



The LAMFT Monitor

A Quarterly Publication of the Louisiana Association for Marriage and Family Therapy

Spring 2009

Choosing (and being chosen by) A Mental Health Profession

By Wm. Eddie Parish Jr. Ph.D. L.MFT ~ LAMFT Board Member

I do remember the setting when the realization hit me that I loved working with people, and that (working with people) is what excited my whole being. I was in late junior high in Tucson, Arizona. The forms of working with people, and the paths toward training have been varied, but the joy of working with and interacting with people is still in me. During my undergraduate academic career, I majored in sociology and minored in psychology. It was during my undergraduate years, in the early 1980's, that I worked in two separate residential adolescent facilities. While working in these facilities, one dynamic stood out. It was that behavioral and attitudinal changes were made in the males' life during their treatment stay. What also stood out was the lack of sustaining that change once the boys left the facility. I reasoned that something was going on in their families or in their environment that contributed to or influenced their recidivism. I resigned from the second treatment facility because of a job offer to work with youth in a church setting. During this work, I started noting that various family situations and dynamics of the adolescents appeared to be correlated. It just seemed to make sense to me that to understand a youth, one had to understand the family. It was in the summer of 1983, during a short course, when family therapy grabbed me. I had not heard of the discipline until then.

In 1984, I started my masters training at an AAMFT accredited program in MFT. During the 60-hour program, I started to read and study ways of thinking that helped me find answers to the questions I had from my employment in the residential treatment centers. Family therapy chose me, and I had chosen it, and the journey continues to this day. One of the early shifts I made during my masters training was moving from thinking that families caused things to happen in children, a linear description, to a way of seeing that families and children interact together in an ongoing, circular way. What I see in any member of a family is still part and parcel of a living, breathing, organic, ongoing interaction with other members of the family or extended system. This thinking still impacts my practice today. While I see individuals in my practice, I never "see" just individuals. While I treat depression in people, I never see a person's depression as just a function of their biochemistry or cognitive distortions. A part of all my practice is conceptualizing the ongoing relational practices with others and the relation one has with himself/herself as they continue to live life. So, I do help people think and act differently, but it is never without considering thinking and acting differently in all of their ongoing relationships. Family therapy thinking is still choosing me, and I continue to enjoy choosing it. It is still refreshing, rewarding, and exciting to work with my fellow human beings in the profession of family therapy.

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Addiction & Recovery: Occurs Only Within a System

By Thomas Estis, PhD, NCC, LMFT, LMFTS, LPC, LPCS, LAC, ICADC

The social context of a human life was expressed by interpersonal theorist, Harry Stack Sullivan, "... personality is the relatively enduring pattern of interpersonal situations which characterize a human life" (1953b, p.111). The first word in the 12 Steps is the word, "we." Step one – "We admitted we were powerless over alcohol (or whatever the drug may be) - that our lives had become unmanageable." We exist or perish by our relationships and/or the lack of them. The word "we" implies that one's identity is never defined alone.

An individual cannot be defined separately from relationships and spirituality regardless of the summation of either but rather the totality of both. Therefore, the interdependence of spirituality and relationships is an equally driving force in achieving recovery. The first tradition of the 12 Traditions within the context of the 12 Steps is, "Our common welfare should come first: recovery depends upon A.A. unity" (1981, p. 129).

The very definition of alcoholism or addiction contains the word, "relationship." Alcoholism is defined as a pathological or sick relationship with a mood-altering chemical that has life-threatening consequences. When an individual truly accepts the powerlessness over a particular chemical or situation, the ego boundaries collapse and one can receive help. The underlying suggestion for the word, "individual," is actually "undivided," with the implication of being individually genuinely connected to God, others and oneself.

This undertone parallels with a positive spirituality. Spirituality has been described as a deep sense of wholeness and connectedness to the infinite (Shafanske & Gorsuch, 1984). The Fourteenth Dalai Lama of Tibet has described spirituality as being concerned with the qualities of the human spirit that bring happiness to oneself and others - qualities such as love, compassion, patience, tolerance, forgiveness, contentment, and a sense of harmony and responsibility (Gyatso, Dalai Lama XIV, 1999). When one is genuinely connected to God, others, and oneself, the person possesses positive spirituality and one's true individuality.

Consequently, the acceptance or the rejection of the necessity of interdependence of relationships and spirituality either results in health, recovery and discovery of self, or crisis experiences and the loss of self. Fritz (1989) spoke of the creative tension occurring as one move from

one's powerlessness toward one's vision of self in regards to others. Recovery evolves to the degree one accepts one's powerlessness to mood-altering chemicals and process addictions as well as redefining ways to have meaningful and purposeful intrapersonal and interpersonal relationships. The 12 Step programs stress the relevance of discovering recovery and an intimate visualization of self through healthy relationships and spirituality.

This also reflects the structural conflict that every alcoholic and addict faces in moving from fear of intimacy to the necessity of being vulnerable to others. Systemic epistemologists see truth and reality as relative and arbitrary, dependent on the point of view of the observer and the context in which the observation is made. The way in which we distinguish truth and reality is determined by a perception of differences that become articulated through the interaction of a person with his or her social, physical, and metaphysical environment. Addiction or recovery only occurs within systemic context.

Recommended Resources

By Kathy Steele, Ph.D.,

LMFT, LPC ~ LAMFT Board Member

Assistant Professor of Psychology and Counseling

New Orleans Baptist Theological Seminary

The vastness of the Marriage and Family therapy field never ceases to amaze me. Although every LMFT has received excellent foundational training, there are always new developments and information coming out in the field of MFT. I thought it might be helpful to share some of the newer resources that have become available in recent years and months.

Couples Therapy

Susan Johnson's Emotionally Focused Couples Therapy. Johnson: *The Practice of Emotionally Focused Marital Therapy: Creating Connection* (Bruner / Routledge)

This is a practical workbook that not only covers the major theoretical assumptions underlying EFT, but also gives abundant exercises to help the learner practice the major principles in this therapy. If you are self-motivated in learning, you can gain much from this workbook. If not, I would encourage you to attend the AAMFT 2009 Annual Conference and hear Susan Johnson, then perhaps use the workbook to help you develop the skills you will need to utilize this therapeutic model.

Refresher for Doing Marital Work:

Weeks, Odel, & Methven. *If Only I Had Known:*

Avoiding Common Mistakes in Couples Therapy. (Norton).

This brief, easy-to-read book highlights some of the basic principles of doing marital work. It is a great review of what one wants to avoid when working with couples. The book does not adhere to any specific model of therapy, but deals with issues therapists face in doing couples therapy.

Great Bibliotherapy for Clients

Markman, Stanley & Blumberg: *Fighting for Your Marriage: Positive Steps for Preventing Divorce and Preserving a Lasting Love.* (Jossey-Bass).

This is an easy read for your clients, but it will be an encouragement to help them identify the issues they need to work on to improve their relationship. Based on over 25 years of research, it includes great homework assignments that cover the areas of healthy/unhealthy communication patterns, deal with on-going issues and difficult events, friendship and fun, sexual intimacy and spiritual intimacy, expectations, commitment and forgiveness.

Current Brain Research and Marriage

Atkinson, Brent J. *Emotional Intelligence in Couples Therapy: Advances in Neurobiology and the Science of Intimate Relationships.* (Norton)

This is a wonderful book that covers much of the current brain research as it relates to marriages. Included is a therapy model (Pragmatic/Experiential Therapy for Couples) utilizing principles from Emotionally Focused Couples Therapy, Gottman's material, and the neurological research.

Finances and Marriage

Money Habitudes. A deck of cards that help couples to talk about money, and discover their differing beliefs and attitudes in the area of money. www.moneyhabitudes.com

Let us know what recommendations you would like to see in the future. Happy reading!

Working with the Military

Christian J. Dean, Ph.D., LPC, LMFT, NCC ~ LAMFT Board Member

Since 9/11, the United States has been engaged in what has been deemed a War on Terror for some time now. The reality is that the citizens of the United States have been attacked prior to 9/11. According to the Center for Defense Information website

(<http://www.cdi.org/terrorism/chronology.html>), many of the attacks were outside of the Continental United States (i.e. car bomb in Riyadh, Saudi Arabia in 1995; an explosion outside a U.S. Air Force installation in Dhahran, Saudi Arabia in 1996; a rocket-propelled grenade attack on the U.S. embassy in Beirut in 1998). Other attacks have occurred within the Continental United States (i.e. an explosion at the Olympic Games in Atlanta, in 1996; an exploding bomb in the underground parking garage of the World Trade Center in 1993).

Throughout these attacks, the men and women of the United States Armed Forces have been ready to defend, deter, and respond to terrorist attacks. Since the 9/11 attacks, many soldiers, sailors, Marines, and airmen have deployed in support of Operation Iraqi Freedom and Operation Enduring Freedom. The purpose of this short article is to present information regarding the military, which MFTs can further explore to better serve military service members.

- 1) Take time to learn the different branches within the military. Learn the differences between the Navy, Marine Corps, Air Force, Army, and Coast Guard (during time of war only; otherwise the Coast Guard falls under the Department of Homeland Security and not the Department of Defense).
- 2) Learn about the different components of military branches: Active Duty, Reserves, or National Guard (National Guard is only for the Army and Air Force).
- 3) Get to know service members and veterans in your family or social circle. Find out: a) what branch of the military they were in; b) their rank (the names of ranks and the structure can be different between branches); c) what their Military Occupational Specialty (MOS) is/was; and d) what unit they are/were in (example: 1/893rd Infantry Battalion).
- 4) Learn the different rank structures to include the differences between the enlisted ranks, the Noncommissioned Officer (NCO) ranks, Warrant Officers, and the Commissioned Officer ranks.

Having familiarity with the culture of the military can help MFTs build rapport with service members. Taking the time to know the branch, rank, unit(s), and MOS of family members within the military shows service members that you are invested in understanding the military culture.



Upcoming MFT Continuing Education Workshops

May 15, 2009: Baton Rouge, LA

A Systems Approach to Clinical Intervention for Borderline Personality Characteristics

- o Laura Fazio-Griffith

For more information, please contact Marcia Darling at 225-924-0123, or via email at mdarling@fsgbr.org.

May 21, 2009: New Orleans, LA

May 26, 2009: Shreveport, LA

Attachment and Emotional Regulation Brain-Based Interventions across the Lifespan

- o Mark Beischel

For more information, please contact Amanda Hyder at 615-331-4422, or via email at ConEd@CrossCountryEducation.com

June 24, 2009: New Orleans/Kenner, LA

June 25, 2009: Baton Rouge, LA

June 26, 2009: Houston, TX

Vulnerability in Individuals with Asperger's Syndrome and Others with Social-Cognitive Differences

- o Dena Gassner

For more information, please contact Health Education Network, LLC at 715.552.9517, or via email at ssell@health-ed.com

2009 Mental Health Professionals Seminar #2

June 25, 2009: Lafayette, LA

Tapping the Pain Away with NeiGong

- o Al Viguerir & Susan Lee

Sensory Processing Disorder

- o [Lorri Malagarie](#)

June 26, 2009: Lafayette, LA

Dynamics of Poverty

- o Yasmin Welch

Words that Wound

- o Angel Huval

For more information please contact UL Lafayette Continuing Education at 337-482-5712, or via email at www.ce.louisiana.edu

July 27 – 31, 2009: Eastham, MA

Skill-building for ADHD: A Play Therapy Approach

- o Daniel Yeager

For more information, please contact Daniel Yeager at 337-993-7927.

August 3 – 7, 2009: Eastham, MA

Sand Therapy Theory and Application: Integrating Sand Therapy and Play Therapy

- o Eliana Gil

For more information, please contact Daniel Yeager at 337-993-7927.

7th Annual Mental Health Summer Symposium

July 29 – July 31, 2009: Lafayette, LA

Parenting: 11 Rules that Make it Simple

- o John Simoneaux

The Front of the Book, Back of the Book and Some Oddities of the DSM

- o Larry Dilks

Mental Health and Therapy in the Movies

- o Dena Matzenbacher

Dialectical Behavioral Therapy

- o Brenda Roberts

Writing Ethically

- o John Simoneaux

For more information, please contact Lisa Driscoll at 318-443-0845, or via email at ptr@suddenlinkmail.com.

For a complete review of the rules, visit <http://www.lpcboard.org>. For more information and/or to confirm whether or not a workshop has been approved by LAMFT for MFT continuing education credit, contact Dr. Kathy Steele at eksteele@cox.net, or at 504-329-8960.

LAMFT is the only approval agency in Louisiana for MFT ceus. Applications for MFT ceus must be requested and approved by LAMFT prior to an individual or agency stating that they have been approved for MFT ceus in LA.

LMFTs must renew licenses every two years in January.

LMFTs must accrue 40 clock hours of continuing education by every renewal period every two years.

LMFTs must accrue 3 hours of training in ethics that specifically addresses ethics for licensed marriage and family therapy. A generic ethics class is not acceptable.

LMFTs who hold another license which also requires continuing education hours may count the continuing education hours obtained for that license toward their LMFT CEU requirements. Of the 40 CEUs submitted, however, 20 hours must be in the area of marriage and family therapy,

including 3 hours of ethics specific to marriage and family therapy.

Continuing education pre-approved by AAMFT and LAMFT are acceptable to the licensing board.

Continuing education not pre-approved by AAMFT or LAMFT is subject to approval by the Marriage & Family Therapy Advisory Committee of the LPC Licensing Board at the time of license renewal.

LMFTs may also receive CE credit by teaching a marriage and family therapy course in an institution accredited by a regional accrediting association; authoring, editing, or reviewing professional manuscripts or presentations in an area of marriage and family therapy (articles must be published in a professional refereed journal); and presenting at workshops, seminars, symposia, and meetings in an area of marriage and family therapy (presentation must be to the professional community, not to the lay public or a classroom presentation).

Applications for approval of workshops/conferences can be requested by emailing Dr. Kathy Steele (eksteele@cox.net), or calling her at 504-329-8960.

Do you ever feel tired of living in a predominantly linear world? Well, look no further for a refreshing reprieve from the daily, linear grind than attending LAMFT's annual conference.

At this year's conference, *A Systems Approach: Circles of Influence*, we had amazing keynote speakers such as Nora Bateson, Bradford Keeney, Michael Kerr, and Wendel Ray. In addition, we had the opportunity to see many other fun, yet educational, sessions on systems approaches and ideas.

Personally, I thought that every session which I attended was fun, and thought-provoking. One of my favorite sessions was Bradford Keeney's plenary session on *The Creative Family Therapist*. In the session, the audience enjoyed watching one of Keeney's own sessions in which he demonstrated what a creative family therapist looks like. The session we watched was interesting and awe-inspiring. Further, Keeney's talk about creative family therapy really encouraged me try to think "outside the box" and look for creative solutions to my client's issues.

In other sessions, we got to see Nora Bateson's documentary on her father, *The Ecology of Mind*, and then discuss our thoughts and questions about the film with her directly in the plenary session. I personally felt honored to sit in the presence of someone who knew so closely one of system's founding fathers. She spoke about their epistemology, and what it was like to grow up in a household that thought so differently from everyone else. Additionally, she shared some of his literary works (such as stories) that reflected his epistemology. Overall, I left the session with the feeling that systems is more than a theory—it is a way of thinking and a way of life!

All of the other sessions, that I attended, were just as exceptional as these. In fact, the only possible negative thing I experienced at the conference was not being able to attend all of the sessions that were offered.

In addition to all of the incredible sessions that were offered at the conference, I really enjoyed getting to spend time with other students and professionals from systemic backgrounds. However, the fun definitely does not end at the conference itself—after the conference or between sessions it is fun to spend time with friends that you may not get to see too often (as a student). The conference gives busy people a little time to catch up on leisure time in addition to education.

In conclusion, I thoroughly enjoyed learning more about systems-thinking and approaches, while getting a break from the linear world. Getting to know friends and getting out of schoolwork for a few days was great.

Editor's Note: I would like to express a special thanks to Tommy for submitting this article to the Monitor. Many members were looking forward to hearing Tommy speak at the LAMFT 2009 Annual Conference. Due to circumstances beyond his control, that session had to be cancelled. However, I am delighted that he was able to share some of his thoughts through this medium.

Jana P. Sutton, LAMFT President

Filial Therapy

By Jill Peyton, LPC-S, LMFT-S
and Qualified Filial Therapist

Having been asked to write an article describing the purpose and value of filial therapy for the membership of LAMFT, I began to think about how and why this concept of working with families has captured my attention so ardently. For those of you who are wondering, I'll start with a definition: filial therapy is a form of play therapy. Specifically, it is a psychodynamic intervention in which a family therapist trains and supervises parents to engage with their own children as a means of helping them work through and resolve problems and hurts. Filial therapy encourages the expression of emotion through the playing out of themes which are facilitated by the use of special toys, and by making use of the child's primary means of activity, which, of course, is play. This process works more effectively than therapist-led play therapy because it prompts the parent to become the change agent, thereby strengthening and empowering the family unit.

My attraction to filial therapy began with learning the appropriate way to do child-centered play therapy. This is the necessary foundation for FT. In CCPT, the child always leads the play; the therapist follows. The therapist's role is to be a sounding board for the child's personality. In the playroom he/she can try out ideas, as well as work through grief, trauma, and a variety of other issues that he/she may be dealing with. It is all done through play because that is how children process information and gain insight into their lives.

I recently saw an eight-year-old girl in our playroom whose blended family will be purchasing their first house soon. She has a biological sister who is five, and a stepsister who

is three. Her step-mother is expecting a baby in a few months. This child is very sensitive and thoughtful for her age. She has yet to see the new house and is not even sure how many bedrooms it has. She mentioned to me that she hopes she will have her own bedroom, although she has not asked her dad and step-mom if that is possible. Her play that day was centered on the dollhouse. She very meticulously placed all the furniture in the different rooms. I was sitting behind the house and was unable to see how she was placing things. At one point she said to me that there was not a room to put the bathroom furniture in. Being curious, but not wanting to lead her in any way, I just mirrored back that she was trying to find a space for the bathroom fixtures. She must have figured it out, for after a bit, she said, "I'll put them in the living room." I wondered about this but did not comment except to say, "You've decided to put the bathroom things in the living room." When she had left the playroom I noticed something while emptying out the furniture. (One of the few rules is that children do not have to pick up the toys; the therapist does this after they leave.) She had created two bedrooms upstairs. Every other child who has played with that dollhouse has put the two beds in the one bedroom and the other upstairs room becomes the bathroom. This narrative is a simple example of how one perceptive little girl was able to begin to process longing for her own room, by figuring out a way to make two bedrooms fit in that doll house.

I obviously have not trained her stepmother in Filial Therapy yet, but can you see how this scenario if played out in their home could be very meaningful for them? I, of course, explained the play to mom in our time together. She told me that they are planning to give the daughter her own room. But if mom could sit with the child as she works through this concern in her play, it would enable her to draw closer to her new daughter, thus strengthening their relationship. We know that FT is an intervention that can change the quality of the parent-child attachment because the parent witnesses and is part of his/her child's working through traumatic and stressful issues. Parents learn to respond to their children with empathy, which strengthens their relationship. They also gain authority and practice in setting limits in a compassionate, yet firm manner. Finally, parents working with the FT therapist learn how

to interpret their child's play themes so that they are able to develop sensitivity to the child's needs and developmental stages.

The greatest benefit for filial therapy as I see it is that it helps children to individuate from their families. As a believer in Bowenian family systems theory, this concept has resonated powerfully in me. Those of you who sat and listened as Dr. Michael Kerr elaborated on the process of differentiation at the recent LAMFT conference will likely see the connection I am trying to make. As children learn to resolve issues on their own and develop their own unique personalities, they do begin to differentiate. Dr. Kerr elaborated on this during his remarks in Baton Rouge by stating, "The process of differentiation refers to an individual's long-term effort to increase his level of differentiation... One way to describe differentiation is an individual's ability to be in emotional contact with a family system, yet remain outside the system." Another way to describe this process is acknowledged by Virginia Axline in her classic work *Play Therapy*. Axline stated, "There seems to be a powerful force within each individual which strives continuously for complete self-realization. This force may be characterized as a drive toward maturity, independence, and self-direction. It goes on relentlessly to achieve consummation, but it needs good 'growing ground' to develop a well-balanced structure."

If the parent is not well individuated, the process of filial play enables them to also make changes in themselves. One change is in the way they discipline their children. As stated earlier, there are just a few rules in filial therapy. One of them has to do with limit setting. This is to help children learn that they are responsible for what happens to them if they make a choice to break a limit after they have been previously warned and informed of the consequences. This is taught - first to the parent, and then to the child - but always in a respectful, yet firm way.

Another exciting part of filial/play therapy is the "playfulness" of play therapy. As adults we can often get so caught up in the world of work that we forget to play. I have had parents tell me, usually in reference to a severely misbehaving child, "Play therapy! He doesn't need to play. That's part of the problem. He plays too much."

I strongly believe that we need to encourage our clients of all ages to recognize the importance of taking time to play. Since play is the natural form of communication and activity for children, we can take our cues from them and learn to enjoy playing with them.

As you can tell by this report, I am a wholehearted convert to child-centered play therapy, and its natural offshoot, filial therapy. As one of my instructors stated very profoundly, "If we can treat them successfully while they are young, using play therapy, there is a good chance we won't have to treat them again when they grow up."



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2010 LAMFT Conference

Mark your calendars for LAMFT's 2010 Annual Conference

Systemic Therapy: What Makes a Clinical Difference?

**Hilton Capital Center, Baton Rouge
Thursday February 18, 2010 – Saturday February 20, 2010**

******** Proposals to Present Now Being Accepted ********

***Contact Dr. Jana P. Sutton at drjanasutton@aol.com
for more information or visit the LAMFT website at www.lamft.org***

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