TECHNOLOGY & RELATIONSHIPS

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New Communication Technologies and the Nature of Community

Have new information and communication technologies changed the nature of community?

Keith N. Hampton, PhD

What Are the Stats?

See some of the most recent statistics gathered about online dating and relationships in the study, Singles in America.

Online Mediums: Assessing and Treating Internet Issues In Relationships

There is no doubt that online technologies have a significant presence in our relationships. Though there are positive outcomes in relationships related to technology, the detrimental impact technology can have on relationships includes repercussions to sexual relationships, feelings of shame and betrayal, loss of trust and more.

Jaclyn D. Cravens, MS, Katherine M. Hertlein, PhD & Markie L. C. Blumer, PhD
Faceblur—Facebook, Therapists, and Our Boundaries
As the largest social networking site on the web, Facebook forces therapists to consider the impact of dealing with clients and prospective clients online. With little official guidance in this realm, how are you determining your cyber etiquette from traditional psychotherapeutic boundaries?
Alli Spotts-De Lazzer, MA

Electronic Aggression: Technology and Youth Violence
Media technology has many benefits for youth and provides opportunities to make rewarding social connections. But when these tools are misused, kids can suffer harmful online attacks.
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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.
Relevancy, Innovation, and Communication

I have been on the job a little over 90 days and sincerely appreciate the most common question I hear from members: What’s going to change about AAMFT under your leadership?

My response is in the title of this column, “Relevancy, Innovation and Communication.” The AAMFT Strategic Plan can be summed up in one word, relevancy. The Plan reflects that the AAMFT Board of Directors is expecting AAMFT to become the “go to” association for all things related to marriage and family therapy. To do so, requires a comprehensive understanding of what relevancy means to members, those practicing marriage and family therapy, and those looking to AAMFT for resources. Becoming relevant mandates that AAMFT pay careful attention to everything from “look” (e.g., Family Therapy Magazine, website, etc.) to function. We cannot expect others to perceive us as relevant if we look and act dated or if we languish in developing such things as Internet-based programming and services. Yet, look and function are simply starting points to enhance the relevancy of AAMFT. Relevancy means different things to different people and is not limited to simply those MFTs in the USA.

AAMFT now has members in 54 countries that look to our Association for leadership with such matters as supervision, charter establishment and other practicalities. The AAMFT website had over 25,000 unique visits seeking resources from outside the USA and Canada since January 1, 2013. In the last year, over 30 countries have visited the AAMFT Facebook page. Such wonderful diversity also means correlated diversity of professional interests. An MFT in Milwaukee, Wisconsin, will undoubtedly define relevance differently than a member in Machakos, Kenya. Correspondingly, AAMFT has also reached a point of notoriety with consumers, reporters, and a host of other non-behavioral healthcare folks seeking information from our Association. Although very exciting, AAMFT must be purposeful and mindful as we develop programming and services for those pursuing knowledge, skills and research related to individuals, couples and families.

Relevancy is directly related to innovation. AAMFT must become the innovator in marriage and family therapy training, education, research and services. Such innovation, however, does not happen in isolation. Innovation comes from listening and communicating with members:
- Academicicians and clinicians developing new ideas and interventions for effective services,
- Entrepreneurial practitioners developing successful practice building strategies,
- Students approaching the profession with fresh and inquisitive perspectives,
- Members who have always had a keen sense of creativity.

AAMFT must not lose sight of the fact that innovation in research, particularly policy type research that boosts the credibility of marriage and family therapy with lawmakers is essential. Without research relevant to those in positions of power, AAMFT will certainly sit on the sidelines.

As with any other product or service, few ideas make the final production schedule, but the generative aspect of churning new and fresh perspectives improves AAMFT’s position in regards to relevancy and innovation. Innovation and excitement explode when cooperative relations are forged even with seemingly atypical partnerships. AAMFT must make itself open to collaborative initiatives such as those in which we currently participate:
- Mental Health Liaison Group,
- MFT/LPC coalition for Medicare MFT/LPC coverage,
- MFT/LPC coalition for more MFT and LPC jobs at federal Department of Veterans Affairs,
- SAMHSA Minority Fellowship Grantees Coalition,
- Health Professions and Nursing
Never before have member partnership and communication been so essential to the advancement of the profession, professional, and Association.

- Education Coalition,
- Friends of Indian Health,
- Friends of the Health Resources and Services Administration (HRSA),
- Coalition for Patient Rights,
- National Coalition on Mental Health and Aging,
- Alliance of Military and Veteran Family Behavioral Health Providers,
- American Red Cross Disaster Mental Health,
- Fair Access Coalition on Testing,
- Mental Health Liaison Group.

The world is flat, rapidly shrinking, and moving at a faster pace than ever before. These variables dictate that AAMFT has mechanisms to quickly “hear and tell” happenings within the Association. Never before have member partnership and communication been so essential to the advancement of the profession, professional, and Association. To facilitate more open channels of information exchange, AAMFT now has an entirely new department focusing on communications and nearly a dozen information dissemination mechanisms:

- A new website staff directory with means for members to connect with needed staff (see page 40)
- AAMFT Community blogs that are now searchable by all major Internet search engines
- AAMFT Community discussion forums to network and facilitate communications
- A LinkedIn business and group page for members, nonmembers and consumers
- AAMFT Facebook
- AAMFT Twitter
- Executive Director Facebook
- Executive Director Twitter
- Good ole reliable telephone: 703.838.9808

Relevancy, innovation and communication will not come easily or without some consternation. What one member might find innovative, another member may find antiquated; what one member finds relevant, another member may find irrelevant; what one member welcomes, another may shun. As AAMFT continues to welcome those new to relationship and family therapy, and students and professionals from around the world, our Association will certainly experience competing membership values, interests, goals and ideals. Yet, I am fully confident that these very differences, when dealt with collaboratively and respectfully, will ultimately lead AAMFT into an era of generative innovation. Yep, relevancy, innovation and communication are the fundamental principles of my leadership ideals for AAMFT.

—Tracy Todd, PhD
AAMFT announces the 2013 Preliminary Slate:

The AAMFT Elections Council met March 8-9. After reviewing many qualified candidates, the Council is pleased to announce the preliminary slate for the 2013 elections. Ballots will be sent in June.

**Treasurer (1 open position)**
- Michael Fitzpatrick, MSW
- Robin Risso, MEd

**Board (2 open positions)**
- Marj Buchholz, MS
- Eli Karam, PhD
- Tess Wiggins, MS
- Arnold Woodruff, MS

**Student/Associate (1 open position)**
- Adam Albrite
- Travis Johnson

**Elections Council (2 open positions)**
- Ben Erwin, PhD
- Jeffrey Jackson, PhD
- James Thomas, MA
- Jackie Williams-Reade, PhD

**COAMFTE (2 open positions)**
- James Billings, PhD
- Dale Hawley, PhD
- Karen Quek, PhD
- Dyane Watson, PhD

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Letter to the editor

I read with interest the article on ambiguity and e-Practice in the November/December 2012 issue. Therapists who are providing e-therapy need to be sure they are not engaging in interstate commerce and practicing in another state without a license.

If a family from Chicago is vacationing in Texas, and that family is referred to me for a brief evaluation, I will see them. I am providing therapy in Texas where I live and where I am licensed. Over a 10-day vacation time I might see them 3 to 4 times. Before returning to Chicago, they may ask if we can continue sessions by Skype after they return to Chicago.

If I agree to the long distance therapy, I may be engaging in interstate commerce, across state lines, and I may be practicing in a state where I am not a resident and where I am not licensed.

The same problem can develop if I have a family that I have treated for two years, and they move to Georgia. Again, they ask if we can continue the therapy by Skype or phone. However, now they will become residents of another state. If I continue to provide therapy to them, then I am crossing state lines, and offering my services in Georgia where I am not licensed or a resident.

On the other hand, I may have current clients who are on vacation in another state. If they call me for a phone consultation, this is an entirely different matter. Whatever assistance I provide by long distance is under my license in Texas and they are residents of Texas.

Be careful with ambiguity.
– R. Hal Ritter, Jr., PhD, Clinical Fellow, Waco, Texas

Our response >>

Thank you, Dr. Ritter, for raising this issue and some very good points. It is very important for therapists offering e-therapy across state lines to consider the issue of licensure. There are some states that explicitly require a therapist to be licensed in those states in order to provide services to residents of those states. It is advisable to contact all relevant licensing boards, including those through which a therapist is already licensed, to inquire about licensing requirements before offering services across state lines. For more information about the concerns associated with offering e-therapy across state lines, you can refer to the following FTM issues: September/October 2011, May/June 2009 and September/October 2002. You can also listen to a recording of a webinar hosted by AAMFT, in partnership with Denis Lane and CPH & Associates, that addresses online therapy and social media issues for therapists.

That webinar is available at http://tinyurl.com/bq6q55o.
2013 Institutes in Santa Fe a Success!

The 2013 AAMFT Institutes for Advanced Clinical Training in Santa Fe, New Mexico was a great success! With several 20-hour courses ranging from a “Crash Course in Marriage and Family Therapy” to “Play Therapy” and the 30-hour intensive “Fundamentals of MFT Supervision” course, there was something for every MFT.

If you missed it this year, be sure to keep an eye out for next year’s schedule!
Federal Budget “Fiscal Cliff” Cuts Occur; Healthcare Professional Training & Research Funds Reduced; Future Relief

ON MARCH 1ST, the 2011 Budget Control law triggered “sequestration” funding cuts of about 10% to most federal “discretionary” programs that affect MFTs and many other Americans. At deadline, it was expected these cuts will apply to the SAMHSA Minority Fellowship Program, the National Health Service Corps, Health Professions Education Act scholarship and loan-repayment programs, military healthcare funding (including DoD civilian MFTs), and research funding at the National Institute of Mental Health, but specifics were not yet known.

Congress had postponed these cuts—originally set for January 2nd—but although most in Congress had hoped to avoid the cuts, neither party was agreeable to alternatives that would sum to the required $85 billion in alternate spending cuts or tax increases in 2013. Payments to most Medicare providers will be cut 2%. But Medicaid payments and Department of Veterans Affairs (VA) healthcare funding will not be affected.

Although the cuts will have little immediate effect, they would be felt during spring and summer unless Congress reverses them. AAMFT’s state leaders addressed these problems as part of their Capitol Hill day on March 15. Congress did agree to extend federal funding for the balance of Fiscal Year 2013, which had been in question, but the agreement retained the cuts noted above.
AAMFT, Allies Start Legislative Push for More MFT & LPC Jobs at VA

THE FEDERAL DEPARTMENT of Veterans Affairs (VA) is the nation’s largest employer of behavioral health clinicians, with about 23,000 such practitioners. But of those clinicians, only about 100 are MFTs and about 45 are LPCs. This is despite MFTs comprising about 13%, and LPCs about 26%, of the nation’s licensed behavioral workforce.

Since Congress authorized VA to hire MFTs and LPCs in 2006, that agency has done little to hire these professionals, despite continued urging by AAMFT and our allies, the California Association of Marriage & Family Therapists, the American Counseling Association, the American Mental Health Counselors Association, and the National Board for Certified Counselors. VA has imposed a number of barriers to MFT and LPC hiring, such as few or no job postings in many of its local units. But the biggest problem is that VA requires LMFTs to hold degrees for programs that were COAMFTE-accredited at degree time (and LPCs to hold CACREP degrees), thus barring half of all LMFTs and half of all LPCs from employment. Due to certain state regulatory issues, this bars about 95% of LMFTs in California, and about 85% in Florida and New York State. And because COAMFTE and CACREP are relatively new entities, MFTs and LPCs with the most clinical experience are the least likely to hold COAMFTE or CACREP degrees.

In addition, MFT interns in COAMFTE programs (and LPC interns in CACREP programs) are barred from receiving financial stipends, although all psychology and most social work interns obtain such stipends.

AAMFT and its allies are seeking legislation to open VA stipends to MFT and LPC interns, and to provide an alternative to VA’s COAMFTE and CACREP degree rules. In addition to lobbying by these groups’ staff, some of AAMFT’s state leaders will address these problems as part of their visits to Capitol Hill on March 15.

The Senate and House VA Committees have jurisdiction over MFT jobs, and secondary jurisdiction over MFT interns. Primary jurisdiction over interns is held by the Senate and House Appropriations’ Military Construction and VA (MilCon/VA) Subcommittees. AAMFT staff and allied groups have visited seven Senate and House VA Committee members and nine Senate and House MilCon/VA Subcommittee members. Members of Congress visited include Sens. Brown (D-OH), Hirono (D-HI) and Moran (R-KS), and Reps. Michaud (D-ME), Jeff Miller (R-FL) and O’Rourke (D-TX).

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Medicare MFT Coverage Bill Introduced in US Senate

On March 14, Sens. Wyden (D-OR), Barrasso (R-WY), and Merkley (D-OR) introduced S 562, which would cover private-practice MFTs under Medicare. AAMFT and our allies continue to seek more Senate cosponsors and a chief sponsor in the House of Representatives for a “companion” bill there.

AAMFT members may visit http://capwiz.com/aamft/home/ to easily contact their Members of Congress to urge support for this bill.
Division Advocacy

This table provides a very brief description of the advocacy agenda items for AAMFT divisions in 2013. It is based upon information provided by division leaders to AAMFT. A division's agenda may change during the course of the year due to unexpected opportunities to pursue a long-term agenda item, or to an unexpected challenge to the profession.

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New Communication Technologies and the Nature of Community

Keith N. Hampton, PhD
Have new technologies changed the structure of social relationships? Are we lonelier? Are we less supported? Are we more isolated as a result of these technologies?

The following article is based on the plenary that Prof. Keith N. Hampton delivered at the 2011 annual conference of the American Association for Marriage and Family Therapy in Ft. Worth, TX.

Have new information and communication technologies (ICTs), such as Facebook, blogging, instant messaging and mobile phones, changed the structure of our relationships? Nearly daily, we find examples in the headlines to suggest that the change has been extensive, and often for the worse: “Facebook causing 18-year-olds to feel as lonely as 80-year-olds,” (Metro, August 15, 2011), “1 in 8 fake using their cell phone to avoid talking to others” (Time Magazine, August 15, 2011), “social networking may be bad for your health” (Huffington Post, August 23, 2011).

Every major technological change has been accompanied by concerns about how the technology of the day is going to impact community and relationships. Looking back 100 years, we find examples of how “new” technologies were reported to undermine society; examples that seem, to the contemporary eye, to verge on the absurd. From the Chicago Daily Tribune (May 16, 1899, p.8), a local police captain offers his opinion on the widespread use of the bicycle: “Women of refinement and exquisite moral training addicted to the use of the wheel...detrimental to the advancement of morality, nay even its stability.” Or, this report from the New York Times (November 25, 1888): “extensive use of electricity is corrupting the morals of the young.”

Skepticism is a natural reaction to change. However, as in the past, many of our fears about the latest technologies are based more on anecdotal evidence and simplified accounts than on rigorous study.

Unlike many technologies of the past, such as the radio or the telegraph, when we talk about the Internet, we are not talking about one technology. There is a tendency to over simplify when discussing the Internet. We are talking about diverse technologies: text messaging, blogging, photo sharing, and so on. These diverse technologies have diverse impacts on our relationships.

As much as there is a tendency to over simplify what we mean by “the Internet,” there is also a tendency to over simplify what we mean by “relationships.” There’s a spectrum of support that includes a hug and borrowing a cup of sugar, and a range of people that provide this support, including friends, family and loose acquaintances. We should not expect each of today’s diverse technologies to have the same impact on each of these different types of relationship.

When thinking about types of relationships, the easiest distinction that many of us make is between our most intimate connections, and those relationships that tend to be less close and also more diverse. We tend to privilege closeness. Clearly, closeness and intimacy are important. We know that these types of relationships are vital for physical and mental health. Yet, exposure to other kinds of relationships also matter. Access to information, opinion formation, democratic engagement, social support, tolerance, health, and general trust are all dependent on relationships that tend to be less close.

In studying relationships from a social network perspective, we think of variation in a lot of ways that do not privilege intimacy. We can think about the size of people’s social networks, the frequency of contact...
between people, physical dispersion, how long people have known each other, the different ways people are connected (e.g., kin and coworkers), methods used to communicate, the density of connections, and the range of people to whom we are connected. Each of these dimensions is impacted by ICTs in different ways that matter for individuals and communities. In discussing the role of ICTs in relationships, I focus on three realms of activity that contrast in terms of the types of ties that are maintained within these realms. These realms range from the intimate to the most casual.

**The three realms of relationships**

**Private realm**
The private realm contains our closest, most intimate social ties. It is family. It’s the household. This is an extremely small subset of our total social relationships and tends to encompass less than five out of the 600 or so social ties of the average American. These relationships are broadly supportive, but they’re also highly homogenous sources of information. They are highly influential in attitude and opinion formation.

In the private realm, a common fear is that our most intimate social relationships are somehow being constricted. That over time, the number of intimates in our lives has decreased. Social isolation is the concern; that there will be no, or few, social ties to access day-to-day and emergency support. In addition, there is a fear that if we increasingly rely on a closed circle of very likeminded others it becomes increasingly difficult to relate to those who are different and to see opposing points of view.

Indeed, there is some evidence that over the last 20 years, there has been a fundamental shift in the private realm. McPherson, Smith Lovin and Brashears (2006), using data collected in 1985 and 2004 by the US General Social Survey (GSS), found evidence of smaller and less diverse networks amongst our closest social ties. In this survey, participants were asked, “From time to time, most people discuss important matters. Who are the people with whom you discuss important matters?”

Almost 80 percent of American adults use the Internet. Almost half of those send instant messages. Fifteen percent maintain a blog. Over half share digital photos online. Half of Facebook users comment on a photo of another member at least one or two times a week. Almost 15 percent of users over the age of 50 click the “like” button next to someone’s photo or someone’s post at least once per day.

In 2004, 25 percent of Americans reported that they had no one with whom they could discuss important matters, a three-fold increase over what was found in 1985. The average number of close confidants fell from nearly three in 1985, to about two in 2004. This was followed by a similar decline in diversity. About 80 percent of adults in 1985 had someone who was a non-family member with whom they could confide about important matters. That fell to 57 percent in 2004. This 20-year time span coincides with the rise of home computing, Internet use, and mobile phones. McPherson et al. suggested that these technologies likely played some role in the decline of relationships within the private realm.

In an effort to provide data on the extent that ICT use may or may not be responsible for a decline in the private realm, I partnered with the Pew Research Center on a series of large, national surveys of American adults. These surveys included people who use the Internet, people who don’t use the Internet, and people who use a range of ICTs in different ways. These studies were released as two reports: *Social Isolation and New Technology* (2009) and *Social Networking Sites and Our Lives* (2011).

First, so that we are clear on the extent of ICT use in America, it cuts across all demographics. Eighty percent of American adults use the Internet. Almost half of those send instant messages. Fifteen percent maintain a blog. Over half share digital photos. Half of Facebook users comment on a photo of another member at least one or two times a week. The Internet is not just for the young; almost 15 percent of users over the age of 50 click the “like” button next to someone’s photo or someone’s post at least once per day.

We replicated the “important matters” question from the General Social Survey. In response to this question,
participants could provide up to five names, and we asked a series of questions about each name—how long they’ve known them, if they were a family member or a friend, how often they communicated using different technologies, and whether they were a Facebook friend.

We did not find the same spike in social isolation as was found in the 2004 General Social Survey (consistent with other studies that have found social isolation was over reported in the 2004 GSS). However, we did find a similar distribution on the size of people’s core social relationships. It seems clear that fewer and fewer people have three, four, or more close confidants in everyday life than 20 years ago.

But what’s the relationship to the use of new information and communication technologies? Controlling for demographic factors, and exploring a variety of different types of technology uses, we found some connections to ICT use—but none were negative. We found no negative relationships between the use of any ICT and the number of core, close relationships. In fact, Internet users report on average 15 percent more core relationships than non-users. Some types of Internet users even have more relationships, such as those who use instant messaging or Facebook. People who use Facebook multiple times per day, which is the case for the average user, report about 10 percent more close ties than other Internet users.

What is the magnitude of this relationship? We can make comparisons to other demographic factors that predict the number of core ties that people have in their life. A university education is generally worth about 12 percent more core confidants, and women have about 15 percent more close relationships than men. ICTs are often as strong or stronger predictors of the core size of people’s networks than these standard demographic factors.

Further, we found no negative relationships between media use and the diversity of people’s core networks. In fact, mobile phone users had about 30 percent greater likelihood of having a non-kin core tie. Bloggers were almost 50 percent more likely to have a non-kin core tie in their closest social relationships. How does this compare to other known factors that contribute to diversity amongst our core ties? One example is particularly compelling. Compared to single people, those who are married or living with a significant other are about 60 percent less likely to have a non-kin core confidant (with the decline in the size of people’s core networks, the reality for most married people today is that a spouse is their core confidant) (Hampton, Sessions, & Her, 2011).

**Parochial realm**

Where do large, diverse social networks come from? They develop through participation in more diverse social milieus than what can be found in the private realm.

Again, having diverse relationships is often key. Diverse networks facilitates the flow of unique information, access to jobs, the salience of common interests, and the ability to recognize that we share things in common with those around us.

The parochial realm is comprised of a more modest density of relationships than the private realm. It is less familiar and a more likely source of diversity. It has weaker social ties that are often centered around specific social settings, such as neighborhoods and voluntary associations.

As with the public realm, there is evidence that the parochial realm is not what it used to be. We are not as neighborly or involved in voluntary organizations as we once were. The explanations are broad, but may include the television, suburbanization, the automobile, or women in the workplace (Putnam, 2000). While this trend started well before the introduction of the home computer, the fear is that ICTs will exasperate, not reverse the tendency to disengage from the parochial realm.

How does online participation affect the parochial realm? Virtual communities are one of the oldest terms associated with the Internet. But is a virtual community a true community, like a neighborhood? Or does it detract from real social relationships and real places?

The “real” or “virtual” dichotomy is a mistake. Rarely can social relationships be divided cleanly into online and offline. There is overlap and cross-pollination.

In our national survey of Americans, we looked in detail at how ICT use was

“Local friendships are associated with community attachment, lower crime rates, reduced fear and mistrust of other people, and generally lower levels of mental distress, including depression.”
related to use of the parochial realm. We found that Internet users visit semi-public spaces like coffee shops more frequently than other people. And heavy Internet users spend even more time in these spaces. Bloggers go to church more, volunteer more, and are more frequent visitors to public spaces. People who share digital photos online, they volunteer more, and they visit public spaces more often.

When we think of the parochial realm, neighborhoods are often regarded as particularly important. Indeed, local friendships are associated with community attachment, lower crime rates, reduced fear and mistrust of other people, and lower levels of mental distress, including depression. There is little evidence that the Internet has done much to further the decline in neighborhood engagement. And there are examples of how the Internet, through websites such as i-neighbors.org, provide opportunities for neighborhood interaction. In a study of four Boston area neighborhoods where residents used the Internet to communicate, the average person formed four new local friendships each year (Hampton, 2007). There is also evidence that the Internet can afford neighborhood interactions in communities that would otherwise not benefit from local social cohesion (Gad, Ramakrishnam, Hampton & Kavanaugh, 2012).

Does this mean that Internet users have more friends? In our national survey, after we controlled for demographic factors that influence network size, we found that, in fact, Facebook users do not have more or less “real” friends than other people. But some ICTs are associated with having a larger social circle of personal contacts. For example, people who use a mobile phone do know more people (73 on average). People who use instant messaging have an average 85 additional ties. Does the use of these technologies equate with more social support? More hugs?

The MOS Social Support Scale (Sherbourne & Stewart, 1991) is a survey measure for perceived social support. There is a lot of variation in support that has nothing to do with technology. Women on average report more social support than men, about three extra points on a scale of 100. Being married or cohabitating is associated with a boost of almost 11 points. Controlling for these important demographics, we found substantively higher support is afforded Internet users. Internet users, when compared to non-users report about four points higher on an overall scale of social support. Bloggers score an additional three points, and people who use Facebook several times a day report an additional boost of about five points. Daily Facebook use is equivalent to the same boost in support as half a marriage.

As a result of their tendency toward higher levels of participation within the parochial realm, ICT user’s social networks tend to be larger, more diverse, and more supportive as a result of both their online and offline engagement (Hampton, Lee & Her, 2011).

Public realm
The public realm has the lowest proportion of existing social ties—truly the home of diversity. It minimizes the segregation of people based on lifestyle. This realm is most likely to provide exposure across ethnic, social, behavioral, and ideological background. It includes true urban public spaces, such as streets, parks, and plazas. It provides opportunities for new tie formation with others who share at least one characteristic—that place, at that time. While exposure is generally primitive and fleeting, in comparison to more formal, informal, or even casual political discussion, the public realm provides a provocative, potentially disruptive, and a contested setting that is an important component of democratic engagement.

The mobile phone is probably the best example of a technology that has penetrated public spaces like none other. Most people use the mobile phone to interact with only a handful of others. The average mobile user interacts with maybe six other people on a regular basis using their phone, and those people are generally from the private realm. Except for instrumental tasks, such as work, our closest, most intimate social ties dominate the use of this technology almost completely.

When people use ICTs in public spaces, they’re often distracted from “co-located” others while they interact online with “co-present” others (socially engaged but physically absent). They’re distracted from intimates and strangers that they are with as they walk down the street. Intense interaction with co-present, but not co-located intimates in what is traditionally the public realm (of strangers) may largely displace exposure to diversity. Mobile ICTs may allow people to do away with broader social participation for participation with close intimate others.

Observations conducted on over 1,300 people, in seven public parks and markets in the US and Canada, provides a more nuanced understanding of engagement with ICTs in the public realm (Hampton, Livio, & Session, 2010). We found that people who used the Internet in public visited

“It’s hard to deny the impact of that steady stream of text messages from your daughter, or that Facebook feed.”
public spaces much more often. Unlike mobile phone users, who concentrate interaction in the private realm, public Internet users interacted online with people they would typically encounter in the parochial realm. When in public, Internet users are similar to people who use another medium—book readers. When interviewed about the quality of their relationships, the use of ICTs in public was associated with both a larger core network and a more diverse network overall.

With every new technology, whether the phonograph, the telephone, electricity or the bicycle, there have been concerns for the negative impact on social relationships; from the intimate relationships of the private realm to the most diverse relationships of the public realm.

Are ICTs changing the nature of community and the structure of social relationships? Absolutely. But it is not in the direction often depicted in news headlines. We know there are examples of harmful use, but in general, it is people who are not using these new technologies that have fewer close relationships, receive less social support, participate in less diverse social milieu, and have less diverse social relationships overall.

Core networks, our most intimate relationships, are smaller than they were in the past, but there is no reason to assume that this has somehow changed the level of intimacy or the total amount of social supports that we get from these types of ties. New communication technologies really do make communication possible where it was not possible before. New technologies make relationships persistent and pervasive. In the past, when we changed jobs, moved out of neighborhoods, or got married, we often abandoned a certain subset of our ties. That is no longer true. Our friends are with us forever. They are Facebook friends, they are people we text, and they stick to us like glue, whether we like it or not.

One of the greatest criticisms leveraged against the Internet, and related new technologies, is that they don’t have the same level of richness that exists for in-person interaction. But it’s hard to deny the impact of a steady stream of text messages from your daughter, or the small snippets of information from a Facebook feed. ICTs make social support more accessible, and it makes it more obvious when our social ties need support. New information and communication technologies allow us to see things about our relationships that were never visible before.

While it is tempting to champion the belief that ICTs are generally neutral to positive for most people’s relationships, many of these technologies are still new, and much about how this pervasive awareness will change our social ties and relationships is yet to be seen.

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References
What are the stats?

**Connecting online ranks #1 amongst places where singles meet.** A historically unprecedented number of single Americans are now turning to the Internet to find love: nearly 1/3 of singles (27.5%) reported that they have dated someone whom they met online.

In addition, 20% of singles met their most recent first date online vs. 7% who met at a bar.

**Facebook**

48% of single women research someone on Facebook before their first date (vs. 38% of men), although nearly half of single men (49%) think that doing so is unacceptable.

Across all age groups, 27% of single men and 26% of single women say they have cleaned up their Facebook wall before accepting a friend request from a potential suitor (or that they would in the future). Singles in their 20s (36%) are particularly likely to keep their Facebook wall tidy.

49% of women (and 27% of men) would cancel their first date because of something they found while researching a person online.

**Dealbreaker!**

77% of women would not date someone who was secretive with their texts vs. 53% of men.
Singles in their 20s are the most likely to check out a partner’s Facebook profile (29%), text messages (26%), and email (18%) than any other age group. But nearly 1/4 (22%) of all single women still admit to searching a date’s pockets, drawers or closets, while singles in their 30s and 40s are the most likely to look through a partner’s medicine cabinet (44% and 38%, respectively).

Sexting

Over half of single men (57%) and 45% of single women have received a sext (sexy photo or explicit text).

A majority of singles believe sexting can hurt their reputation (75%), career (72%), self-esteem (60%) and relationships (69%). Despite these fears, 35% of single women and 38% of men have sent a sext anyway.

23% of these singles have shared them with others. Of that 23%, 42% of men and 28% of women said they shared the sext with three or more people. 42% of single men reported they would not be offended if a recipient shared their sext with others, vs. 13% of women.

online mediums
Assessing and Treating Internet Issues in Relationships

Jaclyn D. Cravens, MS
Katherine M. Hertlein, PhD
Markie L. C. Blumer, PhD
Each term conjures up an image of relationship challenges concerning the Internet. There is no question online technologies have a significant presence in our relationships. Though there are positive outcomes in relationships related to technology, the detrimental impact technology can have on relationships has been well-documented and includes repercussions to sexual relationships, feelings of shame and betrayal, neglect of household responsibilities, and loss of trust (Cooper et al., 2004; Underwood & Findlay, 2004; Whitty, 2005). Using the Internet to connect with others can also lead to divorce or separation, as 33 percent of divorce cases filed in 2011 cited Facebook behaviors as a contributing factor (Lumpkin, 2012).
The speed at which the Internet and issues of communicative technologies enter daily life may make it difficult for MFTs to develop evolving treatment methodologies ahead of the emerging trends.

It is not surprising, then, that therapists have perceived these cases as becoming more prevalent in the therapy room (Goldberg et al., 2008). From online addiction to infidelity, marriage and family therapists may experience difficulty determining how the Internet is contributing to couple and family concerns and determining an appropriate course of action. Yet, the speed at which the Internet and issues of communicative technologies enter daily life may make it difficult for MFTs to develop evolving treatment methodologies ahead of the emerging trends.

Following are three common technology issues that affect couple and family relationships (Internet addiction, Internet infidelity, and problematic online gaming) and a comparison of their definitions, assessment, and treatment strategies.

Assessment of Internet issues
One of the first steps to assessment of Internet issues is to have clear definitions of each issue. Internet addiction shares definitional similarities to other addictions, such as pathological gambling. It is defined as a preoccupation with the Internet in which someone has developed tolerance for his or her time online, has tried to stop but cannot, becomes irritable when trying to stop, and stays online longer than originally planned (Beard & Wolf, 2001). This differs from Internet infidelity in that the activity in infidelity constitutes a breach in the primary relationship.

Two challenges in Internet infidelity cases include: 1) that couples often disagree about whether a breach in the relationship occurred at all; and 2) that the attribution for the breach might be one of Internet addiction. Assessment of online infidelity can occur in a number of ways. First, practitioners can use their standard methods of assessing infidelity—including duration of outside relationship, number of partners, frequency, intensity of experience, and other contextual variables (Hertlein & Piercy, 2012).

In some cases, Internet infidelity may often be confused with problematic online game play (i.e., playing online role playing games—games where players interact with one another in real time—commonly referred to as MMORPGs or massively multiplayer online role-playing games. Second, because of the nature of interpersonal relationships in MMORPGs, the determination as to whether the problem is one of shared time with a third party via an MMORPG or the participation in the MMORPG itself is an integral aspect of assessment. Specifically, the interactional nature of the online gaming may translate into fear that one’s partner may connect with someone else online and open the door to online infidelity, especially since meeting others online during play translates into a greater likelihood of meeting in person (Cole & Griffiths, 2007).

The assessment of problematic Internet behavior depends on certain criteria (see Table A). Determining Internet addiction is challenging because it is not yet a specific diagnosis covered in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev., DSM-IV-TR; American Psychiatric Association, 2000). The most appropriate diagnosis may be one of an impulse control disorder (Kim, 2008). Further, an Internet addiction classification rests on four key dimensions: view of the problem, time spent online, activities, and the role of another person (Jones & Hertlein, 2012).

Another key criterion may be the number of hours spent online (Widyanto & Griffiths, 2006), with problematic usage ranging from 8 to 38 hours per week (Beard & Wolf, 2001). Amount of hours online, however, is also a part of the assessment to determine problematic online gaming. To date, there are no formal inventories (other than the ones related to problematic online behavior in general) assessing for the extent to which online gaming interferes or contributes to couple or family life. Assessment with regard to online gaming needs to be conducted through informed inquiries of the one involved directly in the online gaming, and those affected by his or her gaming.

Resources in assessment
The Internet-related issue with the most assessment tools is Internet addiction, with assessments such as Young’s Internet addiction test (1998) and the problematic Internet usage questionnaire (Demetrovics, Szeredi, & Rozsa, 2008). Although several options exist, these inventories are designed to assess the extent to which one is compulsive in their general Internet behavior and not specifically related to sex. One inventory, developed by Delmonico and Miller (2003), is the only instrument that attends to the seeking of sexually-explicit material through the Internet. Their study revealed that the Internet Sex
### Table A: Clinical Summary of Internet Addiction, Internet Infidelity, and Problematic Online Gaming

#### Internet Addiction

**Definition:**
Preoccupation with Internet in which one has developed tolerance for their time online, has tried to stop but cannot, becomes irritable when trying to stop, and the person stays online longer than originally planned (Beard & Wolf, 2001)

**Assessment**
- Internet Addiction Test (IAT) (Young, 1998)
- Problematic Internet Usage Questionnaire (PIUQ) (Demetrovics et al., 2008)
- Online Cognition Scale (OCS) (Davis, Flett, & Besser, 2002)
- Using DSM-IV-TR to make an assessment around Internet addiction, commonly classified as impulse-control disorder not otherwise specified (NOS) (APA, 2000)

**Treatment Suggestions:**
- Treat addiction first before couple therapy
- Secret keeping for the addict can be an issue—particularly an ethical issue (Carnes & Carnes, 2010)
- Teach healthy coping skills
- Respectfulness, non-shaming of the addict, joining, restructuring, and non-secrecy around the addiction related activities and behaviors
- Suggested frameworks include the ARISE method, and Cognitive Behavioral and Motivational Interviewing techniques (King et al., 2011)

#### Internet Infidelity

**Definition:**
Primarily related to sexual contact and does not account for emotional connection to someone else to the exclusion of primary partner (Cooper, 2002)

An emotional and/or sexual component deemed unacceptable by the non-involved partner, yet it does not include the key element of secrecy (Hertlein & Piercy, 2008)

**Assessment**
- Four Dimensional Assessment of Internet Infidelity, including: identifying involved parties, view of the problem, symptoms associated with the behavior, and whether there are addictive properties present (Jones & Hertlein, 2012)
- Common assessment of partner-relational problem, or relational problem NOS (APA, 2000)

**Treatment Suggestions:**
- Attend to issues around infidelity; not just to role of Internet in affair(s), and help couples define what constitutes online infidelity (Hertlein & Piercy, 2012)
- Multiple frameworks for treating infidelity include Glass, Weeks, Gordon, Bucum, Snyder, Johnson, and Blow (Blumer, Hertlein, Smith, & Allen, in press)
- Couple and Family Technology Framework more specific for treating Internet infidelity (Hertlein & Blumer, in press)
- Treat similarly to offline infidelity with addition of considerations like identification of types of technologies used, and increased awareness of cybersex and its systemic effects on family
- Focus on boundaries, rule setting, processing emotions related to infidelity, and understanding motivational factors related to engaging in cyber affair

#### Problematic Online Gaming

**Definition:**
Problematic online gaming can take two forms—online gaming addiction, and online gaming that is not an addiction but disrupts a couple/family relationship

**Assessment**
- Problematic Online Gaming Questionnaire (POGZ) (Demetrovics, Urbán, Nagygyörgy, Farkas, Griffiths, et al., 2012)
- Technological Genogram aimed at tracing family patterns of gaming, and relationships to gaming itself within the system (Hertlein & Blumer, in press)
- Consider impulse-control disorder NOS, and/or relational problems (partner-relational, parent-child, general, NOS)

**Treatment Suggestions:**
- Take online gaming issues and addiction seriously (Hertlein & Hawkins, 2012)
- Normalizing of gaming as an issue, weighing pros and cons of use and effect on relationships (Hertlein & Hawkins, 2012)
- Balancing treatment with understanding of each individual, couple, or family members experience with online gaming
- Emphasize accountability of use on part of person experiencing addiction
Screening Test (ISST) was found to measure true constructs of online sexual behavior through a comparison of those with sexual compulsivity and those with no sexual compulsions. Finally, there are also resources found online.

Treatment of internet issues
One key question related to Internet infidelity is whether infidelity conducted online is the same quality of infidelity conducted primarily offline as this would dictate treatment options. Research on the impact of Internet infidelity is somewhat contradictory on this matter. Studies generally agree the impact of infidelity conducted online and offline seems to be congruent—partners experience a host of intense emotions, such as anger, hurt, betrayal, loss of trust, and abandonment (Whitty, 2003). In addition, Facebook-mediated infidelity can elicit feelings of hurt, loss of trust, shock, jealousy, embarrassment, and anger in the non-involved partner (Cravens, Leckie, & Whiting, 2013). At least one other study, however, has identified that online infidelity experiences appear to elicit less jealousy than the same behaviors in an offline experience (Dijkstra, Barelds, & Groothof, 2010).

Similar to the disparity with which couples may view Internet infidelity, couples may also have varying opinions about the presence of online games in their relationships (Helsper & Whitty, 2010). One issue raised is accountability—specifically, the extent to which each person in the relationship demonstrates their accountability and engagement in offline relationships (i.e., household duties, sharing time with family) while maintaining participation in online gaming. There also may be a potential for impaired intimacy in couples where at least one member participates in online gaming (Lo, Wang, & Fang, 2005), as one study reported gamers who play more than 20 hours per week report a worse quality of interpersonal relationships than those who play less than 20 hours (Peters & Malesky, 2008).

Because partners may disagree with whether online gaming or online infidelity is present in their relationships, treatment should be balanced with an understanding of what each individual, couple or family experiences with online gaming. For instance, some may welcome and appreciate the role of online gaming in their lives. It may serve as a point of connection, give people an opportunity to meet others (including couples meeting other couples), and be a common leisure activity. While others may feel that participation in online gaming, whether done in conjunction with one another or not, may act as a hindrance to spending quality time together. Therapists need to assess how each member of the relationship views the problem and begin work by identifying a common ground in each varying viewpoint (see Table A).

Technology is a rapidly changing force that has significant impact in the lives of clients. The mental health field has struggled to stay up to date with technology’s role in daily life. As we arrive at more empirically validated best practices, it is important that clinicians have a starting point through which they can address these issues in therapy. This starting point should be a clear understanding of issues relevant to assessment and diagnoses; keeping in mind that all Internet mediums are not created equal.

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online resources

Computer Addiction Services
www.computeraddiction.com
(for therapists and clients)

Mac and/or PC applications: Think
www.macupdate.com/app/mac/23972/think

Freedom
http://macfreedom.com

FocusBooster
www.focusboosterapp.com
(assistance in managing an Internet addiction)

The Online Affairs Support Center
http://onlineaffairs.tripod.com
(a resource for those struggling with Internet infidelity)

On-line Gamers Anonymous
www.olganon.org
(a resource for online gamers)
Katherine M. Hertlein, PhD, is an associate professor and program director of the Marriage and Family Therapy Program at the University of Nevada, Las Vegas. She is a Clinical Fellow of the AAMFT and an Approved Supervisor. Hertlein has published over 40 articles, 5 books, and over 25 book chapters. She has co-edited a book on interventions in couples treatment, interventions for clients with health concerns, and a book on infidelity treatment. She recently published Systemic Sex Therapy and A Clinician’s Guide to Systemic Sex Therapy, which are used in over 20 couple and family therapy training programs around the U.S.

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Facebook is the largest social networking site on the web, with over one billion users as of October 2012 (Facebook newsroom, 2013). Data from one survey of psychiatry residents indicated that 89 percent of the 182 respondents reported having created a Facebook profile (Ginory, Sabatier, & Eth, 2012). Taking into account the widespread use of this particular social network and the general absence of corresponding explicit rules for therapists, this article is intended to elicit discussion; it invites you to consider the underlying guiding tenet of “do no harm” as you explore cyber deviations from traditional psychotherapeutic boundaries and frame.

Alli Spotts-De Lazzer, MA
Keeping in mind that technology’s advancements are moving faster than our laws and ethics can match pace with, the following boundary dilemmas are pondered. First, therapists who mix professional or marketing activities with their Facebook personal profiles can easily encounter a Facebook friend wanting to become a client. What do, or would, you do? Second, for the purposes of peer consultation and treatment referrals, some therapists present cases, or parts of, on Facebook sites. What are some risks? Third, searching for a client’s Facebook profile is made possible for all logged-on therapists. Could this be a boundary violation or a boundary crossing in service of the therapy? Fourth, you may receive a client’s friend request or email in your personal Facebook space. How do you respond? Finally, a therapist’s use of a professional page (for business) instead of personal profile (for social) may help provide an online presence compatible with desired professional image and reputation. What are some benefits and costs? Thinking in terms of traditional ethical principles while in cyberspace’s boundary-less environment will serve both our clients’ and our highest interests. >>
Your Facebook friend inquires about therapy with you—what do you do? For many, there is a clear and unquestionable answer: refer out! However, for some therapists—those who intentionally created their personal profiles to attract potential clients or who are interested in stretching their aptitude for applying traditional ethical principles to modern technology’s murky boundaries—the answer may not be so clear-cut.

First, ask yourself what defines a Facebook friend, since it is simply two linked profiles (Grohol, 2008). The levels of intimacy or closeness users share with those linked profiles can greatly vary. Yet a person’s friends—pending privacy settings—generally have equal access to view personal posts, pictures, and anything else made available to Facebook friends. Do you limit your friend list to only those who are close, real-life acquaintances, or are there some you barely know?

Generally, a multiple relationship—either ethical or unethical—is defined as having more than one distinct relationship with your client during or soon after therapy; this includes a friend-client or a Facebook friend-client. An unethical multiple relationship occurs when a client is at increased risk for exploitation or harm and/or a therapist’s judgment is likely to become impaired (AAMFT, 2012). Though a real-life friend-client is not automatically unethical or illegal, it can be fraught with danger and potential patient harm; for example, the therapist may be in increased jeopardy for losing objectivity. Could an online friend-client ever be considered a permissible and ethical multiple relationship?

Let’s look at an offline and more traditional example. A salesperson at a local store that you patronize contacts you for therapy. He or she reports feeling comfortable and more apt to reach out because he or she finds you familiar and not as scary as a stranger. There has been limited interaction, mostly wave-greetings and brief exchanges of niceties. What do you do? For some, the answer will be to refer out. Others will wade through layers of ethics and efficacy-related considerations regarding potentiality for treatment. Examples may include, but are not limited to:

- consulting with colleagues
- assessing level of familiarity and possible impact on the therapy
- addressing or cleaning boundary blurs
- assessing for unethical dual relationship potentiality
- processing clinically relevant aspects of the relational shift prior to commencing treatment; and
- managing or preventing a further developing multiple relationship

When considering if you could treat someone from your pool of friends, isn’t the process analogous? Following are just a few of the many ethical considerations.

- How intimate is our real-life friendship?
- How much information does the potential client know about me, the therapist, and vice versa?
- Assess for boundary blurs, including amount and nature of disclosure on both sides that could potentially taint or preclude effective treatment.
- What does the friend connection mean to this person?
- Clients can want to become therapists’ close personal friends, and any online friend-label may feel confusing (M. Griffin, personal communication, July 25, 2012).
- Has my online presence—or the client’s—unveiled perceived conflicts or introduced pre-formed opinions?
- Passionate hot-topic posts witnessed by either person (politics, religion, causes, etc.) can create obstacles in the therapeutic alliance.

As always, any factors that may influence impartiality or professional discernment of the therapist need to be
examined. Of utmost importance, assess for an unethical dual relationship; ask yourself, “Is the client vulnerable to being exploited by me as his or her therapist, and is there a risk that my clinical judgment may become impaired?” (D. Jensen, personal communication, June 13, 2011).

After continuing to explore the various questions and scenarios related to providing effective therapy and preventing harm to the client, if you determine that you can ethically treat a friend, what then happens to the online friend status? If you provide therapy to someone who works at a store you patronize, the best clinical decision may be that you then change to a different store. What becomes analogous on Facebook? Unfriending? Blocking? Limiting the person’s access to your information? If any one of these actions take place, what effect might that have on your client’s emotions and well-being?

If your Facebook friend-client’s online connection to you remains unaltered, an unequivocally unethical dual relationship may not evolve. Though, you may be opening yourself up to ongoing non-clinical self-disclosure and therapeutic distractions. Plus, even if you stop posting, you may not be able to control what others share about you (e.g., “Hope your surgery goes well!” or “Sorry to hear about your beloved dog” appears on your timeline for your friends to read). An unchanged profile connection to your friend-now-client could offer the potentiality to unhinge the therapy. On the other hand, there may be benefits of a therapeutic relationship with a friend-client. More discussion and research is needed.

If considering an online friend as a client, your active exploration of long-standing non-maleficence principles, your theoretical orientation, and both personal and professional values will likely begin leading you towards an answer about whether you could potentially ethically treat your friend.

Any therapist is encouraged to seek legal and ethical consultation for this kind of complex decision.

Various groups on Facebook have been created specifically for therapists’ peer support and consultation. Additionally, some therapists may occasionally feel inclined to post about their workday in their personal space. Regarding sharing client information, the following may feel both obvious and not at the same time. One, the same expectations for confidentiality and anonymity apply in both professional and personal areas of cyberspace; two, assume that anything typed and posted online is permanent. For example, an emergency room physician in Rhode Island was disciplined, fined, and fired for posting enough information for a patient to be identified (Conaboy, 2011). Although no patient name was used, a severe boundary violation with legal and ethical consequences occurred nonetheless.

Many clients have Facebook profiles. At times, a therapist may be tempted to seek client information outside of session. Have you ever cyber-investigated your client? Do you believe such action was clinically justified? Would your colleagues agree? Afterwards, how might you manage this information the client did not share with you in session? Information gained outside of therapy may enhance or detract from the therapeutic process and trust. On a related note, a study by Kolmes and Taube showed that 70 percent of clients found personal information about their therapists online; 87 percent of those clients intentionally sought the material (2011). It may serve you to regularly check for changed or new Facebook privacy settings in addition to reviewing what Google makes available about you.

You receive an email or friend request from a current or former client. Response options may include ignoring receipt, replying, or finding a different vehicle to communicate and clarify your boundary. To reduce the foreseeable possibility of hurt feelings from an ignored email or marring a well-concluded therapeutic relationship, a thoroughly communicated social media policy at the onset of treatment (e.g., in office policies and informed consent) will likely be in the best interests.

In keeping up with the times, some therapists have created Facebook professional pages—pages dedicated to their business. Some benefits are that the therapist can have an online presence and relative control of his or her professional image. A potential cost is that these pages currently offer a “like” button, which then links the viewer to the page. It has been suggested that clients “liking” a therapist’s professional page could potentially be viewed as a sort of testimonial (Kolmes, 2010). Various mental health associations ethically discourage solicitation of client endorsements or testimonials. Additionally, for those who struggle with approval-seeking, this sort of perceived affirmation may collude with clinical issues.

Finally, Facebook generally tends to automatically highlight Friends with “likes” in common. Could Facebook interaction somehow breach a client’s confidentiality or Health Insurance Portability and Accountability Act standards?
Though we have mainly discussed Facebook, the Internet in general continues to challenge the traditional therapeutic frame and boundaries. Fortunately, therapists can rely on everlasting foundational ethics. For example, the underlying principle, “do no harm,” and the tenet of confidentiality are of the utmost importance in any environment, from known to unknown and from ancient to modern. AAMFT correctly suggests, “The online and social media world will undoubtedly present new questions, but the rules of the game have not necessarily changed. While the current AAMFT Code of Ethics may not address online and social media issues explicitly, therapists can continue to take guidance from the Code on issues related to confidentiality, multiple relationships, conflicts of interest, and so on.”

Therapists are encouraged to consult with laws and ethics in their states or jurisdictions. Supervision, peer consultation, and seeking educational materials are always recommended for any critical clinical or professional decision-making. As our therapeutic landscape evolves with modern times, attentive social media policies and practices will help to reduce blurred boundaries.

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**References**


Northcentral’s School of Marriage and Family Sciences offers MA and PhD programs in Marriage and Family Therapy in a predominantly online format. Our MA program focuses on foundational training to prepare people for MFT licensure in most states. The PhD program offers advanced training with specialization options such as in working with Children and Adolescents, Couples, or Military Families. Our programs are designed to help you acquire the knowledge, practical application and values that will shape you into a competent, ethical and culturally sensitive marriage and family therapist.
Young people are using media technology, including cell phones, personal data assistants and the Internet to communicate with others in the U.S. and throughout the world. Communication avenues like text messaging, chat rooms, and social networking websites have allowed youth to easily develop relationships, some with people they have never met in person.

Media technology has many potential benefits for youth. It allows young people to communicate with family and friends on a regular basis, and also provides opportunities to make rewarding social connections for teens and pre-teens who have difficulty developing friendships in traditional social settings. In addition, regular Internet access allows young people to quickly increase their knowledge on a wide variety of topics.

Electronic aggression
However, this explosion in communication tools does not come without risks. Youth can use electronic media to embarrass, harass or threaten their peers. Increasing numbers of teens and pre-teens are becoming victims of this new form of violence. Although many different terms—such as cyberbullying, Internet harassment, and Internet bullying—have been used to describe this type of violence, electronic aggression is the term that most accurately captures all types of violence that occur electronically. Like traditional forms of youth violence, electronic aggression is associated with emotional distress and conduct problems at school. In fact, recent research suggests that youth who are victimized electronically are also very likely to be victimized offline (i.e., sexually harassed, psychological or emotional abuse by a caregiver, witnessing an assault with a weapon, and being raped).

Electronic aggression can include any type of harassment or bullying that occurs through email, a chat room, instant messaging, or text messaging. It can also happen through videos or pictures posted on web sites or sent through cell phones. Think about how much time children spend on the computer or texting their friends. With this technology, information travels fast, and someone can send a negative comment maliciously, or maybe even without considering its repercussions; it reaches the victim in an instant.

This form of youth violence can have lasting effects on its victims. Victims of bullying may feel intimidation, fear, or distress. Bullying primarily involves an imbalance of power and repeated acts. It can include being called nasty names, being rejected, or excluded from activities. It can also mean having rumors spread about you, having belongings taken away, or being teased or threatened. It can also lead to physical aggression, such as pushing or hitting.

In general, bullying is widespread in the U.S. Among children age 17 and younger, about 1 in 5 report being physically bullied. About 3 in 10 report being teased or emotionally bullied in their lifetime. Among children ages 10 to 17, about 8 percent report being the victim of Internet harassment in their lifetime. Victimized youth are at increased risk for mental health problems, headaches, stomachaches, feelings of unhappiness at school, and academic problems. Youth who bully others are at increased risk for engaging in serious violence later in adolescence, dropping out of school, and engaging in dating violence. Those who bully and are victims, known as bully-victims, suffer the most serious consequences. They are at greater risk for mental health and behavior problems.

CDC has identified several factors that increase the risk that youth will bully. These include poor self-control, harsh parenting by caregivers, and having attitudes accepting of violence.

Some factors associated with a higher likelihood of being a victim of bullying include friendship difficulties, poor self-esteem, and a quiet, passive manner with a lack of assertiveness.

The ultimate goal is to stop bullying before it starts. School-based bullying prevention programs are widely implemented and require cooperation among different professionals and between school staff and parents.

For further information on this topic, CDC offers the following resources on electronic aggression, youth violence prevention, and safe schools.

Electronic Media and Youth Violence: A CDC Issue Brief for Educators and Caregivers focuses on the phenomena of electronic aggression. Electronic aggression is defined as any kind of harassment or bullying that occurs through email, chat rooms, instant messaging, websites, blogs, or text messaging. The brief summarizes what is known about young people and electronic aggression, provides strategies for addressing the issue with young people, and discusses the implications for school staff, education policy makers, and parents and caregivers. The brief can be found online at http://www.cdc.gov/ViolencePrevention/pdf/EA-brief-a.pdf.
The Pioneers of Family Therapy booklet contains brief biographical information on 25 of the innovators in the family therapy field, along with a Family Therapy Genogram, which documents the time line and history of our profession. Also included in the booklet is a DVD of the 2009 AAMFT Annual Conference plenary session by Bruce Kuehl, PhD, which addresses the founders of the MFT profession.

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BREAKING NEWS: Understanding Local Television News Personnel Following the Sandy Hook Critical Incident

James M. Conti, PhD

When disaster strikes a community, local television news personnel are highly affected by their initial exposure and recurrent follow-up to critical incidents. Such was the case with the emotionally significant impact upon local television news professionals reporting on the Sandy Hook Elementary School shootings during the week immediately following the tragedy.

Many therapists are adept in treating disaster victims and their families. There are clinicians experienced in counseling first responders to critical incidents. When community-wide tragedies occur, we expect these individuals and their families to seek therapeutic support. Following the Sandy Hook massacre, however, it came to my attention that local television news personnel can be equally traumatized by immediate as well as repeated exposure to incidents within their community as a result of doing their jobs. The clinical concept involving staff members of local television news stations being psychologically affected via workplace exposure is a notion that in effect has gone unrecognized by therapists. Thus, it is important for therapists to understand the probable impact upon local television news personnel when covering such tragic stories as Sandy Hook.

Soon after learning about the Sandy Hook Elementary School shooting that occurred in Newtown, CT, an hour away from my practice, I was contacted by an employee assistance program with whom I am credentialed as a critical incident stress management counselor. They asked me to debrief members of the local media who were apparently struggling with their own emotions resulting from covering the Sandy Hook story. I spent 19 hours over a four-day period during the week following the shootings working with the staff of a local television station.

During this time, I met with human resources, news anchors, directors, editors, reporters, photographers, producers, engineers, operations and IT employees, production assistants, art designers, marketing and advertising staff, media interns, and others. The debriefings were all one-to-one clinical sessions, mostly conducted in the large open-spaced newsroom. Often, an on air broadcast was occurring only a short distance away. If an employee was overly distraught, the debriefings were held in separate rooms.

On day one, although staff had been notified that I would be available to discuss the Sandy Hook incident, most seemed preoccupied working on stories in preparation for broadcast. They seemed too busy to discuss their feelings, thoughts and other reactions to the incident. In fact, many of them didn’t look up from their desks as if I were the teacher about to call on them in class. While some staff participated in debriefings, the first day became more of a learning experience for me to understand the culture of local media professionals; namely, how they were not only impacted as television news employees, but also as local Connecticut residents feeling the heartbreak from this incident. They were doing their jobs, yet their reactions implied that this tragedy was something very personal to them. One employee stated, “A lot of what we do is sad, but you just can’t detach this time.” This concept had never occurred to me. After all, these are the people who had been reporting the news for years in a matter-of-fact manner. It had not been obvious to me that many of them could be affected by these powerful, horrible stories day after day as a part of their work and that the acute stress reactions secondary to vicarious traumatization was a real occupational hazard for these professionals.

Days two, three and four allowed for further debriefings. As I met with different staff, I introduced myself as a therapist who had been invited to work with them regarding their feelings about the incident. As time
progressed I realized that their understanding of my role was that I was “the grief counselor.” Thus, I became the grief counselor to help them process their grief and any additional impact that the incident had on them personally.

Reporters and photographers, who had been on the scene right behind the first responders, spoke of their angst related to witnessing parents running to the scene, frantically looking for their children. They knew intuitively that parents directed to different locations were facing different outcomes.

As local news media, they were often mistaken for national and foreign news networks covering Sandy Hook, and consequently were not treated like members of the local community. Surprisingly, the local reporters and photographers were called names, were verbally threatened, and were cursed at and ridiculed for doing their jobs by some members of the community. “We are ones who have been there covering ribbon cuttings in this town for years and will be in the future,” one news person noted, responding to the reactions of some of the people. They wondered why they were being harassed, as they were the local news group that would be following the town hereto forth, after the initial shock of what occurred had passed. One reporter stated, “We’re here and we care as the local media.”

The majority of staff felt overwhelmed. Some were frustrated and ashamed about misinformation they had reported as the story was emerging. Employees who had school-aged children were fearful about sending their kids back to school. One employee stated, “I’ve never had this type of a reaction from a story but because I have a first grader this is different.” Another employee had an acute and complicated grief reaction to this incident stemming from the loss of an extended family member that had occurred a year earlier. One news person struggled with the task of typing up the names of victims for initial broadcast. A widespread reaction involved re-experiencing previously compartmentalized emotions related to covering earlier stories such as 9/11, Columbine, and Virginia Tech. Reporters and photographers required to cover multiple funerals felt traumatized by this assignment. These individuals felt sad, and at times angry, about having to cover these stories, which conflicted with doing their jobs and wanting to protect the privacy of the victims’ families. Once again, they felt a sense of loyalty to their local community. Another dilemma facing news people is that, essentially, they can’t take a break from the story. They had constant exposure to breaking news and having to repeat details about the shooting and its victims, which caused significant stress for many of them. Most felt that it was not possible to “unplug” from the story at home because they needed to be on top of the news to effectively do their jobs when they returned the next day. Many staff members had been working double shifts and all employees were required to work at least 12-hour shifts, often leading to exhaustion. This constant exposure leads to a myriad of physical, cognitive, emotional, and behavioral reactions, all common to critical incidents.

“A lot of what we do is sad, but you just can’t detach this time.” - TELEVISION NEWS EMPLOYEE
Overall, the news staff struggled to maintain their professional identities, while simultaneously thinking about their own children, nephews and nieces, friends and families who worked in schools or were first responders. Added to this stress was the emotional resurfacing from previous assignments. This dual processing became an overwhelmingly daunting task at times, even for those employees well-versed in the business of providing the news. Behind the scenes, these local news media professionals experienced powerful thoughts, feelings and emotions to this critical incident in a similar if not amplified manner to non-news people.

I have gained a greater respect and understanding of the potential mental health risks for professionals working in local television news reporting both in the field and in the newsroom. I have been reminded that these are ordinary people with families, feelings, worries and concerns who happen to work in an industry unfamiliar to many. The local television news personnel I met make up a caring group of people who are trying to make a difference by reporting the news in a responsible manner. I have come to understand that their humanity, together with their occupational exposure of multiple and repeated traumatic incidents, makes them equally, if not more vulnerable to acute stress reactions. As therapists, we need to be aware of the emotional vulnerability of local news media personnel, the culture of their work, and the vicarious traumatization likely from their work exposure involving critical incidents. Having this sensitivity and understanding can better prepare us to work with this professional population in clinical settings and/or side by side at the scene of future critical incidents.

James M. Conti, PhD, is a licensed psychologist, licensed marriage and family therapist, and Clinical Fellow of the AAMFT. He has been providing critical incident stress management services since 2000 in various workplace settings. He has a full time private practice in Glastonbury, Connecticut where he treats adults, children, couples and families. As an adjunct faculty member, Conti teaches graduate level counseling and psychology courses in masters in counseling programs.

AAMFT Clinical Fellow Nelba Marquez-Greene tragically lost her daughter in the Sandy Hook Elementary School shootings. To make a donation to assist the family, please visit http://anagracefund.com
Family Finances and Divorce

Michelle Rozen, MS

Divorce means more than just separating physically or moving out. It also means separating a family financially and supporting—with one source of income or two—two separate financial units.

Any typical divorce agreement will consist of division of assets, division of debts, child support and possibly spousal support.

In a divorce-related division of assets, any of the parties is entitled to an equitable, or a fair distribution of the property, which may include items such as vehicles, homes, household items, stocks, bonds, savings, cash, retirement funds, equity in business and more. It is important to realize that the term equitable distribution does not necessarily mean equal distribution. It means weighing each person’s contributions to the marriage, which could be financial or non-financial, in order to decide how to fairly divide the property between the husband and the wife.

But it is not just property, which is divided in divorce, it is debt as well. As a general rule, both parties are responsible for paying any debts that they have acquired during the time of their marriage. Such debts may be credit cards, mortgage, home equity loans, loans from family members and friends, car loans, loans against 401K accounts and more.

Child support is another important financial aspect of divorce and separation. In fact, when children are involved, it is the most important aspect of the agreement, as it makes sure that the kids are protected in the sense of having their physical needs met. Child support is essentially centered around the income of both the husband and the wife, the cost of health insurance, the cost of daycare, and the parenting plan, under specific state guidelines, and would typically be calculated by the attorneys or the mediator.

Spousal support, which is also called alimony, is a payment made from a higher earning spouse to the other in order to maintain a certain standard of living, which was established at the time of the marriage. Spousal support is different from child support. Where child support is a simple mathematical calculation using guidelines published by each state, alimony is much more negotiable. There are several factors that come into play when it comes to alimony, such as the duration of the marriage, the need and ability of the parties to pay, the standard of living established in the marriage, each person’s earning capacity and more.

Issues such as these can be litigated in court, or settled amicably in mediation. In any case, it is important for both parties to consult with accountants and attorneys in order to make knowledgeable decisions about their financial future.
Creative Family Therapy Techniques: Art and Play-Based Activities to Assess and Treat Families

Liana Lowenstein, MSW                Trudy Post Sprunk, MEd

One of the common challenges in family therapy is the discomfort that many therapists have about working with children. Therapists may be anxious about involving children in family sessions because they fear children will be non-communicative or disruptive. Integrating engaging and developmentally appropriate techniques into family sessions can help to involve children and prevent disruptive behavior. Following is a sampling of innovative activities for use in child-focused family therapy.

The rationale for conducting therapy with all family members

Many therapists do not include children in family therapy. And yet, the family systems perspective contends that the most effective way to work with individuals is in the context of their families. In their groundbreaking book, *The Family Crucible* (1978), Napier and Whitaker wrote, “Working directly with the totality of the forces that influence the individual is such a logical idea that it is hard to deny its validity” (p. 59). Involving all the children in the family therapy provides the therapist with a more accurate assessment of dynamics, interactional patterns, roles, and rules.

The use of art and play-based activities in family therapy

There are several compelling reasons for using art and play when working with children in the context of the family. Gil (1994) emphasizes that “play techniques can engage parents and children in enhanced communication, understanding, and emotional relatedness, and can assist clinicians in their important work, and thus should be considered a viable and pivotal part of the family therapy work” (p. 42). Art therapy is also an effective technique with families because “it bypasses those censors that families may have adeptly construed. A family that did not know how to express feelings directly may find a way to do so when given an opportunity to draw or paint” (Klorer, 2006, p. 115).

Parents may have difficulty understanding the effectiveness of using play and art techniques in family sessions. It is helpful to meet with parents prior to the first family session to explain the value of using play and art activities in family therapy (see guidelines for explaining the value of using play-based techniques to parents in Lowenstein, 2010).

Interventions

Therapeutic techniques that involve children or the entire family can be challenging, particularly if the therapist relies on the usual modus operandi of therapy—talk. *The First Session Family Card Game* (adapted from Lowenstein, 2010) provides a means by which talk is integrated into an engaging game. A standard 52-card deck is used for this activity. Explain the activity as follows:

Take turns picking the top card from the deck of cards. If you get a card with an even number, pick a question card and answer the question. If you get a card with an odd number, pick a question card and ask someone in your family to answer the question. If you pick a jack, queen or king, you get to pick something from the surprise bag. At the end of the game, everyone who played gets to pick something from the surprise bag.

The question cards have been specifically designed to facilitate joining and to help the family identify treatment goals. Examples of questions include:

1. True or false: When families seek therapy, they often feel nervous, embarrassed, and/or overwhelmed.
2. Fill in the blank: A good family therapist is someone who...
3. What would need to happen in the session today to make you feel like it was worthwhile coming?
4. True or false: Everyone in our family plays a part in making it better.
5. How will you feel if your family gets the help you need?
Additional questions can be found in Lowenstein (2010). The game can be modified for specific target populations. For example, below are some sample questions from the bereavement version (Lowenstein, 2006):
1. Tell three feelings you have had since your loved one died
2. Describe a grieving ritual or custom your family followed when your loved one died
3. Share a favorite memory of the person who died

During the game, there is ample opportunity to observe family dynamics, which further assists in treatment planning.

Another playful intervention for family sessions is Toss the Ball (Post Sprunk, 2010). Explain that for five minutes, family members will take turns gently tossing the ball to other family members. As they toss the ball to someone they are to say something nice to that family member. The pattern is repeated for five minutes and/or until every person has heard at least two nice things about themselves.

Ask each person to describe his or her experience of what other family members said that was nice. For example, ask:
1. What was it like to say nice things to everyone?
2. How did you feel when another member in your family said something nice to you?
3. Did you receive any unexpected comments?

After processing, start the game again; however, this time ask them to say something they would enjoy doing (but are not currently doing) with the person to whom they throw the ball. Allow this to continue for five minutes, followed by processing the experience.

Lastly, when one tosses the ball to another, the recipient shares an idea about what they could do to improve family life.

This activity begins with playful positive interactions that foster family cohesiveness. The last round of the game focuses on change for improving family life. The therapist must carefully guide the family in a discussion about how changes could be made and the advantages of making these changes. The game is engaging and exciting and as such, it is a helpful intervention in child-focused family therapy.

Healing Animals (Lowenstein, 2010) is a drawing activity appropriate for the ending phase of therapy. The aim is to help the family explore the changes they have made over the course of treatment and to create a new awareness of how they have overcome adversity. Provide each family member with a sheet of paper and a variety of drawing materials. Ask them to get into a relaxed position and close their eyes. Then say, “Imagine a family of animals. This animal family has been through great hardship. Take some time to imagine what it is like to be this animal family. When you are ready, you can open your eyes and draw this wounded animal family.”

Once the drawings are complete, ask the family members to close their eyes again. Say, “Imagine this same family of animals. This animal family has survived something very difficult; they are strong. Take some time to imagine what it is like to be this animal family. When you are ready, you can open your eyes and draw this healing animal family.”

After the members have finished drawing their two animal families, display all the pictures, ideally by taping them to a wall. Invite the family to discuss their images. For example, ask:
1. What three words best describe the wounded animal families?
2. What three words best describe the healing animal families?
3. What helped the animal families overcome their hardships?
4. What important life lessons have the animal families learned?
5. What do your drawings reveal about your family life?

The process questions focus on growth, strength, and survival, as these are important themes to highlight in the termination stage of therapy. Through this intervention, the family is provided with the message that they have survived hardship and they can utilize this strength to get through difficult times in the future. This gives the family a sense of validation and hope.

Using the described techniques, play and art interventions can provide families the opportunity to create, work as a team, learn more about each other, explore thoughts and feelings, and have a different relational experience of each other. This has the potential to increase emotional intimacy, which is the support that offers family members a secure base from which to grow.

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the books, *Paper Dolls and Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children; Creative Interventions for Troubled Children and Youth; Creative Interventions for Bereaved Children;* and *Creative Interventions for Children of Divorce.*

She has presented at international, national, and local conferences and has been interviewed on radio and television. She is certified as an EMDR specialist and is a registered play therapist supervisor. She is past-president of the Association for Play Therapy and president and co-founder of the Georgia Association for Play Therapy. Post Sprunk is a Clinical Fellow of AAMFT and an Approved Supervisor.

**References**


The theme of the 2013 AAMFT Annual Conference is “Raising Vibrant Children.” Join us in Portland, OR, for insights into this important topic. [www.aamft.org/annualconference](http://www.aamft.org/annualconference)

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Meet the AAMFT Team

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Tracy Todd, PhD is a licensed marriage and family therapist (CO) and has been with AAMFT since 2008. Tracy received his PhD from Iowa State University, then a COAMFTE-accredited program. Prior to joining the AAMFT staff, Tracy was the director/owner of the Brief Therapy Institute of Denver, Inc. He has served on the AAMFT Board of Directors (2002-2004) and was the recipient of the AAMFT Practice Award (2000). Tracy enjoys tennis and supporting his favorite team, the Green Bay Packers.

**Chris Michaels, CAE, Chief Operations Officer**
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Chris has been with AAMFT for many years and has expertise in nonprofit management, finance, technology, web, and business operations. She spends her free time with family, enjoys seeing new places and reading “nerd books.”

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Tanya holds a masters degree in international affairs and brings an international perspective to her role in directing the initiatives of COAMFTE and the Minority Fellowship Program.

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Tina currently oversees member services, retention, recruitment, and division relations at AAMFT. She enjoys spending time with her family, writing, blogging, volunteering, reading, mentoring and instilling a passion for higher education.

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As AAMFT’s staff attorney, Amanda assists members with legal and ethical consultations and works closely with the AAMFT Ethics Committee. Amanda enjoys good books, baking, and enjoying her husband’s home-cooked meals.

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Brian Rasmussen has been the government affairs manager since 2003 and represents AAMFT members before the federal government on issues such as Medicare, MFT coverage, and MFT jobs within the federal DOD and VA.

**Amanda Darnley, Director of Communications**
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Amanda joined the AAMFT staff in 2013 and will be responsible for the development of our new marketing communications department. She brings over 10 years of experience in association management, nonprofit marketing communications and strategic planning. Amanda enjoys running, kickboxing, and traveling.

**Cecile David, Member Services Specialist**
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Cecile is part of the Central staff and is one of the first points of contact for questions about membership, event registration, orders, dues, benefits, and much more. In her spare time, Cecile enjoys reading, hanging out with family and friends, cooking and dancing on occasion.

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Celeste has been with AAMFT since 1989. As division affairs manager, she provides assistance to AAMFT’s divisions across the US and Canada by guiding the division leaders and staff using a variety of resources they may need to provide the best possible services to members. Celeste enjoys cooking, reading, long walks and tai-chi for exercise and relaxation.

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Craig has worked in IT and the association/non-profit field for more than 20 years. He received his MS from N. Louis University and has multiple IT related certifications. Outside work, Craig stays busy helping friends and relatives wrestle with computer technology.

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Darlene has been at AAMFT since 2002 and is responsible for the administration of the executive office, the AAMFT Board of Directors, and the Elections Council. She also handles the HR administration of the association. When not keeping the Board in line, she can be seen on a variety of sporting fields, carting her two sons to various events.

**Dawn Berry, Professional Development Administrator**
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Dawn joined the staff in 1992 and is responsible for planning and coordination of the annual conference and the institutes for advanced clinical training. She also manages the CE program for the association. She is a voracious reader, loves horseback riding and hanging out with her family.

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Dorothy is AAMFT’s membership specialist and holds a masters in law, specializing in family law, from Bangladesh and attended the MFT grad program at Springfield College in Massachusetts. Dorothy is active in the DC area Bangladesh community and sings at local concerts. Taking care of her husband and two beautiful children.
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As education specialist, Eric works with COAMFTE and facilitates the accreditation process. He enjoys working with volunteers on the Commission and helping programs through the accreditation process. Out of the office, Eric can be found exploring DC, running, or trying out a new pizza recipe.

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Jenny received an MS from the COAMFTE-accredited MFT program at the University of Maryland, College Park. As a member services specialist, she assists with all membership-related tasks, from event registration, store orders and AAMFT Approved Supervisor designation to questions about both the licensure track and evaluative track applications, and more! Jenny spends her energy outside of work enjoying life with her husband, baby daughter, two dogs and cat.

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Kim is the managing editor of Family Therapy Magazine, overseeing planning and production, and also responsible for the eNews. She has worked for nonprofits since 1993 and holds a degree in English. Kim is currently focused on integrating AAMFT’s print publications with our emerging online presence.

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Roger serves as chief legal counsel and supervises ethical code compliance, legal risk management programs and provides assistance to divisions concerning state advocacy initiatives. Roger earned his law degree from the Indiana University School of Law.

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Ryan supports the operations of COAMFTE and the MFP. He holds a dual degree in political science and sociology from the University of Mary Washington. Ryan’s previous work experiences have helped him create the efficient practices he now uses for the management of Accreditation and the Minority Fellowship Program. Ryan is an avid New York Giants fan and can be seen in the nosebleed seats at Washington Nationals games.

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Sherita is the accounting specialist and handles payables and receivables, as well as managing vendor relations. She studied music at Morgan State University and business administration and management at The American InterContinental University. Sherita is a singer and performs with both the Howard University Chapel Choir and also with her church choir. She spends most of her time with her son, family and close friends.

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Shomari oversees all of the MFP daily operations, supporting the activities of the MFP program director, the director of educational affairs, and the MFP Advisory Committee. His background in political science and healthcare administration management provides complementary perspectives and experiences to MFP’s successful development.

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Walter is the division development manager, working with AAMFT’s state and provincial affiliates as a resource for member service, governance best practice, non-profit business management, and leadership development and training. He also works with national media to place AAMFT media spokesperson with reporters. Walter is the author of A Mental Illness Awareness Guide for Clergy.

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Andrew’s position as program assistant allows him to work across multiple departments within the association. Andrew brings project management and a variety of technical skills to AAMFT. He spends his time playing softball and using his power tools.

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With more than 15 years of experience as an association/non-profit professional, Tracy brings a wealth of knowledge in event operations, customer service, project management, and membership retention and recruitment. In her spare time, Tracy enjoys curling up with a word puzzle or popcorn and a Lifetime movie, and spending time with her son.
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Family Solutions Institute offers the essential preparation materials and workshops you need to confidently take the AMFTRB National Licensing Exam. For more details, visit: http://www.fso.com/Main/ViewWorkshopList.aspx New Virtual Workshop is now available (see Massachusetts listing on the website). The next intensive 2-day workshops are:
- Central Connecticut State University, New Britain, CT – April 5 – 6, 2013
- Nova Southeastern University, Ft. Lauderdale, FL – May 3 – 4, 2013
- Clarion Inn, Austin, TX – May 17 – 19, 2013

GENOGRAM POSTER
The AAMFT presents a poster constructed by Dr. Bruce Kuehl. It is derived from the genogram that was created for the September/October 2008 issue of Family Therapy Magazine and the AAMFT booklet, “Pioneers of Family Therapy.” The poster includes many of the most influential leaders in the couples and family therapy field across history. It is an excellent resource and reference for MFT instructors and students. This vertical poster is 24x36 inches. For more information, or to order, go to www.aamft.org/poster.asp

Mystic Marriott Hotel and Spa
Groton, Connecticut
Theme: “Family Therapy: Working with Children and Adolescents”
Speakers: Dr. Kenneth Hardy, Dr. Eliana Gil and Charlette Mikulka
Contact: www.ctamft.org

Georgia: May 2-5, 2013
King and Prince Beach Resort
St. Simons Island, Georgia
Theme: TBA
Speakers: TBA
Contact: call 404-261-1185, email at gaamft@bellsouth.net or visit www.gamft.org

Iowa: April 12-13, 2013
Northwoods Conference Center and Stoney Creek Inn, Johnston, Iowa
Theme: “Sexual Heath in Psychotherapy: The Six Fundamentals of Sexual Health as a Framework for Improving Treatment Outcomes”
Speaker: Douglas Braun-Harvey, MFT
Contact email iamft.conf@gmail.com or visit www.iowamft.com

Michigan: April 12, 2013
Hannah Community Center
Theme: “The Business of Therapy in the Tech Age: Key Strategies for Building a Successful Practice”
Speaker: Tracy Todd, PhD
Contact: email mamftmi@yahoo.com or visit www.michiganfamilytherapy.org

Missouri: April 26-27, 2013
Stephens College, Columbia, Missouri
Theme: “Understanding the ‘I’ in Therapist”
Speaker: Harry Aponte, MSW
Contact: www.moamft.org

Oklahoma: April 19, 2013
Tulsa, Oklahoma
Theme: 2013 OKAMFT Spring Conference
Speaker: Michael D. Yapko, PhD
Contact: www.okamft.org

Oregon: May 10-11, 2013
Red Lion Hotel - Jantzen Beach
Portland, Oregon
Theme: “Building Resilient Relationships”
Speaker: David Schnarch, PhD
Contact: www.oomft.org

Pennsylvania: April 12, 2013
Union League, Philadelphia, Pennsylvania
Theme: “Rewriting Love Stories: Brief Therapy with Couples”
Speaker: Mill O’Hanlon, LMFT
Contact: www.pamft.com

Rhode Island: April 25-26, 2013
Mystic Marriott Hotel and Spa
Groton, Connecticut
Theme: “Family Therapy: Working with Children and Adolescents”
Speakers: Dr. Kenneth Hardy, Dr. Eliana Gil and Charlette Mikulka
Contact: www.riamft.com

Utah: May 16-18, 2013
Theme: “Sex Addiction and the Family and Ethical Dilemmas for Treating Families and Sex Addiction”
Speaker: Stefanie Carnes
Contact: visit www.uumft.org or email uamftadmin@gmail.com

Washington: April 27, 2013
Seattle, Washington
Theme: “Supervision Workshop: Integrity as the Core of the Supervisory Relationship”
Speaker: Pat Love, EdD
Contact: call 608-848-1994, email wamft@mailbag.com or visit www.relationshiphelp.org

Country Springs Hotel, Waukesha, Wisconsin
Theme: “Maintaining Passion in Long Term Relationships”
Speaker: Pat Love, EdD
Contact: call 608-848-1994, email wamft@mailbag.com or visit www.relationshiphelp.org

Canada
Alberta: April 11, 2013
Calgary, Alberta
Theme: “Approved Supervisor Refresher Course”
Speakers: Dr. Arnie Slive and Dr. Maureen Leahey
Contact: www.aamft.ab.ca

April 12-13, 2013
University of Calgary
Calgary, Alberta
Theme: “When Sex Gets Complicated: Affairs, Pornography, Low Desire, Dysfunction, Dissatisfaction, and Everything Else”
Speaker: Dr. Marty Klein
Contact: www.aamft.ab.ca
Now available, hot off the press, is the new Family Therapy Pioneers Genogram poster.

Constructed by Dr. Bruce Kuehl, this poster is derived from the genogram that was created for the September/October 2008 issue of *Family Therapy Magazine*. The issue has long sold out, but now you can get the genogram in poster size!

The poster includes many of the most influential leaders in the couples and family therapy field across history. It is an excellent resource and reference for MFT instructors and students. This vertical poster is 24x36 inches. Non member price is $30. Members pay only $25. Shipping is free.

Order now at [www.aamft.org/poster.asp](http://www.aamft.org/poster.asp)
member benefits

Belonging to AAMFT allows you access to outstanding benefits and professional development resources at www.aamft.org.

**Policy and Advocacy**
AAMFT is the primary advocate for the profession, and the primary force for advancing the practice of marriage and family therapy. Our staff and leaders meet regularly with legislators and policy-makers to persuade them that family therapy works and that family therapists should be accepted throughout the health care system. To view the latest legislation updates and to learn how you can take action, please login as a member at www.aamft.org and click on the Legislation and Policy link.

**TherapistLocator.net:** This free online therapist directory is a public service of the AAMFT. Clinical Fellows and Members receive a free listing that they can personalize with practice and biographical information and their photograph. The AAMFT regularly advertises this service to the media and the public. Visit www.therapistlocator.net to learn about this valuable service.

**Job Connection:** Search for the ideal job or internship, or find the perfect employee with the AAMFT’s Job Connection. Anyone can post a job, but searching the listings is an exclusive AAMFT member benefit.

**FamilyTherapyResources.net:** This online resource includes AAMFT publications, events and articles, tapes from AAMFT conferences, and books by AAMFT members. AAMFT members can view and print out complete magazine articles for free. Members are also invited to add their books and products to the list of resources at no charge. For further information, visit www.FamilyTherapyResources.net.

**Continuing Education:** The AAMFT offers several opportunities for MFTs to earn continuing education credit, including an Annual Conference in the fall, as well as yearly Institutes for Advanced Clinical Training. AAMFT members also can earn continuing education online. AAMFT members receive discounts on all continuing education opportunities. For more information, visit www.aamft.org.

**Online Store:** The AAMFT provides an online store that contains must-have publications and products. Visit the online store to find a variety of consumer updates, excellent resources, and AAMFT logo souvenirs. AAMFT members receive discounts on all purchases made at www.aamft.org/store.

**Professional Liability Insurance:** AAMFT membership gives you access to comprehensive liability coverage and rates, specifically designed for your practice. Call CPH and Associates for more information at (800) 875-1911 or visit their website at www.cphins.com.

**Health, Disability, and Group Term Life Insurance:** The Marsh Company provides AAMFT members with a list of plans from which to choose, depending on individual needs. To find the right plan, call (800) 621-3008 or visit http://aamft.healthinsurance.com.

**Legal Consultation:** AAMFT Clinical Fellows and Members who need consultation on legal matters relating to their professional practice of marriage and family therapy can consult with the AAMFT legal representative free of charge. To make an appointment to seek legal consultation please call (703) 253-0471, email legalconsult@aamft.org, or visit www.aamft.org and click on Legal and Ethics Information.

**Free Ethical Practice Information:** The AAMFT offers comprehensive ethical advice and resources based on the AAMFT Code of Ethics. Marriage and family therapists can obtain FREE informational ethical advisory opinions, plus training and resources to protect and inform you about how to maintain an ethical practice. To reach this benefit visit www.aamft.org and follow the Legal and Ethics Information link.

**Division Membership:** The AAMFT divisions advocate for members at the state and local level and offer a variety of networking opportunities. Access the division directory and find out how you can get involved at www.aamft.org.

**Online Networking Directory:** AAMFT members have exclusive access to the membership directory located at www.aamft.org. Use the directory to make referrals, develop a peer supervision group, locate students to supervise, or find the perfect supervisor for your internship.

**Publications:** AAMFT members receive free subscriptions to the *Family Therapy Magazine*, AAMFT’s bimonthly publication, the quarterly *Journal of Marriage and Family Therapy* (JMFT), and twice per month eNews distributed electronically.

**Discounted Web Hosting:** from TherapySites.com (www.therapysites.com/AAMFT). This web hosting company provides therapist websites that bundle all the tools you need into one all-inclusive package. The service is designed to give you everything you need to make your online presence a profitable investment for your practice including: Personalized domain name, integrated email service, easy-to-use editing tools, website hosting, unlimited pages, HIPAA compliant technology, client forms, appointment requests, website statistics and many other services.

**Discounted Credit Card Processing:** The AAMFT has collaborated with with TSYS Merchant Solutions (formerly First National Merchant Solutions) to help provide additional cost savings for members. Some of the benefits of the program include: Discounted group rates on Visa, MasterCard and Discover transactions, dedicated account management team, additional merchant processing services, including debit card acceptance, an interest-bearing account, and check verification/guarantee services, free online statements and account access and much more. An additional benefit of this service is an account management system that allows you to set up automatic client billing, the ability to obtain insurance pre-authorizations and setting up recurring payments.
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