resources in the US.
Session B & D (must attend both parts)
Applying Gottman Couples Therapy and Emotionally Focused Couples Therapy to the EAP Model
George Bitar, PhD, LMFT
Faith Drew, PhD, LMFT

Using science-based approaches to couples therapy helps couples reconnect, create healthy ways to communicate, and provide pathways for healing. An employee assistance program (EAP) is an employer sponsored benefit for employees; one of the top presenting issues is marital distress. We present two of the leading couples therapy approaches and discuss how couples therapy can work within the EAP model. This workshop is for clinical professionals who work with couples and who provide or have interest in EAP. This is an experiential workshop. This training provides practical interventions and tools for clinicians.

Learning Objectives:
- Identify theoretical underpinnings of Gottman Method Couples Therapy.
- Identify key assumptions of attachment theory & key components of Emotionally Focused Therapy (EFT).
- Describe interventions from both Gottman and EFT.
- Describe the Employee Assistance Program (EAP) and clinical relevance.
- Apply Gottman & EFT interventions within the Employee Assistance Program (EAP) model.

Session C
Family Systems and Serious Illness: Bridging the Divide
Tracy Berger, MS, LMFT
Jan Hartford-Todd, CCLS

We work with patients in adult oncology as a Child Life Specialist and a Licensed Marriage and Family Therapist. At the Duke Cancer Patient Support Program, CCLS and MFTs are embedded in the medical system physically and therefore provide opportunities for engagement with the children and teens of parents who are experiencing life-limiting illness and death. We have found that talking with children about illness or death is an overwhelming thought for many parents. Part of the work we do is to help families have conversations about these topics. We work together (CCLS and MFT) to educate parents on how to have conversations with their children about cancer while supporting the family emotionally and working to enhance family functioning in the process. Our presentation will discuss how combining therapy and psycho-education can assist families in talking about illness, the possibility of death and is a unique aspect of our program in oncology. We will ask the audience to participate in activities that we use in the educational counseling sessions and in the KidsCan! support group. The purpose of these activities is to invite the audience into the minds of children allowing them to explore what it might be like for children who are learning about their parent’s illness. We have found, too often, that children, in our society especially, are ignored or misguided about illness and death. It is our mission to change this while deepening family relationships in the process.

Learning Objectives:
- To facilitate learning of cognitive interventions to assist families with coping/managing family system changes as they face illness and possible death.
- To elicit growth in understanding how to communicate and connect emotionally with children and their parents about these topics.
- To promote usage of skills to enhance family communication about illness and death.
Session E
Examining the Relationship of Privilege, Power, and Cultural Humility in Systemic Therapy
Pearl Wong, PhD, LMFT, AAMFT Approved Supervisor
Maria Zuluaga, MA, LMFT
Claudia Jacobson, LMFTA, AFTA, AFTA (Brazel)

This workshop examines a multidimensional vision of cultural sensitivity, taking into account, but not limited to, our client's social economic status, location, spirituality/religion, sexual orientation, ethnicity, gender, and core values. A culturally therapeutic rich work setting requires sensitivity to multiple social determinants, and depending on the clinical context, the self-of-the-therapist is a central dimension that is mostly ignored. It is imperative that the therapist unleashes his/her cultural competence otherwise the therapist can risk doing harm by overlooking the important aspects of a client’s life by assuming too much. By not omitting the power dynamics that can create distance, we believe that social just therapy must be discussed within the therapy room. Cultural humility is one crucial aspect of the therapist’s development which maintains the pledge that we “do not harm”. As therapists, we must cultivate not only cultural awareness but most importantly cultural humility. This allows us to grow and acknowledge the need for learning about others as a way to honor, without assumptions, those who give us the privileged of their presence.

Learning Outcomes:

- Based on the content of the session, participants will be able to define a multidimensional view of socially just therapy
- Based on the content of the session, participants will be able to understand the cultural richness the self-of-the-therapist brings into the therapy process
- Based on the content of the session, participants will be able to gain a deeper understanding cultural humility

Session F
Queering Marriage and Family Therapy
Adrienne Michel, LMFT

Working with LGBTQ+ couples and family can be a little more complex than what we may have learned in traditional school, particularly if you are a heterosexual, cisgender provider; from terminology, family of origin and ever changing familial patterns and attachment injuries. Join Adrienne Michelle, Licensed Marriage and Family Therapist in a conversation on adopting therapeutic models for the LGBTQ+ community.

Participants will be able to:

- Understand and know how to use LGBTQ+ terminology such as queer, stud, femme, transgender (and the many terms that it encompasses), non-binary, niblings etc in order to relate and support clients within the community.
- Understanding how to help couples and families through partners or family members who are coming out or transitioning.
- Understand important factors and differences in queer relationships.
- Use inclusive language to become more diverse and inclusive in practice.
Session G
MT as Sex Therapist
Thomas L. Murray, Jr., PhD, LMFT, LPCS, CST

Many clients feel embarrassed to discuss sexuality concerns with professionals. Even though MFTs are familiar with discussing sensitive and embarrassing topics, many MFTs share the same anxiety that clients feel when discussing sex and sexuality. Yet, MFTs can play a pivotal role in supporting individuals and couples in having fulfilling, shame-free and guilt-free sex. In this presentation, attendees will identify common obstacles to discussing sexual issues as well as how to overcome them. In addition, attendees will learn how to support clients through addressing common sexual issues, including low sexual desire, erectile problems, and painful sex. Finally, attendees will be provided an overview of the steps to obtain AASECT certification as a sex therapist.

Objectives:
- Attendees will list at least three barriers to discussing sex and sexuality with clients.
- Attendees will be able to apply treatment strategies to common sexual disorders and dysfunctions seen among MFTs.
- Attendees will be able to describe the steps towards certification as a sex therapist.

Session H
Healing the Unspeakable Wound: Maternal Sexual Abuse
Hannah Case, BFA
Miranda Thornton, PhD, LMFT
Pearl Wong, PhD, LMFT

The idea that a mother could sexually abuse her child is unimaginable to most people, so much so, that this form of sexual abuse is rarely touched upon in research literature, and is almost entirely absent in conversations among therapists surrounding the topic of childhood sexual abuse (Tozden, et al., 2019). Thus, adult survivors of maternal sexual abuse can be left feeling invalidated in their experience; furthermore, maternal sexual abuse is largely underreported (McLeod & Craft, 2015). There is an unprecedented lack of support in the therapeutic community for this demographic and a lack of knowledge surrounding the desperate need for specified treatment (Roberts, 2017).

Additionally, since MFTs focus on the family as a system and generally an individual’s primary support group, how should MFTs work with survivors of this type of abuse, when the abuser is the primary caretaker, as well as the initial primary attachment for most people?

This presentation will focus on how the taboo surrounding maternal sexual abuse impacts adult survivors on both individual and systemic levels. The effects of this uniquely unspoken form of trauma requires specialized treatment from therapists when working with adult survivors of maternal sexual abuse and the survivors’ systems. The presenters seek to bring awareness to the potential harm that can be done by therapists if the field actively disregards the glaring statistics that maternal sexual perpetrators, as well as the victims, exist in a society in which nearly 81% of females are mothers or maternal figures (Peter, 2006).

Learning Objectives: By the end of this presentation attendees will:
- Understand the impact of trauma in children who have been abused by maternal sexual offenders.
- Be able to identify implications for personal and interpersonal relationships for the adult child survivor of sexual abuse perpetrated maternal sexual offenders.
- Have suggestions for a systemic approach to treating adult child survivors of sexual abuse perpetrated maternal sexual offenders.
How strong should the argument be made that the training of therapists to master the use of their personal selves within the therapeutic process regardless of their models of therapy is essential to their development as effective therapists? I believe that that expectation is present explicitly and implicitly in much of the training literature. In fact according to Sprenkle and Blow (p. 122, 2004) much research has argued that the therapeutic relationship is the common factor that most reliably predicts the successful outcome of the therapeutic process.

POTT has developed an approach in Drexel University's Couple and Marriage Therapy's training program, which is conducted in the first year of a two-year curriculum. The program is organized around three academic quarters with the first such quarter focused on orienting students to their own personal emotional vulnerabilities and social conditioning, the aspects of their selves through which they will be relating empathically to the issues of their future clients in the contexts of their emotional vulnerabilities and social conditioning. Two premises underlie this focus, one, that therapists who work through their relationships with clients must be able to understand, speak to and impact their clients with their issues by resonating with their clients' emotional and socially conditioning, and, two, that to so resonate at the depth necessary to conduct therapy at a meaningful depth therapists must have knowledge of and access to their own sensitive and flawed humanity.

- Those attending will learn what core personal skills they must develop to master their side of the therapeutic relationship.
- They will learn how these personal skills will enhance their ability to more effectively engage clients in the therapeutic relationship, assess them and intervene with them.
- They will learn how to develop these personal skills through a specially focused training and clinical supervision.