SYSTEMIC THERAPY AND GLOBAL AWARENESS

INTERNATIONAL IMMERSION:
Promoting first-hand interactions with other cultures | PAGE 08

SOCIOCULTURAL ATTUNEMENT:
Analyzing systems, culture, and power at a global level | PAGE 14

ASYLUM-SEEKERS AND REFUGEES:
Considerations for best treatment outcomes | PAGE 24
International Immersion: Promoting First-hand Interactions with Other Cultures

In recent years, there have been efforts to internationalize MFT. Due to economic globalization and cross-national migration, therapists are more likely than ever to work with people of diverse backgrounds, requiring international competence and cross-cultural understanding. **Tatiana Melendez-Rhodes, PhD**

Sociocultural Attunement in a Global Context

Thinking globally and acting locally isn't just about the environment anymore. It can be applied to the very intimate practice of sitting with our clients in therapy. Analyzing societal systems, culture, and power at a global level can make us more socio-culturally attuned to relational and mental health well-being in intimate contexts. **Teresa McDowell, EdD**

Departments

02 A MESSAGE FROM THE PRESIDENT

04 NOTEWORTHY
   Remembering Lynn Hoffman // Data Note

Also in this issue

LEGAL + ETHICAL

28 Assisting Immigrant Families
   Elizabeth R. Blandon, JD

31 Custody Recommendations
   Jeff Bryson, PhD

PERSPECTIVES

33 Me, Myself, and I(phone): Attachment Revisited
   Katherine M. Hertlein, PhD
   Markie L. C. Twist, PhD

36 STUDENT REFLECTIONS ON HURRICANE IRMA
Clinicians, particularly systemically-trained therapists, are adept at treating the devastating effects of trauma. But they are less comfortable helping clients navigate legal frameworks that contextualize these effects. The current sociopolitical climate will have an unforeseen and dramatic impact on countless persons in the U.S. fleeing from violence and persecution.

Asylum-Seekers and Refugees: Clinical Challenges from a Complex Legal Environment

Among America’s cultural paradox is our conflicting view of immigration. This is illustrated by our reaction to the arrival of asylees and refugees into the U.S. Highlighted are nine considerations for MFTs that characterize this population's experience and are crucial to successful treatment outcomes.

Damir S. Utržan, PhD   Howard “Sam” Myers, III, JD   Kailey C. Mrosak

A Courageous Balance: A Social Justice Perspective in Interesting Times

Challenging social injustice in therapy can be daunting. The author provides 10 recommendations for therapists that can promote civil discourse in a polarized social climate.

Margaret Keeling Jacome, PhD
A MESSAGE FROM THE PRESIDENT

FOR MOST OF HIS VOCATIONAL LIFE, my grandfather was a hard-working dairy farmer laboring every day at his professional craft. Had he lived five more years, he would be celebrating a century of life in 2018. It is hard to imagine any other generation in the scope of human history that had a front row seat to more innovation and societal transition than the generation of my grandfather. As Americans transitioned from an agricultural to an industrial society, innovations in medicine, industry, communications, aviation and the like were staggering. A century ago, the rural life of my grandfather had its simplicities, but also had many complications. Access to medical care was limited, and the ability to treat disease and injury was very inadequate. Education was very limited in service to the needs of a family farm or business. Work environments were more dangerous, workers had fewer rights, and many industries were unregulated. Communities were more local, as travel was limited and critical infrastructure was underdeveloped. As my grandfather farmed in the earliest days of his life, future developments of vaccines to eradicate disease, technology to put people on the moon, computers to manage mountains of information, an electronic internet superhighway to provide immediate access to information, cell phones for personal communication, and travel far beyond the family farm would have been nearly unimaginable.

In addition to the incredible technological changes of the day, my grandfather and his generation were also witness to a measure of social change. At the time of my grandfather’s birth, women still had not been given the constitutional right to vote. A class-conscious society divided the wealthy and the poor. Men and women across the nation were routinely denied access to their civil rights or an equal economic opportunity simply because of their race or their religion. The lives of the marginalized were often in continual danger. Perhaps it would have been unimaginable as a young boy on a rural farm in the 1920s for my grandfather to anticipate that he would one day cast the last vote of his life in a presidential election for an African American candidate. Thanks to the sacrifices of many at utterly precious cost, some advances in civil rights were made. While much has changed in the course of my grandfather’s generation, the social climate of today reminds us daily of the work yet to be done in pursuit of equity for all.

While a look back at the journey of the 20th century may be instructive, the legacy of our own generation is made by looking toward the future. How will AAMFT harness the new technologies of today and apply new innovations to...
the profession and practice of AAMFT? How will AAMFT contribute to promoting and advancing equity and inclusion?

While the recent AAMFT structure changes will help with innovation by organizing the association around professional interest groups, a critical component of innovation and social change for the future of AAMFT lies within the AAMFT Research and Education Foundation. The foundation recognizes and supports outstanding research publications and graduate research. The foundation also supports emerging researchers and innovators through dissertation and thesis awards. Innovation of the future begins with supporting those asking the questions that will lead to new answers, better treatments, informed policies, and new professional improvements for the future. In a sense, the Foundation is akin to the research and development departments of corporate structures.

The foundation is more, however, than just a mechanism for research and development, but a source for developing the culturally competent, diverse leaders for the future of AAMFT. Programs are in place to improve access to services in underserved areas, to foster broader diversity of association leaders, to expand pathways for professional leadership, and to expand the diversity of those training others in the field of family therapy. The Minority Fellowship Program, the diversity scholarship for emerging leadership, and the minority stipend to support the recruitment of minorities as AAMFT Approved Supervisors ensure greater minority inclusion in training programs, in professional leadership, and in the available supervisors of other future clinicians to join those already engaged in impacting critical family policy and advancing family science.

In addition to advancing diversity through scholarships, the Foundation supports the keynote speakers at the AAMFT annual conference by drawing attention and education to various matters of social concern. Presenters have included Representative Patrick Kennedy who has championed mental health concerns in congress, Nelba Marquez-Green who has been working since the tragic loss of her daughter to increase understanding in the effort to prevent violence, Judy Shepard who has been working toward gay and lesbian equality, and Kim Phuc Phan Thi who survived the Viet Nam war to work now in efforts to heal the wounds of war. Beyond the powerful personal experience of these national leaders, small scale, tangible projects supported by the foundation create space for members and non-members alike to address other social matters, such as immigration through the provision of services. The keynote speakers, programs, scholarships and programs reflect an educative goal of the Foundation, afford opportunity for new and diverse leadership, and increases our capacity, individually and collectively, to make a more meaningful contribution to the advancement of social equity in the world.

The AAMFT Research and Education Foundation can prove a powerful vehicle for creative innovation, equity, leadership development and advancing social change. Many hands often make for lighter work. Together we can contribute our time, talent, and treasure to the Foundation that can and does make lasting difference in the lives of many. Developing new leaders, working to eliminate inequities, and advancing innovation are critical for our future and membership support is essential to that endeavor. Supporting the Foundation is a simple way to put to practice the ideals of inclusivity and equity we are eager to champion. Perhaps one day, one of my grandchildren will stand with a measure of amazement at the creative innovation and social impact made possible through a simple culture of giving in support of the AAMFT Foundation.

CHRISTOPHER HABBEN, PHD
LYNN HOFFMAN: 1924 – 2017

A PIONEER OF THE FIELD,
Lynn Hoffman passed away December 21, 2017. She was a family therapist, author, and historian of family therapy, as well as a proponent of post-systems, post-modern, collaborative approaches. Her most recent position was lecturer in the Marriage and Family Therapy Program at Saint Joseph College in West Hartford, Connecticut.

From 1963 to 1965, Lynn worked as an editor for Don Jackson at the Palo Alto Mental Research Institute (MRI). While there, she worked with other notable pioneers such as Virginia Satir, Jay Haley, John Weakland, Richard Fisch and others. Lynn helped Satir edit her book, Conjoint Family Therapy. After completing her MSW, Lynn went to work at the Philadelphia Child Guidance Clinic, where Minuchin was developing his structural approach to family therapy. She put together some training tapes based on sessions with families of anorexic children. Lynn also did a stint as staff historian for the Applied Behavioral Sciences Program at Gouverneur Health Services in New York.

Beginning in 1978, Lynn joined the teaching staff of the Ackerman Institute in New York and worked on the Brief Strategic Therapy Project headed by Peggy Papp and Olga Silverstein. There, Lynn encountered the Milan team at a workshop and subsequently formed a Milan-style team of her own. Beginning in 1982, Lynn became part of an informal network of Milan teams. This network spun off a number of new innovators like Michael White, Harlene Anderson, Karl Tomm, and Peggy Penn. In 1983, Lynn began teaching at the Brattleboro Institute of Family Therapy, where she was influenced by the “reflecting team” approach and began to explore its dimensions, not only for therapy, but for teaching, consulting and workshops.

During her many decades in the field, Lynn led or took part in hundreds of workshops and conferences in the U.S., Canada, South and Central America, the UK, Europe, Australia and Japan. In 1988, she was awarded the Life Achievement Award for Distinguished Contribution to the Field of Family Therapy by AAMFT. Clinical Fellow Dr. Harry Aponte shares his thoughts on Lynn Hoffman’s life and work:

"Lynn was a very special person – very bright, always learning, and generous of heart. I have felt bonded to her. I supervised her for a while, and we collaborated on an article that has received much attention, ‘The Open Door: A Structural Approach to a Family With an Anorectic Child,’ published in Family Process (12:1-44). It was a commentary on a videotape of a session Sal Minuchin conducted with a family with a daughter, struggling with anorexia. It was a gift to me to have had a chance to work with her on the piece, as it was in general to share work with her. She was a good partner, someone who left you richer for having shared work with her. I believe she was a gift to our professional world.”

Lynn was author of Techniques of Family Therapy (with Jay Haley, 1969); Foundations of Family Therapy (1981); Milan Systemic Family Therapy (with Boscolo, Cecchin, and Penn, 1987); Exchanging Voices, and Family Therapy: An Intimate History (2002).

In 1994, Lynn designed a collaborative conference called New Voices in Human Systems. Her intention was to bring therapists, organizational consultants and social scientists together to discuss the implications of postmodernism for their respective fields. She continued to travel, bringing MFT to many other nations, and be a relevant figure in the field of family therapy.

“Lynn Hoffman gifted the marriage and family therapy profession with her ingenious historical and intuitive foretelling perspectives. Through her eyes, ears, fingertips, and intuition, while swimming among its creators and transformers, Lynn chronicled the waves of family therapy as alive and forever forming: continually and simultaneously maintaining and ever-changing the way we think of the people we work with, ourselves, what we do together and how we do it, and our world.”

— HARPEN ANDERSON, PHD, CLINICAL FELLOW, HOUSTON GALVESTON INSTITUTE, THE TAOS INSTITUTE —
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When I was in sixth grade, I took a computer-based Spanish class. Since there was no division of difficulty levels, three of my Hispanic friends and I were usually done with the assignments early. We would sit and talk to the teacher when finished, who, by the way, did not speak Spanish and was “teaching” this course by overseeing the completion of assignments. One day, he told my friends and I that if we cleaned the computers in the morning during homeroom, we could listen to music or play games and he would buy us donuts. We did so a few mornings, until one morning the four of us were cleaning and he said to us, “You’re doing a great job. It’s good practice for your future.” We paused in silence, and one of the girls became angry and asked him to clarify. He explained that when we were maids/house cleaners we would be good at our jobs. I walked out of the room. None of us reported this, but I sincerely regret not doing so. Since this has happened to me before, I wasn’t outraged; I was more so saddened that a teacher, someone who was supposed to be educated, could be so close-minded. This experience exemplifies how vital it is to be culturally competent, but more importantly, respectful of others’ ethnicities, beliefs, and backgrounds in general. As a leader in my field, I deem diverse populations and multicultural issues essential topics to be studied as a marriage and family therapist. These topics must be incorporated into coursework in training programs. I strive to conduct research to reduce unfortunate situations like these that I have experienced.

I referred to myself, a PhD student, a non-independent license holder, an unpublished peer-reviewed writer, a leader in my field. What are the criteria for leadership in a field where a masters degree is a minimum qualification and a thousand clinical hours is just the first step? Allow me to be (hopefully not, but potentially) the first to invite you into leadership.

The literature on leadership explicitly states that becoming a leader and maintaining leadership is a process, not an end point (Schuchardt, 2006). The four principles of leadership are: challenge assumptions, embrace ambiguity, take risks, and celebrate serendipity (Schuchardt, 2006). Those four principles can be so embedded into our work as therapists that we don’t even seem to acknowledge them as strong suits, but as basic routines and character traits. In Levitt’s (2010) article, “Women and Leadership: A Developmental Paradox?” she discusses leadership as it applies to gender and the field of counseling. Leadership is traditionally thought of as someone holding an “elected or appointed position,” which does not consider many other roles of leadership that lack an exclusive title. Leadership can be a cause of great stress, specifically in women who are faced with the challenge of balancing motherhood, career, and personal ambitions (Levitt, 2010). There are many socially-constructed gender issues that come along with leadership and, unfortunately, many women have spent their lives being told that along with leadership comes sacrifice in other areas of their lives (Levitt, 2010). Viewing oneself as a leader due to the role as a clinician/researcher/educator/advocate is the cognitive reframe we have been lacking.

If in reading this you still do not deem yourself a leader or advocate of the field, I would like to offer you ways to engage in one’s professional community. For example, partaking in any of the following fits into the category of “advocacy” and “service to the profession”:

- AAMFT’s Family TEAM
- Voting for AAMFT governance positions
- Nominating deserving individuals for awards for their contributions
- Attending conferences, whether it be national, state, or regional, and presenting your work, etc.
- Attending and participating in the Leadership Symposium: An opportunity to meet people who can influence your career and provide connections to propel you towards your next step; including keynote speakers who excel in their field, breakout sessions designed around relevant topics for MFTs, and networking opportunities.

This list is just a start. There are plenty of ways to advocate for the field and for your own community or specialized population. As a professional organization, it is our duty to be continuously educating ourselves on contemporary issues, post-modern theories, evidenced-based practices, and new research that is continually arising in the field. I look forward to seeing you all at the 2018 AAMFT Annual Conference in Louisville, Kentucky. Thank you for all that you do.

Eman Tadros, MS, is a Student member of AAMFT and a doctoral student in Marriage and Family Counseling/Therapy at the University of Akron.

References
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INTERNATIONAL IMMERSION

PROMOTING FIRST-HAND INTERACTIONS WITH OTHER CULTURES

Tatiana Melendez-Rhodes, PhD
In recent years, there have been efforts to internationalize marriage and family therapy (Glebova, Bolotina, & Kravtsova, 2014). Due to economic globalization, and consequent cross-national migration, therapists are more likely than ever to work with people of diverse ethnic and sociocultural backgrounds. Such work involves not only individual mental health and family dynamics, but also cultural guidance, which is to say assistance with navigating new cultural contexts (Melendez-Rhodes & McDowell, 2008). In order to accomplish the latter, therapists must acquire skills that enable cross-cultural understanding (McDowell, Goessling & Melendez-Rhodes, 2012), and they must become internationally competent, even if their goal is to practice in the United States only (Platt, 2012).
But what actions should we take as MFTs in order to increase our own global awareness? How will knowledge of other cultures facilitate our work as clinicians, researchers, and educators? Why is it important to know how family therapy is implemented in other countries? Why is cross-national collaboration important in our field?

Currently, as part of their training curricula, some MFT and counseling programs acknowledge the importance of teaching students to think globally and to become internationally competent (Friedlander, Escudero Carranza, & Guzman, 2002; Platt, 2012). Thus, they incorporate opportunities to explore multicultural, transnational, and global issues. This might include collaboration with academic programs from around the world, direct contact of trainers for international workshops and conferences (McDowell, Brown, Kabura, Parker & Alotaiby, 2011), development and implementation of webinars with international faculty, or development of immersion education opportunities abroad. While these initiatives are laudable, they are not sufficient in and of themselves. If they are to promote global awareness, international initiatives must be designed so as to “challenge cultural encapsulation and sociocentrism that support a sense of superiority—the belief that we have little to learn from others outside the United States and/or that our approaches are superior” (Leung, 2003, as cited in McDowell, Goessling, & Melendez-Rhodes, 2012, p. 365). This may be accomplished by promoting first-hand interactions with other cultures, especially the ones that are collectivist (Friedlander et al., 2002). It is important to become familiar with other family practices and cultural contexts in which they are played out. As we continue to expand MFT in other countries, and to bring some of their approaches to our clinical work, it is critical that we remain open to learning from them without imposing our ideas or views about how things should be handled in their culture.

At the academic level, Dupree and colleagues (2012) suggest that more research needs to be focused on increasing awareness of global perspectives in family therapy. In fact, there is a paucity of English-language publications about family therapy in countries other than the U.S. In other words, U.S. professionals have limited access to information about different cultures. One reason for this is lackluster support for international research. For instance, Mittal and Wieling (2006) found that MFT international students in U.S. accredited programs perceived a lack of faculty support for their initiatives to conduct international research. This lack of support was manifested by some faculty telling students that international research was not going to help them with their careers, suggesting alternative explanations when research results did not meet dominant theories, or not giving enough time for the development of the research project. That contrasts with enthusiasm among family therapists about the growing acceptance of family therapy in different parts of the world (Dupree et al., 2012). It is for this reason that I believe faculty and students should engage in international collaboration and participate in cross-cultural research. In addition, faculty
should include readings about different cultures, cultural approaches and techniques as part of all clinical courses, instead of restricting those materials to a specialized course on multicultural or global issues.

As an international therapist, and former Fulbright Scholar, I understood early on in my training as an MFT that it was necessary to build a bridge between my own Peruvian culture and the American culture, both for my sake and for the benefit of my peers and professors in academic institutions in the U.S. In doing so, I often struggled to convey that I was not the “representation of all Peruvians,” or Peruvian culture, for that matter. Efforts at cultural bridging helped my U.S.-based peers and professors understand where I was coming from as a person, and also expanded their understanding of different perspectives. In turn, I gained invaluable assistance with weaving my bicultural background into my clinical work. Furthermore, during the process, I realized that attempting to understand other cultures by only reading materials and/or watching videos on the topic leads to stereotyped notions that can reinforce negative reactions towards people who inhabit other cultural realities. Instead, first-hand engagement is crucial.

I continued the process of cultural bridging as a faculty member at a U.S. academic institution. Driven by my desire to share my culture with students, I contacted colleagues in Peru and started planning an international course. I found that being a bicultural faculty member who speaks fluent Spanish enabled me to create, coordinate, and deliver the international course in a way that met the expectations of both the hosting institutions in Peru and the academic program for which I work in the U.S. In the spring of 2017, Dr. Ralph Cohen and I held a seven-day graduate international course in the Counselor Education and Marriage and Family Therapy Department at Central Connecticut State University (CCSU). This course was designed to develop students’ multicultural competencies and to increase their understanding of Peruvian families and mental health services in Lima, the capital of Peru. Students participated in activities whose objectives were to explore and challenge their own values, assumptions, stereotypes, and biases; to learn about the strengths and constraints of mental health services offered in Lima; to become aware of how their own social background might impact their future as an MFT; and to examine the possible ways in which they could use this Peruvian perspective to work cross-culturally with Latino populations in the U.S., especially considering that Peru was similarly shaped during the Colonial period (years) as other countries in South America.

CCSU students participated in pre-departure coursework, which included lectures and analyses of videos and scholarly articles related to components of the Peruvian culture such as social policy, domestic violence, gender identity and gender inequality, and social class. This allowed them to understand, prior to their trip to Peru, how various elements influenced Peruvian families. In order to understand Peruvian values and norms, it was important that students were exposed to the history of Peru. In keeping with this endeavor, students had the opportunity to visit two museums, in which they learned about the Pre-Inca, Inca, Colonial, and Republican periods. In addition, students participated in lectures delivered by faculty from our host university, Pontifical Catholic University of Peru. These lectures had the purpose of increasing cultural awareness and promoting cross-cultural understanding. A couple of these lectures were focused on current challenges of systemic clinical work with Peruvian families, and the meaning and challenges of gender in Peruvian culture. Students had the opportunity to ask questions and discuss these topics with faculty.

Another important goal of this course was to go beyond lectures and touristic

“This experience has helped me develop skills and gave me experiences a classroom setting does not provide. This trip introduced me to new professors who exposed me to new viewpoints beyond my college campus, and a diverse student body that introduced me to different customs and cultures. I learned about cultural sensitivity. Being aware of cultural values and norms can help me understand international issues and conflicts.”
travel in order to expand students’ critical thinking (Platt, 2012). For this reason, students visited a mental health hospital that offers inpatient and outpatient services, where they learned about therapeutic practices in Peru. Also, students visited a nonprofit educational organization that offers education and services to people with intellectual disabilities. At this center, students were able to understand the critical role of an active participation of families in the educational outcomes of their children. Families are trained for more than 100-hours per year by the center’s specialists so that parents can continue their children’s education at home and in the community. CCSU students were able to contrast different social realities, and were amazed by how family commitment could lead to extraordinary results in children’s lives. Many of the adult clients at this center have jobs in companies, allowing them to become independent and to support their families financially.

Students engaged in ongoing discussion and reflected on their international experience through a variety of assignments, such as keeping a journal during the trip and writing a final reflection paper. Common themes across students’ written materials included examination of cultural stereotypes and biases, appreciation of diversity, new perspectives about gender and families, changes in worldview, abilities to work with minorities, and a positive impact on academic life. For example, one student offered the following explanation of how the course expanded her understanding of culture and gender, “I felt like having this experience truly completed my training as an MFT as it covered culture and gender domains so effectively. I learned hands on how to analyze and expand my thinking in a cultural lens.”

Another student discussed how this experience challenged her worldview, “Studying abroad helped push me out of my comfort zone to experience another culture, language, environment and educational system. It taught me to appreciate differences and diversity, and allowed me to identify and then dismiss stereotypes held about people who have different cultures.”

One of the students described the benefits of taking this class in a different cultural context, and increasing her cultural awareness, “This experience has helped me develop skills and gave me experiences a classroom setting does not provide. This trip introduced me to new professors who exposed me to new viewpoints beyond my college campus, and a diverse student body that introduced me to different customs and cultures. I learned about cultural sensitivity. Being aware of cultural values and norms can help me understand international issues and conflicts. My experience in Peru has been exceptionally inspiring and rewarding.”

Another student discussed how this course enhanced and expanded her professional career, “This study abroad to Peru gave me the chance to see the world, broaden my educational skills, take in a new culture, hone in my language skills, expand my career opportunities, inquire new interests, create a new life experience, and gain personal development.”

Overall, the international course was a rewarding learning experience not only for students, but also for me as a person, faculty member, and clinical supervisor. It was clear that having a first-hand experience could be a transformative learning experience that challenges preconceptions, stimulates curiosity, and raises awareness. What is more, this course gave students a better idea of how to translate international knowledge to clinical action. I look forward to engaging in activities that promote international collaboration at different levels. I encourage MFT Clinical Fellows and educators to collaborate in international endeavors and to support national and international students with initiatives that expand our field in a more global fashion.

Tatiana Melendez-Rhodes, PhD, LMFT, is a Clinical Fellow of AAMFT and Approved Supervisor. She is an assistant professor and clinical coordinator of the marriage and family therapy program at Central Connecticut State University.

References
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Sociocultural Attunement
in a Global Context

We have all heard the adage “think globally, act locally.” In fact, the phrase has been associated with everything from city planning and environmental protection to selling hamburgers. So what does it mean when applied to the very local and intimate practice of sitting with individuals, couples and families? How does the analysis of societal systems, culture and power at a global level help us be more socioculturally attuned to mental health and relational well-being in the most intimate of contexts?

Teresa McDowell, EdD
CONSIDER TONYA, a young European American family therapist who identifies as female and heterosexual. She is meeting with Emma and Jim for couple therapy. Emma (28) is a heterosexual, bilingual, Mexican American female. Jim (30) is a heterosexual, monolingual, European American male. The couple enters therapy to deal with what they describe as "constant conflict." While the couple refers to themselves as having an equal relationship, Tonya notices when she tracks their interaction that Emma makes repeated demands of Jim who remains calm and dismissive as Emma escalates in anger. When Jim eventually shows confusion, frustration, fear or regret, Emma is quick to reassure him. Tonya also notices that Emma does the majority of cultural accommodation. Jim has not learned any Spanish over the six years they have been together, even though Spanish is the preferred language of Emma's family of origin. Most of their couple friends are White, in spite of Emma's closest personal friends being Latina. Jim goes along with Emma to family gatherings but never fully engages in Emma's cultural traditions. In essence, it is primarily up to Emma to bridge the cultural gap.

Tonya is skilled in couples' work; deft in helping clients communicate in ways that inspire understanding and connection. She values diversity and makes sure she is respectful of the cross-cultural nature of Jim and Emma's relationship. Tonya takes the couple at their word that their relationship is equal. So why wouldn't the approach to diversity and social equity that Tonya is taking be enough? Why might she want to consider the role global equity plays in Emma and Jim's relationship? What more could Tonya offer Emma and Jim to help them consider more just alternatives for their relationship?

In Socioculturally Attuned Family Therapy: Guidelines for Equitable Practice (McDowell, Knudson-Martin & Bermudez, 2018), my colleagues and I define sociocultural attunement as not only awareness of the dynamic interplay of societal systems, culture, and power, but the willingness to pay close attention and respond to what is unjust. We argue this approach goes far beyond multicultural efforts to understand between-group differences in a single society, to analysis of the politics of difference across global and local contexts. We introduce a transtheoretical approach to diversity and social equity using the acronym ANVIET (attune, name, value, interrupt, envision, transform). This includes attuning to the connection between societal context (local and global) and intimate relationships and naming what is unfair, as well as valuing experiences that have been marginalized or silenced. It also includes supporting relational equity by interrupting what is unjust and helping couples and families envision and transform relationships in ways that support the mental health and relational well-being of all members.

In the case of Jim and Emma, Emma's experience of navigating the dominance of European culture in U.S. society (double consciousness, developing and using Euro-centered cultural capital to succeed in higher education and the workplace) is replicated in the most intimate context of her primary adult relationship. Jim's experience of being culturally centered leaves him unable to notice or appreciate his privilege, which is incongruent with the couple valuing equitable relationships. When Emma escalates during arguments, Jim prides himself in being calm and rational, unaware of his inability to attune to Emma's experience. Tonya can help Emma voice her needs and Jim listen and respond, but without considering global and local power dynamics, the nuances of privilege, uneven influence, and accommodation in Emma and Jim's relationship will most likely go unnoticed and without challenge.

Jim and Emma's relationship is also isomorphic to historical and contemporary international power dynamics. Tonya would need to be able to take a meta-view of systems at a global level to most effectively help Emma and Jim consider a wide range of possibilities for how they might organize their relationship. By expanding her view to include relationships between countries, knowledge of local and global her/history, and international power dynamics, Tonya would be able to recognize relationships as existing within broader, more meaningful contexts. For example, it would be helpful for Tonya to understand the influence of ancestral nation and the construction of race in U.S. society. This includes the history of European invasion and colonization of the Americas and later the U.S. taking from Mexico what is now Texas, Utah, Nevada, Arizona and California.

Tonya would need to have her finger on the pulse of past and present U.S. expansionism, nationalism, and global capitalism to understand the long and brutal history of anti-Latino discrimination and the impact of contemporary anti-Latino sentiment on Emma and Jim's unequal efforts at cultural accommodation. Tonya would also want to go beyond recognizing the relationship between European Americans and Mexican Americans and the relationship between the U.S. and Mexico. She would need to expand her thinking to include the relationship between high economic resource countries of the global North and low economic resource countries of the global South. Tonya would draw from a working knowledge of colonization, recognizing processes that confute the construction of what is considered true or right with a country's level of military might, technological development, and material wealth. She would be wary of how family therapy can serve as a colonizing force that supports dominant cultural lifeways and existing societal power dynamics. Tonya would also need to understand the ubiquitous global nature of patriarchy and male privilege that Jim and Emma are fighting against to establish an equal relationship.

Let's assume Tonya has done her homework and can now situate the couple's experience and struggles in a globally informed social context. Now what? She is still unlikely to know what to actually do to integrate her expanded social awareness into therapy. That's where ANVIET comes in. Let's return
It no longer makes sense to limit our understanding of diversity and equity to a single regional or national context.
A Courageous Balance:

Margaret Keeling Jacome, PhD
In 2007, the *Journal of Marital and Family Therapy* published the research article, “A Careful Balance: Multinational Perspectives on Culture, Gender, and Power in Family Therapy Practice” (Keeling & Piercy). Participants from 15 countries provided perspectives on how to balance respect for culture while promoting social justice, particularly gender equity. A decade later, recommendations from the 2007 study are applied to clinical examples consistent with the current cultural-political context in the United States.

To paraphrase the proverbial curse, we live in interesting times. Social reactivity seems to swing daily and dramatically between the outrageous and consequent outrage. Controversies concerning race, nationality, immigration, religion, gender, economic class, and power dominate the news, at the water cooler, and around dinner tables. Whether things are truly worse than in previous eras, or simply more exposed, is arguable, but what seems certain is that the volume of discord has increased, in both quantity and amplitude, and so have stress levels (American Psychological Association, 2017), while civility, sensitivity, and tolerance, have decreased (Weber Shandwick, Powell Tate, & KRC Research, 2017). In a polarized social climate where cultural sensitivity is openly scorned as political correctness, therapists have the opportunity to act with courage, to invite civil discourse, and to advocate for social justice within our spheres of influence.
There is a need to go beyond careful, to be courageous, and to add the weight of silenced voices in counterbalance to the coercive and domineering rhetoric that has become emboldened in the current era.

Although the call for therapists to promote social justice is not new, the time is ripe for a renewed sense of urgency to revisit some of the recommendations for socially just, culturally competent practice. In the *JMFT* article mentioned earlier, findings of that research built on and expanded the extant recommendations for socially just practice, with a particular focus on the intersection of culture, gender, and power, by soliciting practical ideas from therapists working in 15 nations. The participants emphasized the care with which therapists must respect cultural values and practices, while promoting social justice within the framework of clients’ worldviews. One participant compared this delicate complexity to a web, in which “Disturbing one strand affects all the others. [There is a] careful balance” (Keeling & Piercy, 2007).

This careful balance has never lost its salience, but it seems particularly critical a decade later. One could even argue that social injustice appears to have its thumb on the scale. As I witness the effects of the current social upheaval on my clients, my friends, family, students, and society as a whole, I have reached the conviction that there is a need to go beyond careful, to be courageous, and to add the weight of silenced voices in counterbalance to the coercive and domineering rhetoric that has become emboldened in the current era.

That said, if we lack the knowledge and tools to put courage into action, we are powerless. How can therapists be skillfully careful and courageous? The following recommendations are based upon our original 2007 research findings, augmented by a subsequent decade of clinical practice, teaching, and training, and made relevant to clinical situations we may encounter in today’s social climate. All of the following examples are fictionalized, based on an amalgamation of clinical experiences and observations.

1. **Don’t assume.** There is an adage that to assume makes an “ass” out of “u” and “me” (Belson, 1973). Try not to assume that your clients are very different from you, just because they look or sound different. Likewise, try not to assume similarity with a client who appears to reflect your own ethnicity, background, social class, or ideology. Most importantly, do not assume that people from a particular cultural, gender, or ethnic background are alike. Everyone appreciates being recognized as unique. Take a page from the anthropologists’ playbook and make the strange familiar and the familiar strange (Van Maanen, 1995). For example, a politically liberal therapist might assume similar values in a client who works in academia. Yet, that client might actually be quite conservative, and feel marginalized in her work environment. Adopting Anderson and Goolishian’s “not-knowing” stance (1992) allows a therapist to explore, ask, listen, and empathize, with the doors open for discovery and understanding.

2. **Recognize courage and strengths.** Attending therapy can be an intimidating task for anyone, but may be more so for members of groups where mental health issues (and services) are stigmatized. Try to appreciate the courage it takes for these clients just to show up, and give them credit for their hard work. Understand how threatening it can be for those who are reluctant to attend, and do your best to set them at ease without shame or pressure. Identify strengths and sources of resiliency embedded within clients’ cultural contexts, and respect clients’ expertise. For instance, an undocumented Latina client in an abusive relationship may be reluctant to call the police when her partner becomes violent, not for lack of courage, but for fear of being targeted by immigration officials.

3. **Utilize flexible modalities.** Be aware of differing family structures, the distribution of power, and who needs to be involved in therapy. Those who present for therapy are often the less powerful members of their systems. They tend to be those who are hurting the most, and therefore most eager for help, those who are most symptomatic, those who take the most responsibility in their systems for relational and emotional functioning, or those who are most easily scapegoated. Yet, power players who might not initially want to engage in therapy may be essential to its success. Those power players may be husbands and fathers, but they may also be mothers-in-law, parents, or grandparents. Consider the example of an immigrant client who initiates therapy for her son, who has started to have conduct problems and is struggling in school. Upon further assessment, the therapist discovered that the child’s difficulties coincided with an increase in family tension after his paternal grandparents arrived from their home country and moved in with the family, which resulted in pressure on the mother to meet her in-laws’ expectations, and arguments between husband and wife. The mother and child may have little power to change the family system on their own. Rather, support might be needed for the whole family system, to help the husband who feels caught in the middle, to assist the in-laws with cultural adjustment and to engage them as power players, and to ease tensions in the household.

4. **Establish collective goals.** Collaborate to set goals that represent the interests of all members of the
family system without inadvertently scapegoating or side-stepping accountability. For example, a male teen client suspended from school for online sexual harassment of a female classmate might invite a family dialogue about the objectification of women, and the stance the family wishes to take regarding the respectful expression of sexuality versus male dominance.

5. Empower with care. Empowerment generally refers to fostering a sense of agency and expanded personal choices. Be mindful that clients’ preferences for the type and amount of power they exercise may differ from the therapist’s expectations. Also be aware of constraints clients may be facing, as well as the potential risks of empowerment, and support clients to make informed decisions. As an illustration, a teen who is bullied at school because of his gender expression may be constrained from changing the prejudiced attitudes of others, but can be empowered to exercise good coping skills, build his confidence, cultivate friendships and the support of caring adults, and not to buy into toxic messages. The child can be made aware that he is not to blame, and that his actions may not stop all bullying (in fact, there may be some risks if he asserts himself), but he can learn to identify what options are available to him, utilize them, and avoid actions that might escalate the danger.

6. Make discourse personal and relatable. Rather than asking clients about their culture, or connecting gendered behavior abstractly to dominant discourse, ask them how they were brought up, about their parents’ generation, how things have changed over their lifetime, or how they would like things to be for their children (or the next generation). For example, a Mexican American newlywed couple may clash over what they perceive as each other’s disagreeable personality traits, while the therapist sees some connection to their differing levels of acculturation. However, few can successfully respond to broad questions about culture and acculturation patterns. Rather, the therapist can ask about each partner’s upbringing and the values and practices they hope to bring into their current relationship, and possibly pass on to their children in the future. By making the connection to family and differences in upbringing, the problems become located in discourse in a relatable way.

7. Support values while altering behaviors. Whether we agree with clients’ values and beliefs or not, we can usually support their values and help them identify behaviors that help them live their values without being abusive, coercive, or oppressive. For instance, a client who complains about feeling pressured to be politically correct by telling her neighbors “happy holidays” rather than “merry Christmas,” does not have to surrender her Christian perspective or feel that she is being ingenuine in her interactions. Rather, she may accept a reframe of political correctness as merely treating her neighbors as she would wish to be treated, with kindness and respect, so that she is able to exercise congruence with her values, without resentment over perceived social pressures.

8. Avoid judgment, unnecessary pathologizing, and colonialism. This is an old lesson, but we never outgrow the fundamentals. To assess a client’s behavior, beliefs, or worldview as less-than, backwards, strange, delusional, or distorted is an act of colonial hubris. To act as though we are all past this way of thinking is a dangerous form of denial. For example, religiously conservative clients from certain cultural groups may be horrified by a child’s tendency to masturbate when anxious, which a therapist would likely view as developmentally normal and not a moral failure. To emphasize psychoeducation
To assess a client’s behavior, beliefs, or worldview as less-than, backwards, strange, delusional, or distorted is an act of colonial hubris.

with the parents to convince them to change their beliefs on this issue may alienate them through the inference that their values are less enlightened than the therapist’s. However, empathizing with their concerns and assisting them to address the child’s anxious behavior in non-shaming ways may open the door for productive dialogue about childhood anxiety, as well as sexual and spiritual development.

9. Respect but don’t reify culture.
I own this one as my personal observation. Having lived and worked in multiple cross-cultural settings, I’ve concluded that, just as there are nice and not-so-nice people everywhere you go, there are good and not-so-good influences within every culture. If an issue seems problematic, even if it is “cultural,” it can be approached with care, humility, and sensitivity. A common scenario is the culturally-sanctioned shaming and manipulation of men through the use of epithets equating them with feminine characteristics or body parts. A male client who is afraid of being “whipped” or a “pussy” is unlikely to be receptive to his female partner’s influence, which, according to John Gottman’s research, is a key factor in relationship success (Gottman, Coan, Carrere, & Swanson, 1998). Rather than ignore such language and its supporting discourse, a therapist might encourage a client to consider how a man is even stronger when he teams up with a full and equal partner. He may also be engaged in challenging the view of women and feminine characteristics as weak, in light of the women’s, particularly his partner’s, demonstrated strengths.

The therapeutic relationship is influenced by our gender narratives and expression, our cultural worldview, our stereotypical thinking and assumptions, and our own experiences of privilege, power, oppression, and marginalization. We can either turn a blind eye to these influences and allow them to operate outside of our awareness and our control, or we can know them well, question them, and be continually mindful of them. For example, a middle-class, white female therapist working with heterosexual couples may identify strongly with the frustrations of her female clients, based on her own experiences of marginalization, while inadvertently failing to empathize with and engage their male partners. At the same time, she is acutely mindful of the oppression toward women, but may be less conscious of the marginalizing experiences of minority clients. Thus, she may miss important avenues of exploration, and inadvertently communicate that the clients’ experience of social injustice are not a suitable topic for conversation. This therapist could not only make it a deliberate practice to be mindful of these potentialities, to deconstruct and challenge them, but could engage in consultation with trusted peers to support transparency and accountability.

Challenging social injustice in therapy can be daunting. With courage, therapists can use their voices to help clients find theirs, and to speak out publicly on behalf of those whose voices are not heard. In chorus with other voices such as those in the Black Lives Matter and #metoo movements, the scales of justice can be rocked, and become, over time, more balanced.

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Asylum-Seekers and Refugees: Clinical Challenges from a Complex Legal Environment

Damir S. Utržan, PhD
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Among America’s cultural paradox is our conflicting view of immigration. This is illustrated by our reaction to the arrival of asylees and refugees into the United States. Less than half of Americans think that the country should do more to address the current refugee situation, **while more than half disapprove of admitting more refugees altogether** (Doherty, Kiley, Tyson, & Jameson, 2015). The following will outline nine considerations for marriage and family therapists that characterize the American asylee/refugee experience and are crucial to successful treatment outcomes.
1. Contemporary treatment guidelines for trauma survivors are insufficient unless they account for the current sociopolitical climate. The American Psychological Association (2017) released guidelines for treating the effects of trauma. Although reviewing evidence and making recommendations for treating these effects is important, basing guidelines on randomized controlled trials is erroneous. Trials can only serve to delineate the efficacy of specific interventions. But they cannot answer open-ended questions such as: “How does this intervention work in light of the asylees/refugee experiences?” Psychotherapy with torture survivors also takes time. It requires establishing trust and safety before forming treatment goals. And remission of symptoms does not necessarily mean improved functioning (Kinzie, 2011).

2. Immigration and asylum laws are complex. Both are widely considered to be more complex than the Tax Code (Seddiq, 2011). Immigrants attempting to navigate U.S. immigration and asylum laws are usually uninsured and often unrepresented by legal counsel. They are also unfamiliar with or ineligible for social services, including healthcare (Hunter & Mathay, 2016; Immigration and the States Project, 2014). A complex legal framework and inaccessible healthcare system isolates asylees and refugees. Further, being forced into isolation increases their susceptibility to detrimental mental health outcomes such as post-traumatic stress disorder (PTSD), anxiety, and depression (Martinez et al., 2015).

3. Legal distinctions between asylees or asylum-seekers and refugees have significant implications. An asylum-seeker is a person who is seeking to enter or remain in the U.S. because, for legally acceptable reasons, they have been persecuted or are unwilling or unable to safely return to their country of origin due to a well-founded fear of persecution. Asylum-seekers often do not have another authorized immigration status unless their asylum application is granted, at which point they become known as asylees. A refugee, on the other hand, is a person who has already been granted asylum before entering the U.S. and is a lawful immigrant.

4. Processing refugee and asylum applications is not only unpredictable and complex, but may also take several years. Admission to the U.S. is a long and difficult process that normally takes between 18 and 24 months, often longer (Department of State, 2017). Asylum-seekers are placed into removal (i.e., deportation) proceedings, which are referred to as affirmative cases, and are typically heard by trained asylum officers. A revised lesson plan used to train officers reviewing asylum applications consists of two significant changes (American Immigration Lawyers Association, 2017). They are now encouraged not to refer applications to immigration judges if they have reasonable doubt of the asylum-seekers testimony. Both lesson plans acknowledge that demeanor is often affected by external factors (e.g., culture, inability to speak English, detention abroad, and trauma). But the revised lesson plan removes guidance stating that these factors should not be significant factors in determining an applicant’s credibility. This enables asylum officers to consider symptoms of stress reason to doubt credibility. This is concerning insofar as persons interviewed at a port of entry are not only physically exhausted but also in an unfamiliar environment. These changes have considerably prolonged the processing time of applications, leaving asylum-seekers in a suspended state of uncertainty.

5. Asylum-seekers are detained for months or longer. The Asylum Parole Directive (Citizenship and Immigration Services, 2009) instructed Immigration and Customs Enforcement to parole (i.e., not detain) foreign-born nationals with a credible fear of persecution. This led private prison operators to decrease facility building operations. But the recent executive orders and implementing memos countered this directive by ordering immigration officials to hold asylum-seekers for the duration of their legal proceedings. As previously discussed, this could last several years. The effects of confinement after persecution-induced trauma significantly impact recovery and adaptation to mainstream society after release (Filges, Montgomery, Kastrup, & Klint Jørgensen, 2015; Newman, 2013).

6. There is growing emphasis on separating families. Deferred Action for Childhood Arrivals (DACA) was adopted by the Obama Administration to protect minors unlawfully brought to the U.S. by their parents from being deported. Deferred Action for Parents of Americans (DAPA), an administrative deferral of proceedings for undocumented parents of children born in the U.S., had also been in place. DAPA and DACA have been successfully challenged in federal court. Although the Trump Administration has been wavering on the status of the DACA recipients, its executive orders rescinded the status of DAPA beneficiaries. This has had the effect of separating families, leading to devastating effects on the socioemotional and psychological development of children.

Separating families leads to devastating effects on the socioemotional and psychological development of children.
development of children. Separating families and detaining parents for an indefinite period of time is damaging insofar as it contributes to sleep disturbances, aggressive behaviors, and social withdrawal in children (Chaudry, 2011).

7. Seeking federal criminal convictions for helping others enter unlawfully is closely related to separating immigrant families. A memorandum from the Department of Justice (2017) instructs Assistant U.S. Attorneys to consider charging family members with felony harboring, smuggling, and transporting, prioritizing persons who participate in transporting three or more family members. These charges have typically been used to deter human trafficking (unlawfully transporting persons for the purpose of forced labor or commercial sexual exploitation), but are now applied to discourage and stop family reunification. Persons fleeing from violence unlawfully enter the U.S. as a last resort. They often feel that the risk of detention following entry is a better alternative than remaining in their country. While an investigation may not lead to formal charges, it disrupts daily life. It also leads to collateral damage in the form of political and economic consequences.

Clinicians, particularly systemically-trained therapists, are adept at treating the devastating effects of trauma. But they are less comfortable helping clients navigate legal frameworks that contextualize these effects. The current sociopolitical climate will have an unforeseen and dramatic impact on countless persons in the U.S. fleeing from violence and persecution. The nine considerations we outlined above are vital to working with asylum-seekers and refugees in the clinical context. They are also important to maintaining a democratic society that protects its most vulnerable members.

8. There is increased emphasis on federal enforcement of immigration laws. Immediately following the presidential election, the Trump Administration introduced sweeping directives emphasizing enforcement of immigration laws by means of executive orders. These directives are not limited to removing convicted criminals. They also target other groups, such as children arriving at the border and parents hoping to reunite with their children. Both executive orders, along with their dramatic enforcement, have countless negative consequences. They led to significantly higher arrest and detention rates; frequently separating parents from their children, and as a byproduct, intense adverse mental health effects.

9. Federal efforts are underway forcing sanctuary cities to cooperate with immigration authorities. The relationship between federal and state agencies, as far as immigration enforcement is concerned, is complicated. Inconsistency between a desire for more immigration enforcement (such as in Texas or Arizona) and greater resistance to cooperation (as seen in California or New York) cause understandable confusion among immigrants (Immigration Legal Resource Center, 2016). This often results in the unwillingness of undocumented persons, including those with pending asylum applications, to access public institutions, such as the courts. The likely outcome of forced cooperation ranges from parents not sending their children to school to families avoiding community events and not reporting crimes.

References
Assisting Immigrant Families in an Age of Uncertainty

Life is filled with uncertainty, but—due to policy changes in 2017—for some of your foreign-born clients it has become an unrelenting companion.

Over 700,000 persons who were brought to this country as undocumented children will be fearful to go to school or work. They have been able to do so legally since June 2012, pursuant to the Deferred Action for Childhood Arrivals (DACA) program. The president has cancelled that program, however, effective March 2018 (Nakamura, 2017).
The end of DACA leaves these persons subject to arrest and removal, which is a greater possibility now. Immigration and Customs Enforcement (ICE) arrests are up more than 43 percent since late January 2017, compared to the same period in 2016 (Rose, 2017).

Many of those arrested due to their immigration status had no criminal convictions (Sacchetti, 2017). This has led to a sharp drop in reporting of crimes, including domestic violence, in immigrant communities (Queally, 2017).

As with DACA, the protections afforded under a program known as Temporary Protected Status (TPS) will end for many next year. Over 300,000 individuals from Nicaragua, El Salvador, Honduras and Haiti will lose their work permits and ability to remain in this country (Danner, 2017). Nicaraguans have been here legally under the TPS program since the 1990s.

Thus, in addition to providing mental health services to help immigrants deal with the stress of uncertain futures, experienced therapists are also needed to write reports that help win immigration cases. Based on 20 years of experience, I have discovered that these reports are crucial in four types of cases: the Violence Against Women Act; asylum; cancellation of removal; and provisional waiver.

Immigrant women face a higher risk for domestic violence (Washington Coalition of Sexual Assault Programs, 2016). Abusers wield power and control through threats of deportation, financial domination, cultural isolation from community resources, and, often, the victim’s lack of English language skills.

A successful VAWA application hinges on demonstrating the abuse suffered. In such cases, the mental health report should document, in as much detail as possible, the effects of the abuser’s control, humiliation, threats and domination. These evaluations usually describe the harm the survivor was experiencing at the time she sought mental health services.

Asylum is a form of protection offered to foreigners in the United States who have suffered significant harm, or fear they will suffer significant harm, if returned to their home country. Different from the VAWA cases, behavioral evaluations for asylum primarily document the impact of past trauma. The evaluation serves to convince the immigration officer or judge that the client is truthfully describing past events. If a mental disorder, such as PTSD exists, the report’s explanation of the extent and cause is also important.

Persons can only apply for Cancellation of Removal while they are in deportation proceedings, which is a hearing before an immigration judge. A successful request hinges on showing the hardship that will be suffered by relatives who are either U.S. citizens or legal permanent residents (U.S. Citizenship and Immigration Services, 2017). An evaluation of the foreign-born person is not required.

This involves assessing the relationships between the individual and his or her family members. In several cases, family members have revealed information about prior child abuse to the therapist and not to an immigration attorney. As a result, the therapist documented how the family member placed amplified trust in the foreign-born spouse, whose deportation would overwhelm the family.

Provisional Waivers are a pardon for unlawful presence in the United States. Foreign nationals who are not eligible to obtain legal permanent residency by completing the process in the United States must travel abroad and obtain an immigrant visa with the Department of State. Generally, persons who have been unlawfully in the U.S. would be barred from returning. However, an approved Provisional Waiver “forgives” that unlawful presence so that they can pursue an interview at a U.S. embassy abroad, return with an immigrant visa, and get a green card delivered to them in the mail.

The assessment for a Provisional Waiver will be like the report for a Cancellation case. The main difference being that USCIS (United States Citizenship and Immigration Services) will only consider hardship to the applicant’s U.S. citizen or Lawful Permanent Resident spouse or parent. Hardship suffered by the applicant, the applicant’s child, or another relative is only considered in relation to how this will impact the qualifying relative.

Elements of a successful evaluation
With the increasing arrest rate of foreign nationals, therapists are needed
for their professional services and detailed mental health reports. The therapist does not need a specific license or certification to perform these evaluations. Similarly, the assessments do not require any specific verbiage. Nevertheless, partnering with an experienced immigration attorney ensures that the reports will be put to best use and that the foreign nationals will receive all the help they need.

A clinical immigration evaluation is a detailed mental health assessment and can be written for many different government agencies. Multiple sessions are recommended so the therapist can uncover complex issues and present them to enable the immigration officer or judge to make an informed determination.

For all assessments, the therapist must perform a complete evaluation of the client’s background, present mental state and life events. Cultural competence in assessments of foreign nationals is beyond the scope of this article, however, employment of appropriate multi-cultural practices is an important corollary to an accurate assessment.

If you are interested in performing these types of assessments, contact qualified immigration attorneys in your area who are members of the American Immigration Lawyers Association. We need your expertise to provide the best possible outcomes for our clients.

Elizabeth R. Blandon, Esq., represents foreign-born survivors of trauma throughout the United States. She is an immigration law expert who has appeared in national media including CNN and The New York Times. Free tablet computers, for private video consultations, are offered to clients who are unwilling or unable to drive to the office. www.blandon-law.com

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Those who know me know that I love Alabama Crimson Tide football, and have been a fan since 1969. Watching a close football game is exciting. For me, the cerebral part of football is the best part, because it looks more like a chess match. But, as any sports fan knows, sometimes the referees make bad calls. Most of the time, the bad calls are honest—the referee did not have a clear view of the play. But there are times when referees are biased, such as the case of gambling on the games they work. It is bad policy to have a referee who is a fan of one of the competing teams. That referee cannot be truly objective.

During my tenure on the Ethics Committee, one of the most common ethics complaints was related to Subprinciple 7.7 of the 2015 AAMFT Code of Ethics, which mandates the separation of custody evaluations from therapy. As marriage and family therapists, we are faced with intense family conflict. We typically see families after the divorce, but during the custody battles. The divorcing partners/parents tend to be emotionally reactive, and harbor a desire for the children to take their side. The children are hurting too, and are emotionally vulnerable.
When one parent berates the other parent, the children are confused about where to place their loyalties. It is during these crises that many families are referred to therapy. We become, whether we like it or not, the referee of the family conflict.

Despite the clarity of the code, it is common for one parent in a custody dispute to file an ethics complaint due to a letter of support for the other parent. The MFT is engaged in therapy with one or more of the children, and maybe even with one or more parent. In some cases, the therapy is mandated by the court to help the children adjust to the divorce. In doing therapy, the MFT may have heard that one or more of the children fear the other parent, or that the other parent is verbally abusive. The MFT may begin doing therapy with one parent. Usually, the other parent learns about the therapy and becomes angry, believing the therapist is colluding with the other parent for sole custody. One day, the parent who has been bringing the children to therapy tells the MFT that a hearing is scheduled, “and could you send a letter to the court to help me?” When this occurs, what can the therapist do to act in an ethical manner?

1. Make sure you are familiar with the most recent AAMFT Code of Ethics (2015; www.aamft.org/code-of-ethics). Subprinciple 7.7 is clear that custody evaluations and treatment must be separated. If a judge subpoenas the MFT to testify, she must comply with the court order as a fact witness only. If the judge demands an opinion, the MFT must communicate that she is not qualified to make such a recommendation, as she has not completed an objective custody evaluation.

2. Understand that a recommendation implies an evaluation has been completed. As systems therapists, we constantly evaluate and monitor for changes in the contextual system.

3. Make sure you are familiar with models of ethical decision-making, as described in Wilcoxen, Remley, and Gladding (2013, pp. 50-55). If a parent asks you to write a letter of support for custody, identify the real ethical issue. In the case of a custody battle, the issue is less about advocating for clients, and more about separating custody evaluations from therapy for the parent’s and children’s therapist. Standard 1 of the AAMFT code states, “Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.” If there are legitimate concerns regarding potential abuse, comply with the laws in your jurisdiction regarding the reporting of child abuse.

4. Consult with peers and legal professionals, such as attorneys. The User’s Guide to the 2015 AAMFT Code of Ethics (Caldwell, 2015) is an excellent resource. The models of ethical decision-making encourage the therapist to seek ethical and legal counsel from others. A benefit of membership in AAMFT is access to legal consultation.

5. Use precise language in documentation. For example, do not say, “Jessie’s father verbally abuses him.” Rather, say, “Jessie’s mother reports that his father verbally abuses him.”

6. Remember systems theory. There are several family patterns that may be present. The child may want to avoid one parent because that parent is applying appropriate discipline, or the child is angry at a stepparent for a perception that the stepparent ruined their family. One parent may be constantly talking negatively about the other parent, and when the child has little to no contact with the other parent, the child has no option other than to believe what is being said. There are so many details that could cause the child to make a negative report about a parent that the therapist does not know. In other words, ethical family therapists know what they don’t know.

7. Remember therapeutic boundaries and roles. As therapists, we hear horrible details of pain and suffering. We became therapists because of our concern for others, but we must maintain our therapeutic boundaries. While we cheer for our clients to succeed, we cannot become so attached that we abdicate our values.

8. Explain your ethical obligations to the parent requesting the letter. Generally, clients are very understanding when we give them informed consent regarding ethical issues. Keep in mind that many family judges are used to game playing by parents and may be angry at your client for having you write the letter—the letter of support may backfire.

If a parent, or other, files an ethics complaint, and alleges that a custody recommendation was made to the court, the Ethics Committee only needs to establish two facts for a finding of guilt of subprinciple 7.7—was a letter or report sent to the court with a custody recommendation, and was the letter or report written by the treating therapist of any person involved? Once these two facts have been established, the fact of an ethics violation has been established. The therapist’s motive is immaterial at this point. Doing the unethical thing for what you consider to be the right reason(s) does not avoid a finding of guilt of an ethics violation.

Jeff Bryson, PhD, is an LPC in West Virginia, an IMFT in Ohio, and holds a doctorate in public safety specializing in criminal justice. The majority of his career has been spent in criminal justice settings, and he brings a systems perspective to intervening in criminal behavior. He has been a Clinical Fellow of AAMFT since 1999.

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Me, Myself, and I(phone):
Attachment Revisited

Five years ago, in our book, The Couple and Family Technology Framework: Intimate Relationships in a Digital Age (Hertlein & Blumer, 2014), we posed the idea that technology was best thought of as a member of one’s family—as an entity in and of itself with whom each person in a relational system indeed has a relationship. Since that time, we have posed this idea in several places—in many a talk, in our clinical work, in our classrooms, and in myriad publications (Blumer & Hertlein, 2015; Hertlein & Blumer, 2015). We are here today to reiterate that we meant what we said five years ago—technology is best thought of as an entity in and of itself to which we have a relationship.
If we accept that people have an attachment relationship with their technologies, what kind of attachment relationship is it? Is it a romantic attachment? Is it a caregiving attachment? Is it both?

Fear of missing out (FoMo), and/or fear of being offline (FoBO)—which, reportedly, therapists would do best by treating similarly to other phobias using modalities like exposure therapy (Wiederhold, 2017).

While we believe that assessing our clinical co-participants' relationships via their technologies is important in practice, as is checking for out of control technology-related behaviors, and technology-based separation anxiety, we believe what is equally (and in some cases maybe more) important to assess is our clinical co-participants' relationship with their technology itself. In the past, we provided an assessment tool by which to do this—the technology-focused genogram (Cravens, Hertlein, & Blumer, 2013; Blumer & Hertlein, 2015). This tool can be used to examine members of a system's relationship with their technology, including conflicts, distance, closeness, etc., with the technological family member by each person in the system, as well as how their relationships with each member of the system are influenced by their relationship with the technological family member. What we are proposing now is that in addition to this assessment of one's relationship with technology, marriage and family therapists need also assess one's attachment relationship with one's own technology. Our recent position is in light of the more emergent research in the last five years that has shown that people have separation anxiety in relation to their technology itself (and not necessarily to the people they communicate with via these technologies) (Clayton, Leshner, & Almond, 2015; King et al., 2013; Seunghee, Joon, & Hyun, 2017), as well as the research that has been conducted exploring the connections between one's attachment to one's phone, separation anxiety to one's phone, and phone addiction (Trub & Barbot, 2016). This emergent research, coupled with our position regarding the role of technology in our lives, which is one conceptualizing technology as being person-like with whom each of us has a relationship, had led us to believe that people do indeed have an attachment relationship with their respective technologies.

If we accept that people have an attachment relationship with their technologies, what kind of attachment relationship is it? Is it a romantic attachment? Is it a caregiving attachment? Is it both? Are the attachment styles present between human and machine akin to those between caregiver and child—secure, anxious-ambivalent, anxious-avoidant (Ainsworth, 1973; Ainsworth, Blehar, Waters, & Wall, 1978), disorganized/disoriented (Main & Solomon, 1990)? Or are the attachment styles present akin to those between affectional and romantic partners—secure, dismissive, preoccupied, unresolved/disorganized (Bogaert & Sadava, 2002; Davila & Kashy, 2009; Hazen & Shaver, 1987; Mikulincer & Shaver, 2007; Mikulincer, Shaver, Bar-On, & Ein-Dor, 2010)? Are all of these kinds of attachment processes possible and happening between people and their technologies? If so, what are the implications for the humans in one's life? And if so, what can we as family therapists do to assess the attachment relationship between a person and their technology? And why do we care? While we are not entirely sure how to answer many of these questions now, we do believe we need not only ask them, but find answers to them sooner than later (see Hertlein, 2015).
& Twist, in press, for more exploration of these questions and proposed answers. We believe MFTs are well-suited to both ask and answer these questions, because the way one has an attachment with technology impacts not just that individual, but the whole relational system. This relationship may very well be a reflection of the attachment processes between people within the system, as well as a model for how to have attachment relationships between members, including technological members. In addition, we believe asking and answering these questions is essential because our technologies are about to become even more human-like (think robots; McArthur & Twist, 2017) and once this happens, the attachment relationship between human and machine will be even more glaringly apparent than now, and we may even find ourselves asking the question, “What kind of attachment relationship does my robot have with me?” and not just the one-sided query of “What kind of relationship do I have with my technology?”

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As I write, wildfires have devastated much of California. Those in Houston are still recovering from Hurricane Harvey, and those in Puerto Rico, the Virgin Islands, Turks and Caicos, and Dominica were hard hit by a combination of hurricanes Irma and Maria. Students and faculty at the COAMFTE-accredited program in Las Vegas are dealing with the trauma of a mass murder. Our program’s time spent dealing with Hurricane Irma, which largely passed us by, begins to seem almost too minor to mention. Yet, this was the most serious hurricane to threaten Florida in 25 years, and coping with the circumstance was a test for our master’s students in particular, many of whom had only arrived on campus three weeks previously.
As program director, I was impressed by how our students used their skills as beginning family therapists to learn, grow, and thrive in these exceptional circumstances, and I wanted to share their voices with the field.

Student voices

Caitlin and Tyrone are second year MS in MFT students, and president and vice president of our MFT Club (student organization for all MS in MFT students). At our fall orientation in late August, Caitlin and Tyrone encouraged our first year MS in MFT students to set up their own WhatsApp network, as the second year students had already done. For those, like me, not clued in to the latest technology, this app allows everyone in a given network to text each other simultaneously. For the second year students, this had been just a fun way to share about classes and internship experiences. Although we did not know it at the time, this was to be a major source of support for our first year students as the hurricane loomed! To put together this article, I drew on the WhatsApp texts the students sent to each other, and the post hurricane “debriefing” party we held for all the MS in MFT students. I also included the voices of a representative sample of students willing to share their stories. Second year students contributing to this article are Caitlin from California; Tyrone from New York; Jodi from Fort Lauderdale; and Amanda, an international student from Trinidad and Tobago. First year students contributing are David from Hawaii; Michele from a small town in North Florida; Katia from Miami by way of the United Kingdom; and Rita, an international student from Romania. They represent a wide range of ages, family stages, backgrounds, and hurricane experiences, but I will let them tell their stories themselves.

Gathering storm clouds

On August 21, we began our fall semester. By August 30, the National Weather Service was reporting Hurricane Irma approaching Florida. I was initially reassuring with students; our location is well inland and most hurricanes cause us a few rainy days, if that. But this has been a year of unprecedented disasters and Irma began to look like one of those. By September 4, Irma was upgraded to a Category 5 hurricane. To allow students, faculty, and staff to make storm preparations, Nova Southeastern University closed September 6. Thereafter, our communications with students were primarily through Facebook, email, and text, until the storm was over. On September 8, Florida governor Rick Scott announced that all Floridians should be prepared to evacuate. 5.6 million people were ordered to evacuate, a quarter of the state’s population, and the rest were encouraged to either evacuate or shelter in place in a secure location. Caitlin stayed in her apartment; Tyrone tried to get a flight to New York, was unable to (airlines canceled many flights and greatly increased prices on those remaining), and ended up renting a car and driving 21 hours to New York City. Jodi, a long-term resident, ended up sheltering in place at home, with her children, cats, dogs, and neighbors. David wanted to stay and watch the storm, but ended up yielding to entreaties from his family and taking refuge with in-laws in North Florida. Michele drove from North Florida, and when the storm followed her, ended up moving with her family into an emergency shelter. Katia also evacuated to North Florida with her husband, young child, and dog. Amanda flew home to Trinidad, and Rita was invited to shelter with a fellow student. Other students made similar difficult decisions—to stay or go. Having a nationally renowned equine family therapy program meant we also had to give thought to safely stabling our beloved horses. Throughout this difficult time of decision-making and travel, students stayed in touch with and helped one another.

Hurricane lessons

As noted in the family therapy texts used in the first and second year classes (Reiter, 2017; Rambo, West, Schooley, & Boyd, 2012), students found that anxiety spreads in systems, but that relationships can both support and heal. This is consistent with recent research on long-term recovery from natural disasters and the importance of relational context (Chan, Lowe, Weber, & Rhodes, 2015). Perhaps, not surprisingly, given the social justice and diversity emphasis of our program, students did not just stop with their own experiences, but created new opportunities to bring healing to others.

Anxiety spreads in systems

Michele: As the unknown of what was to be Hurricane Irma crept upon us, the anxiety levels in my family, too, crept through my family system. My sister and I were the first ones who were anxious. As time went by, my brother called my mother and described to her everything that needed to be done to protect the house. This still did not raise my mother’s anxiety level. It was not until we were mandatorily evacuated that my mother began to make a plan, as well as my grandparents, who were adamant about staying home prior to the mandatory evacuation. Finally, my entire family’s anxiety levels were aligned, and we were able to come together as one unit to pack up our important items, check on one another, and travel to the shelter.

Tyrone: Originally being a student studying science for a majority of my undergraduate years, I find the correlation between anxiety formed within in systems quite close to
how hurricanes form, in reference to low pressure and high pressure within a system. Normally, I am the type to be calm and level headed through any adverse situation—never reacting too quickly, yet always vigilant to what might need to be done to overcome a tough situation. This can be characterized as “low pressure.” However, after living through the devastation of Hurricane Sandy that ripped through New York and New Jersey at only a Category 1 about 5 years prior, I knew the potential of what was yet to come. In my attempts to remain cool, calm, and collected as the world around me seemed to be in complete chaos, I found my normal feeling of low pressure in high intensity situations begin to become one; merging with the “high pressure” of society around me. Realizing the storm was getting stronger as it was projected to make landfall directly in my current area of residence, I completely conformed, combining my feelings of low pressure into the high pressure and anxiety around me, similar to how high pressure air is pulled into the low pressure center of a storm, causing wind speeds to increase. Shortly after this, my town in lower Dade County was listed as a primary evacuation zone and I was unable to get a flight out of South Florida. I then decided to rent a car with a childhood friend and take the road trip 21 hours back to New York to be safe in my hometown with family.

Caitlin: I am from Orange County, California. I grew up on the coast between Los Angeles and San Diego, in the town of Dana Point. I moved to Florida a year and a half ago, and this was my first major hurricane. Growing up in California, I have never experienced a natural disaster; I barely experienced weather my first 18 years of life. The rest of my family recently relocated to south Florida. As a new intern, I didn’t want to leave my clients, and was concerned about their files. I was also worried about our program’s horses. Evacuation was never really discussed. My boyfriend and I loaded up on water, a few snacks, and a flashlight; that was it. We tracked the storm, planned to check in once a day at noon with friends and family, and stayed off social media. I completely agree that anxiety spreads among systems (especially online) and once we made the decision to stay, I really had no interest in getting wrapped up in the panic and chaos.

Relationships support and heal
Students drew strength from relationship with each other.

Tyrone: Looking back to all that occurred before, during and after Hurricane Irma, I find that relationships strengthen in times of adversity. The amount of support offered from friends and family really exemplified who truly had my safety and well-being in mind. I was shocked when I received phone calls and posts from friends in grade school I haven’t spoken to in nearly a decade who reached out because they heard I had recently relocated to Florida. I also found comfort in students within my cohort I have only known for about 12 months, who also offered support, not just physically, but emotionally, to those who have never experienced a natural disaster like this one. Sometimes, it just takes the right situation for the true colors of those who have been a part of our lives to come to fruition. Though, we all could have done without a natural disaster to portray this, I think the times that it does show are exactly when we need it.

Katia: Acts of kindness were displayed by my peers in our then newly formed
first year’s WhatsApp group. We grew to realize that we could depend on each other. Our system developed so much so, that instead of simply being a group for Nova’s starting MS in MFT students, we became each other’s sources for weather information (for those with no power who needed updates on the storm), librarians (to share pictures of class readings so evacuees could keep up with school work), and more. Reflecting on our hurricane Irma experience, it is easy to spot so many instances when I was reminded of the kindness that drives humans when faced with a ‘fight or flight’ dilemma, as well as instances that reinforced my belief in the effectiveness of looking at life through a systemic lens, and the efficacy of the work delivered by therapists operating under this systemic theory.

**Rita:** This has been the year of surprises for me, as well as great outcomes from what, at first look, seemed to be incommensurable challenges. Only three weeks after my arrival in Florida, and 10 days within our school program, I found out a hurricane was approaching. I had never been exposed to a hurricane, coming from a naturally fortunate area of Transylvania, Romania. I had barely met a few people and had a handful of contacts in the area, so when it seemed that the hurricane was coming our way, I found myself in a mixture of disbelief and confusion. I could not believe that I would have to go through a hurricane and had no idea how to prepare for it. It turned out that the house where I lived had to be evacuated, being close to the beach, in the surge area. Although I was not anxious at all, and I always trust my gut feeling, I wasn’t sure whether the lack of anxiety was due to the novelty of my situation or something else. I had one colleague I connected with since orientation, Jody Schultz, with whom I shared most classes, and we had an impromptu study group when we found out about Irma. Jody’s attitude was so comforting and natural, which put me at ease: “You can stay with me, wherever I go, you can come with me.” And so it was. I literally packed all my stuff in the car and drove to Parkland (a nearby suburb). We packed up Jodi’s five rescued cats and ended up in a very safe area in a hurricane-proof house.

Although physically isolated and safe during the hurricane, it was really good to know what was happening with my classmates who shared their experiences on WhatsApp. All this happening fairly early in our school time together helped in building our community, giving us/me a sense of belonging. I was cheering for those who were safe and worried for those who turned out to head right into the storm after it changed its track. It was way better to know what was going on, not having to worry for days to find out what happened to others.

Students also drew significant strength from their own families, and in some cases drew closer together.

**David:** We were able to gather together with my in-laws as we prepared for the hurricane. The best part was when the power went out. Everyone was forced off their electronics and began to interact with each other more than they had in a long time. At one point, we all put trash bags on and ran outside in the wind and rain together before the storm got too bad (my young daughters were already asleep). This was very abnormal for our family, but it was a lot of fun.

**Katia:** Since my husband really pushed for us to evacuate from the beginning, it put a significant amount of stress on me personally, as I had to come to terms with the fact that I’d be leaving my parents, grandparents and siblings behind. They, like many others, decided to stay in an area that was under mandatory evacuation, and as a beginning therapist, I understood that it would be the first time I’d face having to pull myself out of their family system to focus on my own. I would say that was definitely the hardest part ... the fact that I had to make a clear distinction between the systems of which I am a part, and had to take action to maintain the homeostasis of the nuclear family system I, together with my husband and child, had newly formed.

Part of that shared family experience included the extended family of faculty and family therapy supervisors.

**David:** As an advocate of the first year cohort, I can say that the genuine concern we felt from the faculty was one of the most comforting and healing aspects during and after the hurricane. Many of my peers and I were extremely worried about the impact that the
hurricane would have on us in the aftermath. Knowing that the faculty cared and wanted us to succeed took a huge weight off my shoulders. I was able to move from a debilitating standstill to having room to work because of the flexibility the faculty provided.

**Jodi:** Within moments of Irma’s arrival, I did lose all power but was surrounded by fresh flowers and a quickly dwindling stash of cookies! I texted Dr. Rambo right away and she answered me—as soon as she found her reading glasses in the dark! Knowing Dr. Rambo and our other faculty were near, and going through the same experiences, was a lifeline for not only me, but for so many other MFTs in our program.

**Amanda:** My supervisor at my externship site was the first person I spoke to and he assured me that all would be okay with my leaving and not to worry. I emailed my professors to let them know and they all understood. Dr. Rambo is the program director and she was so concerned about what was going on with all her students—she sent emails of comfort and checked in regularly. I was also on Facebook chatting with her about the situation during the Saturday night the hurricane was hitting. I have studied and completed a master’s prior to this and worked at another University. Never have I experienced faculty members who support and care for their students like this program! It means a lot and is something I will always remember. Receiving emails from professors who were going through a lot on their own but made time to reach out to others showed me I chose the right program and I would like to be like them one day! I boasted back home about the wonderful support system here. I felt really special and comforted.

Students were touched as well by the kindness of strangers.

**Katia:** Since we are located closer to the beach, we were one of the first to be warned that mandatory evacuations were imminent in our area. We decided to get a head start and drive to Orlando with our five-year-old daughter and our forty-pound furry baby. We made it up to Orlando on Wednesday and stayed for two nights in hopes of having a better idea as the days passed of where exactly the storm would be heading. Yet, despite our best efforts to plan ahead, we soon discovered that most South Florida residents had the same idea, and by Friday, we were suddenly all in one big rat race trying to frantically get out of the state.

The first time I saw kindness displayed in a way that is rarely seen these days was when we were stuck at a gas station line in Gainesville that stretched for over a mile. Since we were running out of fuel and were at a complete stand still, we decided to shut the engine off and brave the Florida heat with some fresh air. What was supposed to be a two-hour drive had now become six, and my daughter became understandably irritated. That’s when a group of smiling faces walked up to our car and, to our surprise, explained that we were welcome to one of the packed lunches they had taken time to prepare for fellow Floridians such as ourselves that spent the better part of the week fleeing. That seemingly small act of kindness brought a tremendous sense of community and showed that when smaller systems become stressed, it can affect larger systems and, as in this particular instance, incite individuals to draw from their resources to help one another. Finally, students remembered their relationships with themselves—and the importance of self care.

**Jodi:** As a Native Floridian and survivor of many hurricanes throughout my 52 years of living in South Florida, this time, the anxiety was more intense. Have you ever looked into the grocery carts of panicking, disoriented shoppers? They seem to toss their hurricane anxiety around like confetti. They begin filling baskets with their unique interpretation of what is meant by the words “emergency supplies.” As I snuck a peek in some grocery carts, I noticed they had ice cream, fresh milk, and meats … all items you would not need if the power should go out! Once I had the recommended hurricane supplies, and once my husband, older children, extended family and dogs began to hunker down (and eat all the supplies I purchased for Irma before the hurricane actually arrived) I realized, I had to take care of myself to be able to handle all the anxiety around me. As they say, “put your oxygen mask on first before assisting others.” In order for me to be the hurricane hostess with the mostest, I quickly ran out and filled my cart with bunches of fresh flowers and plenty of cookies. My newly trained MFT thoughts were, with self-care in mind, I could endure any power outage daring to head my way.

Issues of power and privilege are present in every system. Our students noted issues of power and privilege, and were aware of social justice issues.

**Michele:** Once we arrived at the shelter, my family and I were able to have one of the best places within the school to set-up our “camp.” We had connections to the vice principal of the school. I felt guilty that we were able to use our privilege to not have to be squished into a hallway amongst random shelter guests and their pets. The hallways were packed with people and animals—smelly, hot, and cramped. I walked through every hallway and took the time to be thankful for how good that I had it. Given that I had an advantage within the shelter, I was asked to volunteer. Therefore, I was able to work alongside all of the people in authority within the shelter. This provided me with the opportunity for my voice to be heard within the shelter; I could ask questions and provide feedback that was thoroughly addressed and contemplated. It was an opportunity for me to listen to the concerns of the people in the shelter, and use my privilege to advocate for them.

**Tyron:** With the assistance of my diversity professor, I was able to really reflect on my experience during hurricane Irma. Though it was not easy, I understand that I was extremely privileged to be able to effectively put together an escape plan. Thousands of people in the South Florida area lacked the proper resources to evacuate in a timely fashion and some were stuck in insecure homes risking their lives and
around me were experiencing. And help ease some of the turmoil those therapy techniques, made it easy to disasters in the past, as well as acquired through the storm, and after it had all emotional comfort before the storm, I used the training acquired throughout my time in the MFT program to provide emotional comfort before the storm, through the storm, and after it had all passed. My experience with natural disasters in the past, as well as acquired therapy techniques, made it easy to share the power and privilege I possess and help ease some of the turmoil those around me were experiencing.

After the storm
The storm hit in the early morning of September 10, but swerved west, avoiding our area for the most part, although hitting heavy in the Keys. Ironically, the storm caused damage in Orlando, North Florida, and Georgia, where many South Floridians had evacuated to avoid the storm. Our campus retained power and was not damaged, but most in the area lost power for 24 hours at least, in some cases longer.

Amanda: I did notice that it took a disaster to bring a lot of people who would not normally be working alongside each other, to lend support together. Even in the chaos, there was an assembly of people working against the monster of the hurricane that was about to hit. I saw resilience and strengths emerge that I did not notice before, after living here for one year. It was a sense of community, of shared feelings of anxiety, worry, fear and all other emotions. I was able to see that as a benefit. I am from Trinidad and Tobago and part of the culture is sharing and giving, and I was able to see that here. Even though I left to be with my support system—my family—I still experienced the “before” and “after” Hurricane Irma. It is an experience that I will always remember. I thank God, it did spare the area for the most part! It could have been worse.

Rita: It surprised me how long it took to get back to normal. Even days after getting back to school, people still shared their stories about how they lived through this storm. I thought that getting back to usual life would help everyone fall back into normalcy, but it seemed that physical components are not enough for one to have a sense of getting back to normal. Talking about past experiences, even when it all turned out fortunately, is almost like an urge, which I found interesting.

Caitlin: The morning after, we strolled around the neighborhood surveying the damage. I’m very grateful that we did not get hit harder. The power in my apartment only went out for a few hours, so I had friends and all of my family’s dogs taking advantage of my air conditioning for a few days. I found that the aftermath was the most inconvenient. I also found that in that aftermath, people were brought together to support one another. In our case, where the damage was not major, it’s hard for me not to see the positive. I stopped by the Stable Place barn (site of our equine therapy program) the morning after. The horses had been locked up for 72 hours and had just been let out before I arrived. One of the horses, Cookie, was gleefully romping about the property. He was having so much fun, running around, just exuberant to be free and alive. One of the things equine therapy can teach us is to live in the moment. I try to follow Cookie’s example.

Next steps
When the university reopened, the week of September 18, faculty hosted a pizza party to celebrate the storm passing us by, and our beautiful campus remaining largely untouched. The morning after, the MFT Club held a meeting to discuss how we could help others, and I was greatly moved to see that this was even better attended, with standing room only. Students have now reached out to our MS in MFT graduates working in Dominica, Puerto Rico, Turks and Caicos, and the Virgin Islands, or with survivors of the storms from these islands seeking refuge in South Florida. The students purchased wristbands to raise awareness, and are giving those out and asking for donations (https://www.gofundme.com/mfts-unite).

This has definitely been a year for disasters, and at times the news can be discouraging. But when I see the next generation of family therapists so busy about the task of building relationships, and so attuned to community, I have hope for our future.

Anne Rambo, PhD, is the director of the MS in MFT program at Nova Southeastern University, and works with MS in MFT graduates to help them get started in the field. In addition to over 25 years teaching in a COAMFTE-accredited program, she has worked as a family therapist in agency, research institute, and public school settings. She is a coauthor of several books related to family therapy training and supervision, and the author of a book for parents on navigating school settings. Rambo is an AAMFT Clinical Fellow.

Students quoted are Caitlin Sickler, Tyrone Grandison, Jodi Tobin Kaplan, Amanda Dukkie, Michele de la Costa, Katia Pineda, and Rita Cebuc. Thanks also to Jody Schulz, Tatiana Harris, Benjamin Zeiger, Kristal Morel, Flavia Chan, and other MS in MFT students too numerous to mention, who contributed to our discussions and supported each other.

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References
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