Changes are Being Proposed

If you have been reading the emails that have been sent out by the national AAMFT Board of Directors and Executive Office, you are aware of the changes in our association’s structure that are being proposed. Briefly stated:

• After a careful and comprehensive process, AAMFT has determined that an organizational restructure is needed to secure the future and stability of the association.

• The AAMFT Board has selected an option for restructure in which independent state Divisions with mandatory membership would be replaced by possible Special Interest Groups, some based on geography and others on clinical or other issues.

• This decision involves a by-laws change that must be approved by a 2/3 vote of the membership in order to take effect. This vote will take place in the Summer of 2015.

• If the vote is approved, some current Divisions will carry on as Special Interest Groups, while others may move to different structures.

What Will Happen to the California Division?

The brief answer: we don’t know.

We are currently faced with many unanswered questions about the specifics of the proposed change in terms of details, logistics, timing and procedure. As AAMFT continues to release updates and provide information over the next several months, California leadership will engage in our own process for making decisions about the future of the Division.

The Division’s Board of Directors has recently established a Task Force of leaders who will be carefully reviewing all of

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Introduction

Recent economic pressures to implement term limits on governmental public housing are reshaping the way the U.S. Department of Housing and Urban Development (HUD) provides services nationwide (HUD, 2011). This shift in government policy has lead to HUD calling for innovative interventions. A pilot study from HUD (2008) indicated that only 25% of families in current programs (e.g. the Move to Opportunity program and the Family Self-Sufficiency initiative) are able to generate any form of economic mobility within 5 years. Services are expected to foster a family’s socioeconomic mobility, or their ability to become economically self-sufficient (House Committee on Ways and Means, 2000, sections 7-4), and yet many overlook the integration of mental health services, which increase family resilience and social support, (HUD, 2011). Multi-family group therapy (MFGT) has been shown to produce positive evidenced-based outcomes for multi-stressed families, specifically in regards to increasing employment rates (McFarlane, Dushay, Deakins, Stastny, Lukens, Toran, & Link, 2000; Cook, Lehman, Drake, McFarlane, Gold, Leff, Blyler, Toprac, Razzano, Burke-Miller, Blankertz, Shafer, Pickett-Schenk, & Grey, 2005).

One of the most significant criticisms of recent HUD self-sufficiency and economic mobility initiatives is that many of these programs inadvertently reduce families’ current access to community social support (Chaskin & Joseph, 2011; Greenbaum, Hathaway, Rodriguez, Spalding, & Ward, 2008; Manzo, Kleit, & Couch, 2008; Tester, Ruel, Anderson, Reitzes, & Oakley, 2011). Therefore it is important to understand that a new perspective, one that promotes alternative possibilities for these families, is needed to re-invent the way we not only conceptualize socioeconomic mobility, but also how families can evoke resilience and bounce forward out of poverty. Otherwise, we are left to accept the 25% success rate as an acceptable target.

Intervention

To address this gap in services, a doctoral MFT research team at Loma Linda University developed and piloted a multi-family group therapy (MFGT) treatment model, called the Bouncing Forward Family (BFF) Program (Borieux, Distelberg, & Estrella, 2014), in partnership with the Housing Authority of the County of San Bernardino (HACSB). The BFF groups are a recovery oriented program, based in theories of family resilience. It is through these family resilience theories that a family systems based approach to improving socioeconomic mobility is utilized to strengthening families. This intervention was devised to use a multi-family group format to help families identify their personal and family goals, meanwhile building intra-family resilience and inter-community resilience. The program currently targets families who receive housing assistance from HUD, although the program is geared for any family living at or below the poverty level that also has a desire to increase their socioeconomic status.

It is important to note that the definition of socioeconomic status (SES) has expanded to incorporate
much more than income. Rather, as Garcia & McDowell (2010) note, socioeconomic status is the, “intersection of class, race, ethnicity, sexual orientation, abilities, nation of origin and language that places some at significant social and economic disadvantage” (p.96). Families are seen as “multi-stressed” (Madsen, 2007), to reflect the numerous challenges, in addition to finances, that families face when attempting to meet HUD term limits.

Program Design

We designed a systemic intervention emphasizing a strengths-based recovery orientation whereby the “consumer”, (e.g. family) is the expert in their own life and creates meaning, as well as change, in relationship with others (Gehart & Stone, 2012). It is used to locate families as capable consultants to one another through the use of multi-family group therapy (MFGT). The family resilience framework serves as a lens that frames multi-stressed families as “challenged”, not damaged, thereby “affirming their potential for repair and growth” (Walsh, 2006, p. 8). Each week offers a new interactive, content area educating families about five relational processes, and incorporates three common components. These components serve three purposes: 1) mastery of the content for the week, 2) group accountability in fulfilling the family goals, and 3) building intra-group social support.

Program Goals

In the spirit of systemic program development, the program contains both first order and second order goals. Given that the program works in collaboration with housing assistance programs we market and emphasize the first order goal of economic mobility. While this is defined differently for each individual family, common goals include: 1) obtaining full time employment, 2) moving off of housing assistance into either a home that they purchase or a market based rental apartment, 3) or increasing one’s current educational background.

To achieve this first order goal the program incorporates a family and community resilience conceptual framework and also uses a second order goal of increasing intra and inter-familial support. A major leverage point for economic mobility in low-income families is the concept of social support (Distelberg & Taylor, 2010). This framework identifies key processes within the family, as well as the surrounding community, that engender resilience in the family and ultimately aids the families in accessing the support and resources they require to achieve their first order goals. To that end, the program places a strong focus on building social supports within the program, as well as within each family’s community.

Conclusion

In summary, this program offers a family system based, recovery approach to encouraging family resilience, as well as improving socioeconomic mobility. This is also an exciting example of how mental health professional are successfully partnering with government and other non-profit agencies to address the needs of our local community. It is important to note though, that this intervention is currently in its early stages, and yet has been effectively utilized on a small scale. We are confident this intervention could be an effective model for social programs in building intra-family resilience and inter-community resilience from a recovery orientation.

For author biographies and references, click here.
Looking Ahead: What’s All This About AAMFT Restructure?

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the information that is distributed, determining and assessing our options, and ultimately making recommendations for moving forward. This will be a challenging and multi-dimensional process, requiring the consideration of a number of scenarios that will most likely take the form of: “If THIS (fill in the blank) ----then THAT (fill in the blank)”. As more information is forthcoming from the Central office, the “blanks” can be filled in.

President Elect Norma Scarborough is the Chair of the California Division Restructure Task Force. Board President Naveen Jonathan and Division Leaders Margaret Avineri and Phil Evans will be serving on the Task Force. We are grateful that these outstanding leaders have agreed to participate in this important and challenging process.

In the meantime, it’s business as usual for the California Division. We most likely will not know the outcome of the full membership vote until the end of the summer of 2015. If the AAMFT national recommendations are approved, we expect that implementation of change would begin in January 2016 and continue until June 2017. This guarantees that the California Division will be around for another full year – no matter what—and we intend to take full advantage of the opportunity that we have to continue to serve this profession in the coming year. It is a privilege.

Stay tuned in the coming months as we inform you about the Division’s work and plans for 2015, including: representing your legislative and policy interests in Sacramento and Washington D.C; Educators’ Forums and Training; Employment Options for MFTs; Transformed Supervisor and AAMFT Supervision courses; Special Community Events and District Meetings; Annual Conference; Advocacy Day.

What Can You Do?

As a member of AAMFT, you will have a voice as decisions about our future are being made. The leadership of AAMFT-CA encourages you, first and foremost, to stay informed about the process. AAMFT continually and frequently sends out updates with information about details regarding the association changes that have been recommended. AAMFT is proceeding in a very transparent manner to ensure that all interested members have access to all of the related information. The CA Division leaders understand and appreciate that staying informed requires an ongoing effort:

• Sometimes it is a challenge to follow all of the links included in messages sent by AAMFT that provide access for you to read through or listen to new information.

• California Division leadership must follow and attend to all of the updates that are being provided. AAMFT-CA is a member-driven Division, and we will keep our members informed every step of the way.

• Be sure to look for Naveen Jonathan’s President’s Message, which is sent out to CA Division members every month. Naveen will provide frequent updates for you as the process proceeds.

• Please contact us if you have questions or if you would like summaries or reviews of this information provided for you. We will do whatever we can to support your efforts to stay informed!!

Your vote will determine the future of the association. We encourage you to pay attention to the details of the changes that are being proposed so that you can make an informed choice when you are asked to vote.

If you would like to have input into the CA Division’s decision making process, please don’t hesitate to contact President: Naveen Jonathan mftguy79@gmail.com; Task Force Chair: Norma Scarborough mftdoc05@gmail.com or me: olivialoewy@aamftca.org Please also contact us if you have related questions or need any kind of assistance.
While the work of so many MFTs may be characterized by professionalism, high ethical standards of behavior and exemplary conduct, a few apply their skills, knowledge, and privilege to support the growth and struggles of others in a manner that reaches beyond the typical practice setting. The work and efforts of these individuals transcends profession, illuminating the lives of others through a shining humanitarian spirit. This is the spirit of Peter Markin.

The Peter Markin Merit Award has been established through AAMFT-CA Division to honor his spirit as well as to promote, encourage and recognize others who live their lives in a like manner. This year’s recipient is member Marie Christine Greene.

For the past six years, Marie’s team of volunteers has spent the 1st and 3rd Friday of every month at the West Valley Detention Center to offer support to the inmates who are released 24-hours per day. Marie writes: “There are no buses running after 10 pm and many former inmates end up sleeping in the lobby or on lawns of private homes causing them to be arrested again.”

Marie’s team of volunteers would hang out in the lobby, provide coffee, snacks, a cellphone so the newly released inmates can contact family or friends for rides, taxi vouchers if they can’t get a ride, and some clothing. Marie writes: “I have met people from all walks of life, rich poor, educated, uneducated, Black, White, Asians, Latinos, gang members, doctors, young, not so young, able bodies, and disabled. Some come out fully dressed, others in just a shirt and underwear, or pajamas. The stories we hear of unkindness and negligence sometimes even abuse inside the jail are heart breaking. One young girl who called her mom to pick her up had to beg her mom to come get her. Her mom refused. I got on the phone to see if I could convince her mom she flat out told me she wanted nothing to do with her daughter.”

Marie shares that: “I never thought I would be hanging out on Friday nights in a jail lobby but it has been one of the most rewarding experiences of my life. I work fulltime, attend school, am doing my internship, am married and have a family but still manage to contribute to my community. My youngest daughter and my husband joined me a few times.”

Marie’s goals include funding a “safe house” for newly released inmates that could fully provide the support they need at this critical turning point in their lives. AAMFT-CA Division commends and thanks Marie for her contributions in making a difference.

“Whether it’s depression, mental illness, illiteracy, decision-making deficiencies, the whole point of this is that the jails now have to become mental health care facilities.”

Lee Baca
Los Angeles County Sheriff
Courageous Love: Instructions for Creating Healing Circles for Children of Trauma
by Montané Bailey (2013)

Reviewed by Lisa Wilson, MA, LMFT

Courageous Love: Instructions for Creating Healing Circles for Children of Trauma by Montané Bailey is a comprehensive and empowering resource for grandparents who are raising their grandchildren as a result of a traumatic experience. The author utilizes professional and personal experiences to empower these grandparents to help bring hope and healing to promote Post Traumatic Growth, rather than Post Traumatic Stress Disorder. In most of these cases, these children have experienced significant trauma and these grandparents demonstrate “courageous love” by eagerly embracing this parenting challenge. The author provides realistic solutions that help guide these grandparents on a remarkable journey to promote growth and provide healing for their grandchildren.

The book begins by providing these grandparents with a well deserved promotion to a hero “super parent” status which helps to encourage and empower them, so they will courageously fight for their grandchildren. The author provides an excellent balance of validating, honoring, and respecting the grandparent’s perspective while helping them understand the perspective of their hurting traumatized grandchild. This is accomplished by exploring the devastating effects of trauma to brain development and function and then providing practical tools and resources to promote growth and healing.

Healing is provided with the concept of Healing Circles which offers traumatized children what they need most. The first healing circle includes safety, basic needs, and structure. The second circle includes family gatherings that help create a sense of identity and develop a sense of belonging. The third circle consists of clear rules, authority agreements and non-toxic relationships. According to the author, these circles provide a protective container to allow the healing ingredients of love and joy to serve as a healing salve for these children. The author suggests several fun and creative activities, like making aggression cookies as a family to help create these Healing Circles. In addition to providing instructions for creating Healing Circles, the author also discusses three key responsibilities these grandparents have in raising their grandchildren which includes: (1) taking care of themselves, (2) unbreaking the hearts of their grandchildren, and (3) rewiring them for success. The author provides tools and resources to support and empower these grandparents with the challenges of these responsibilities. In summation, Courageous Love: Instructions for Healing Circles for Children of Trauma is a valuable grandparenting resource that provides practical tools and resources to equip grandparents to raise their grandchildren while promoting growth and healing.

Lisa Wilson, MA, LMFT, LPCC is an AAMFT Approved Supervisor. She is the Clinical Training Director and full-time faculty member at Hope International University’s COAMFTE accredited MFT program which is located in Anaheim, California.