Conference Schedule
Thursday, March 30, 2017

Pre-Conference Institutes (extra fees apply)

8:00 – 9:00 am  Pre-Conference Registration

9:00 – 12:00 noon  Morning Sessions
100  Ethical and MFT Training Issues in Collaborative Care Settings
101  Becoming Practitioner-Researchers: Challenges, Possibilities, and Strategies
102  SRIRT: A Substance Use Protocol for Marriage and Family Therapists
103  When Validation of Emotion and Relationship Mindfulness Meet: Essential DBT Skills for Families and Couples
104  Foreplay RST Live!

12:00 – 1:30 pm  Lunch on your own

1:30 – 4:30 pm  Afternoon Sessions
105  The Dynamic Dance Between Compassion and Empathy: The Boundaries in and Between Us
106  Engaging Men in Therapy: Rewriting What it Means to be a “Man”
107  All Parts are Welcome: Using the Internal Family Systems Model with Individuals, Couples, Families, Groups and Everybody Else
108  Working Effectively with Families, Couples and Individuals Harmed by Murder and Others Harmed by Severe Violence
109  Social Media and Its Impact on Couples and Families from an MFT Perspective

4:30 – 5:30 pm  Early Conference Registration

Program descriptions and speaker information is available on pages 3—7
### Friday, March 31, 2017

**Working with Difficult Men: Trauma, Depression, Aggression**

**Terry Real**

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<th>Time</th>
<th>Activity</th>
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<tr>
<td>7:30 – 8:30 am</td>
<td>Registration – Coffee &amp; Juice (Hotel guests enjoy complimentary breakfast)</td>
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<tr>
<td>8:30 – 10:15 am</td>
<td>Session I</td>
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<td>10:15 – 10:30 am</td>
<td>Break</td>
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<td>10:30 – 12:15 pm</td>
<td>Session II</td>
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<td>12:15 – 1:30 pm</td>
<td>Lunch &amp; Awards Program</td>
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<td>1:30 – 3:15 pm</td>
<td>Session III</td>
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<tr>
<td>3:15 – 3:30 pm</td>
<td>Break</td>
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<td>3:30 – 5:15 pm</td>
<td>Session IV</td>
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### Saturday, April 1, 2017

**Trauma & Intimacy—Working with Inner Child Parts in Couples Therapy**

**Terry Real**

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<td>10:15 – 10:30 am</td>
<td>Break</td>
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<td>10:30 – 12:15 pm</td>
<td>Session VI</td>
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<td>12:15 – 1:30 pm</td>
<td>Lunch &amp; Membership Meeting</td>
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<td>1:30 – 3:15 pm</td>
<td>Session VII</td>
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<td>3:15 – 3:30 pm</td>
<td>Break</td>
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<td>3:30 – 5:15 pm</td>
<td>Session VIII</td>
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Program description and speaker information is available on pages 8—9
Description and Speaker Information for Thursday, February 25
Pre-Conference Institutes

Morning Options

100 Ethical and MFT Training Issues in Collaborative Care Settings
Karen Caldwell, PhD, LMFT, AAMFT Clinical Fellow and Approved Supervisor
Cathy Hudgins, PhD, LPC, LMFT
N Jordan, PhD, LMFT, AAMFT Approved Supervisor

Abstract: Collaborative family care presents unique ethical and legal challenges for marriage and family therapists. Laws and ethical guidelines related to patient protection, (e.g. informed consent and patient confidentiality), competency, and relationships between providers and patients require special consideration in order to meet the complex issues emerging in team-based care systems. In this pre-conference session, participants will be briefly introduced to the continuum of models for providing integrated/collaborative care in which behavioral health and medical care providers work together to address both the physical and behavioral health needs of their patients. Commonalities and differences between the AAMFT code of ethics and the American Medical Association code of ethics will be examined in order to introduce differences in the cultures of behavioral and medical care. Relevant state and federal laws related to development of patient care policies will also be discussed. The experiences of Appalachian State University faculty in revising the MFT curriculum to include training in collaborative care will be described. Finally, in addition to case presentations, participants will have the opportunity to present their own experiences in providing integrated/collaborative care and the ethical/legal issues involved in team-based care.

Learning Objectives: After completing this pre-conference session, participants should be able to:
- Identify ethical challenges posed in collaborative care settings.
- Understand current interpretations of ethical, state, and federal guidelines governing providers in collaborative care settings.
- Process participants’ experiences and cases that illustrate the ethical issues that may arise when providing collaborative care.

101 Becoming Practitioner-Researchers: Challenges, Possibilities, and Strategies
Daniel Stillwell, PhD, LMFT (Illinois)
Susan Perkins, PhD, LPC (Idaho), LMFTA (Idaho)
Portia Smith, EdD, LMFT

Abstract: The MFT field has long struggled with a gap between practitioners and researchers, with each group criticizing the contribution of the other. In this climate, each group gains from the other but remains separate. However, third party payers increasingly require practitioners to justify their work empirically. Because of this, clinicians need to be able to review and use published research, practice EBPs, and provide empirical support for clinical decisions and the effectiveness of their own work. Unfortunately, many MFT students and even practicing therapists do not see themselves as researchers, and have a mental and emotional block to learning the research process. The challenge is to help MFTs experience the inextricable relationship between research and excellent therapy to the degree they would not be willing to do one without the other.

Promoting balanced critical thinking can be successful by weaving clinical data and case studies throughout MFT courses for students, supervision for LMFTAs, and CEs for LMFTs. This will have the additional benefit of promoting resilient self-guided weaving in the future. This workshop will provide various strategies for each community of interest. Additionally, attendees will have the opportunity to practice different strategies in the workshop to think clinically in empirical settings and empirically in clinical settings. Blending the art and science factions of the MFT profession into a cohesive practitioner-researcher identity will assist in future proofing the field for continued professional success.

Learning Objectives: Attendees will...
- examine the often challenging history of the practitioner-researcher model in MFT.
- consider alternative ways of gathering and using resources that value empirical data.
- practice clinical moments appropriate for empirical process in the workshop
SRIRT: A Substance Use Protocol for Marriage and family Therapists
Matt Martin, PhD, LMFT, AAMFT Clinical Fellow and Approved Supervisor
Kaneesha Owens, LMFTA

Abstract: With the recent rise in alcohol and prescription drug misuse in North Carolina, marriage and family therapists need to increase their level of competence in substance use assessment and treatment. SBIRT (screening, brief intervention, and referral to treatment) is an early intervention model designed to help healthcare providers briefly assess a client’s risk for problematic substance use. The SBIRT protocol uses evidence-based screening tools and brief counseling techniques and has been applied in multiple settings including community mental health, schools, hospitals, and law enforcement.

In this three-hour, interactive presentation, attendees will learn about the importance of addressing substance use in mental health treatment as they move through each step of the SBIRT process. They will watch video demonstrations and work in groups to practice the screening and counseling techniques. They will also learn about referral options in North Carolina.

Currently, Southern Regional AHEC (SR-AHEC) has a SAMHSA/CSAT-funded grant to teach multiple healthcare disciplines (e.g., marriage and family therapists, social workers, psychologists, nurses, pharmacists, and physicians) the SBIRT model. In the first year of the grant, 618 students and 43 champion trainers were trained to use the SBIRT model. SR-AHEC has also implemented SBIRT into a busy family medicine practice.

Learning objectives:
- Understand complete SBIRT protocol
- Demonstrate SBIRT screening and counseling skills
- Give and receive feedback on performance
- Discuss research findings from current grant

When Validation of Emotion and Relationship Mindfulness Meet: Essential DBT Skills for Families and Couples
John Mader, LMFT, AAMFT Clinical Fellow and Approved Supervisor

Abstract: DBT is a cognitive behavior therapy that was designed by Marsha Linehan to provide effective treatment to individuals who become suicidal, then was expanded to include highly dysregulated people who met criteria for BPD. In recent years, the research evidence-base has expanded such that DBT has become a comprehensive, multi-diagnostic treatment for “exquisitely emotionally sensitive” individuals who may have multiple disorders. Alan Fruzzetti has applied DBT to Couple Therapy. He observes that “Partners in relationships that do not include a member with BPD may also develop (usually temporarily) many of the core characteristics of BPD when in severely distressed relationships, albeit typically only in interactions within those relationships. Over time, partners can become acutely sensitive and highly reactive to each other, and chaos and negative emotion flow in abundance.”

In DBT, we understand that patterns of emotion dysregulation have a biosocial basis and that the transaction between the person and their environment has a reciprocal impact. If we do not adequately include the social environment in the treatment of some clients, the transactional model predicts that we are lessening the impact of our treatment. Therefore, to increase the effectiveness of treatment, 1) we value and include families in treatment and 2) we teach members of the couple/family the skills needed to more effectively regulate their own emotions, while increasingly and mutually reinforcing each other’s use of skillful communication, validation, and problem-solving.

This pre-institute will be equally applicable for DBT and non-DBT therapists. Objectives for this training will include:

- Participants will understand how DBT offers a uniquely systemic (and non-blaming) framework with its transactional-biosocial model and dialectical strategies.
- Participants will identify 3 DBT skills that Family & Couple Skills Training members have found to be helpful
- Participants will learn the skills to implement a double behavior chain analysis with a family or couple.
Abstract: When couples enter therapy, more often than not they are either directly or indirectly dealing with an issue in their sexual relationship. Often it can be the most difficult issue within their relationship for the couple to discuss with each other, let alone with their therapist. Nationally-acclaimed sex therapist and author Laurie Watson and couples therapist Dr. Adam Mathews, hosts of the popular podcast Foreplay Radio Sex Therapy, will discuss vital topics related to sex and relationships and how Marriage and Family Therapists can begin to address those topics in the therapeutic context.

Often a therapist’s own issues with sexuality will be the most confronting in therapy and can keep a therapist from addressing the sexual needs of the couple. When discussing a couple’s sexual needs and the obstacles getting in the way of those needs, moving past the therapist’s own issues and into a place of comfort is vital. The presentation will focus on moving past those issues and engaging couples around their sexual dysfunction.

Format of the presentation will largely follow the format of the podcast and include a large question and answer portion.

Learning Objectives:
- Attendees will learn ways to address their own hesitancy in addressing sexual issues with couples
- Attendees will identify common obstacles to sexual intimacy with couples and practical steps to begin to address them.
- Attendees will receive answers to questions they have regarding integrating sex therapy into their practice.

Afternoon Options

105  The Dynamic Dance Between Compassion and Empathy: The Boundaries in and Between Us
Si-Pui Pearl Wong, PhD, LMFT, AAMFT Clinical Fellow and Approved Supervisor

Abstract: The psychotherapist's pursuit of collaborative solutions to improve well-being and quality of life for individuals, families and communities requires the enhancement of our intercultural communication. Intercultural communication refers to the transmission of differences, including but not limited to, social economic status, sexual orientation, level of physical ability, age, ethnic background, or familial structure between members between one culturally specific group and another. To enhance our work with clients of diverse needs, we must participate in voicing our own journey of self-discovery. Through the evolutionary theory of attachment, we will examine Bowlby’s proposition that our initial attachment behaviors function like pre-programmed fixed patterns. These fixed attachment patterns may pathologically impact the intercultural messages we sending to our clients if we do not attend to them directly. As psychotherapists, we must understand how our dance with our clients exposes us to tenuous boundaries in and between us. Working with clients who identify with a wide range of cultural subgroups, we are often required to offer a level of care, empathy, and understanding that requires a high degree of intensity from the practitioner. If we are to cultivate compassion, courage, and connection, our field calls for us to foster an ecosystem of empathy. The importance of how we work with and engage others urges us to embrace healthy and meaningful boundaries with our family, friends, partners, children, and co-workers. How we cultivate ourselves and allow others to influence our own boundary narratives will equip us to respond to the increased needs of individuals, families and communities in the 21st century.

Learning Objectives
- Participants will be able to define intercultural communication.
- Participants will be able to discover how the practitioner’s attachment behaviors impact intercultural messages to our clients.
- Participants will be able to acquire empathy skills.
Engaging Men in Therapy: Rewriting What it Means to be a “Man”
Andy Brimhall, PhD, LMFT, AAMFT Clinical Fellow and Approved Supervisor
Jakob Jensen, PhD, LMFT

Abstract: Whereas females in the United States are generally socialized to engage in the tasks typically undertaken in the therapy room (i.e., discuss personal problems, support one another, process emotional issues; Reevy & Maslach, 2001), males have largely been socialized to avoid showing innocence and empathy, and to continually portray an image of assertiveness and expertise (Hook, Gerstein, Detterich, & Gridley, 2003). This socialization is linked with males’ unwillingness to seek assistance when confused, afraid, or sad and often brings about negative consequences in the therapy room (Brown, 2012). Male socialization patterns are innately linked with men being far less likely to initiate therapy than women, and once in treatment, being less invested in general than their female counterparts (Galdas, Cheater, & Marshall, 2005). Given the critical need for men to demonstrate sensitivity and vulnerability, this workshop will enhance therapists’ understanding of the overwhelming gender stereotypes most men feel they must adopt. Specifically, we will address men’s fears and how clinicians can be effective in helping men feel comfortable sharing vulnerabilities. Given the importance of men’s vulnerability, perhaps a more effective way to help men, both personally and relationally, would be to help them re-write their own expectations for what it means to “be a man.”

Learning Objectives:
• Based on the content of the session, I am able to more easily identify common gender stereotypes facing my male clients.
• Based on the content of the session, I am able to normalize and validate men’s feelings of shame and pressure around “being a man”.
• Based on the content of this session, I am able to use new intervention techniques that facilitate men discussing their vulnerabilities.
• Based on the content of the session, I am able to more effectively work with couples.

All Parts are Welcome: Using the Internal Family Systems Model with Individuals, Couples, Families, Groups and Everybody Else
Deborah Klinger, MA, LMFT, CEDS

Abstract: Internal Family Systems therapy is a simple yet sophisticated integration of psychology, spirituality and family systems theory that offers a clear, non-pathologizing, and empowering view of human cognitive and emotional life, and provides a dynamic therapeutic approach that allows both the therapist and client(s) to enter into a transformational relationship.

General systems theory says that all living things operate as parts of interdependent systems, which are governed by implicit rules that support maintenance of a homeostatic balance. Family systems theory tells us that families are systems that operate in the same way. The Internal Family Systems (IFS) model sees individuals also as systems of internal parts or self-states, along with a core Self, that operate according to the same systemic principles.

IFS posits that everyone has vulnerable parts that contain painful affect and negative cognitions, and protective parts that work to keep the pain of the vulnerable parts from flooding the system. Protective parts often engage in internal conflict and contribute to external conflict with partners and family members. When parts are contacted by a curious, compassionate Self, healing begins. Ultimately, the system is restored to its natural balance, with Self as the leader. Therapists using IFS work with their own parts in order to bring as much Self energy as possible to the therapeutic relationship.

In this workshop, I’ll explain the IFS model and demonstrate its applications in individual, couples, family and group therapy. I’ll use experiential exercises so that attendees can learn the model from the inside out.

Learning Objectives:
Attendees will be able to:
• Understand the basic assumptions of IFS in regard to non-pathological multiplicity of mind, the concept of “Self,” and the role of Self as a leader of the internal system.
• Explain the types of parts that IFS focuses on primarily: protectors (“Managers” and “Firefighters”), and vulnerable parts that hold painful emotions and negative beliefs about themselves (“Exiles”), and their roles and functioning in the internal system.
• Increase their awareness as therapists of their own parts that impact the therapeutic relationship.
• Apply IFS to couples, families and groups as well as individuals.
Working Effectively with Families, Couples and Individuals Harmed by Murder and Others Harmed by Severe Violence
Scott Bass, MS, MDiv, LMFT

Abstract: Homicide and other forms of sudden traumatic death rock families to their very core and present clinicians with uniquely complicated, entrenched and intense challenges. While sudden traumatic loss and complicated grief take several extremely difficult forms, arguably the most traumatic and complicated grief follows homicide. This workshop will address factors and issues common to various forms of sudden traumatic loss, including suicide, motor vehicle death and severe violence that does not result in death, but will give particular attention to working with families devastated by the murder of a loved one. Participants can expect to leave this workshop with a solid grasp on what to look for when working with families harmed by homicide, approaches that can help nurture the necessary trusting relationship, and interventions that can aid those harmed by homicide as they seek to recover and restore their lives after senseless and unthinkable violence. This workshop will address what it means to practice in a victim-centered, trauma-informed way, will address the risk of secondary or vicarious trauma, and will lift up the crucial importance of self-care when working with persons and events related to severe violence.

Learning objectives:
- Participants will understand the impact of sudden traumatic loss such as experienced after murder.
- Participants will learn similarities and distinctions between homicide loss compared with other types of sudden traumatic loss, such as suicide and car crashes.
- Participants will come to better understand factors important for working effectively with families, couples & individuals in the aftermath of the murder of a loved one in a trauma-informed, victim-centered framework.
- Participants will be invited to understand the crucial importance of self-care in working with family members of murder victims and others who have survived severe violence and sudden traumatic loss.

Social Media and Its Impact of Couples and Families from an MFT Perspective
Jerry Powell, DMin, LMFT, LPC, AAMFT Clinical Fellow and Approved Supervisor

Abstract: This presentation is designed to provide an overview of the impact of social media and the internet on relationships and family health. The presentation is intended to provide mental health clinicians with tools and skills to help families and individuals better manage the impact of social media and the internet on their families. Topics will include internet affair recovery, Facebook concerns in couple counseling, immediacy of texting and voice mail on relationships, internet porn and sexting and helping other family members manage the electronic media in the family life. Therapists should be better able to understand the impact on the brain neurology due to social media and its impact on relationships in the family. Special consideration is given to helping families manage social media with children and its impact on adolescent and adult brains.

Learning Objectives:
- Identify several recent research studies that address impact of social media on couples and families to include Facebook, the use of the internet, internet pornography and internet affairs.
- Identify the impact of social media on brain function and its direct impact on how relationships respond to social media.
- Develop several clinical strategies that will engage clients on how to manage social media in their marriage and family.
Friday, March 31

Working with Difficult Men: Trauma, Depression, Aggression

There's an old AA saying: Hurt people hurt people. This workshop looks at the difficult men who present themselves for therapy either on their own or brought in by their partners. We will look at common themes of trauma in many men’s lives and how best to handle men’s wounds therapeutically: how trauma often translates into overt and covert depression which in turn fuels many typically male issues of self-medication and either sexual or aggressive acting out. Special attention will be paid to grandiosity in men and how to treat it.

Objectives:
- Learn the cultural context for individual trauma in men’s early lives.
- Learn the differences between shame and grandiosity and how best to treat both.
- Learn the differences between overt and covert depression and how best to treat both.

Saturday, April 1

Trauma & Intimacy - Working with Inner Child Parts in Couples Therapy

This workshop introduces participants to a new form of couples’ therapy – one that does deep individual work in the presence of the partner. Most of us, when faced in couples therapy with one or both partners needing trauma work or work on their characters refer these individuals to individual treatment. Relational Life Therapy (RLT) offers a combination of loving confrontation (Joining through the truth), educational coaching on relational skills, and inner child work that, taken together, produce quick, profound, and lasting change.

This training is relevant to both couples therapists and individual therapists with a relational perspective and will be beneficial to anyone interested in how to integrate trauma work into couples therapy or anyone wishing to go more deeply in their own clinical work. This workshop introduces the idea of the mysticism of marriage – how we all marry our unfinished business, ripping open old wounds we’d prefer to avoid – and how such repetition offers great potential for positive change.

Participants will be introduced to an expanded model for what trauma is – the six different forms of trauma that lead to both issues of shame and grandiosity, dependency and avoidance.

A tri-part description of the human psyche will be described such that participants will be able to distinguish between the Functional Adult, present-based, mature part of the person, and two triggered immature parts – the Wounded Child and Adaptive Child.

The concept of mutual triggering in a couple will be explained and illustrated – the ways partners inevitably hurt one another, shifting from wound to protection or attack in ways that wound the other, leading to reciprocal protection or attack on their side. Specific, practical techniques will be covered on how to move from the couple’s present difficulty into family of origin, childhood issues, and how to then shift into inner child work, the re-parenting of the self by the self.

Objectives - Participants will learn:
- How to quickly identify and articulate the couple’s choreography, their dynamic, (E.g. The more she pursues, the more he withdraws.)
- How to identify each partner’s relational stance – their specific, precise role in the self-defeating repetitive pattern
- How to wake up dormant parts of the partners we work with – accountability, for example, or empathy by joining through the truth, the art of loving, highly empathic confrontation.
- How to deal with issues of both grandiosity and shame.
Terry Real

Terry founded the Relational Life Institute (RLI), offering workshops for couples, individuals and parents around the country along with a professional training program for clinicians wanting to learn his RLT (Relational Life Therapy) methodology. A family therapist and teacher for more than twenty five years, Terry is the best-selling author of I Don’t Want to Talk About It: Overcoming the Secret Legacy of Male Depression (Scribner, 1997), the straight-talking How Can I Get Through to You? Reconnecting Men and Women (Scribner, 2002), and most recently The New Rules of Marriage: What You Need to Make Love Work (Random House). Terry knows how to lead couples on a step-by-step journey to greater intimacy — and greater personal fulfillment.

A senior faculty member of the Family Institute of Cambridge in Massachusetts and a retired Clinical Fellow of the Meadows Institute in Arizona, Terry has worked with thousands of individuals, couples, and fellow therapists. Through his books, the Institute, and workshops around the country, Terry helps women and men, parents and non-parents, to help them create the connection they desire in their relationships.

Terry’s work, with its rigorous commonsense approach, speaks to both men and women. His ideas on men’s issues and on couple’s therapy have been celebrated in venues from the Good Morning America, The Today Show and 20/20, to Oprah and The New York Times.

A proponent of “full-throttle marriage,” as described in The New Rules of Marriage, Terry has been called “the most innovative voice in thinking about and treating men and their relationships in the world today.”

The New York Times Book Review described Terry’s work as: “A critical contribution to feminist psychology (that) brings the Men’s movement a significant step forward.” Robert Bly hailed it as “moving onto new ground in both story and song. Exhilarating in its honesty.”

Terry’s Relational Life Institute grew out of his extensive and empathic experience. He teaches people how to make their relationships work by providing products and services designed to teach the principles of Relational Life™, so that everyone can enjoy full respect living and craft a healthy life legacy.

Conference Information

Hotel Information
All events will be held at the Embassy Suites RTP in Cary, North Carolina. The Embassy has a block of rooms available for attendees at the rate of $119.00 single/double. Room reservations must be made by February 27, 2017 by calling the Hotel at 1-800-Embassy. Individuals must identify themselves as being with the NCAMFT Conference at the time the reservation is made in order to receive the group rate. After this date rates and availability cannot be guaranteed.

Book Sales
General Book Sale featuring professional books of general interest.
Used Book Sale – all books will be sold for $5.00 each and all proceeds will go to NCAMFT. If you are interested in donating books for this sale, please contact the NCAMFT office at 877-862-2638 or cathywomack@customassociation.com.

Continuing Education Information
Thursday: A possibility of 6 hours can be earned depending on what sessions you choose. Friday and Saturday will give you an opportunity to earn up to 7 per day. You will get credit for any you attend. You must attend the entire day to get the maximum number of hours offered. You will be awarded the hours you attend. NCAMFT 2017 Annual Conference has been approved by NBCC for NBCC Credit. NBCC hours have been applied for. Please contact the office if you have any questions cathywomack@customassociation.com

Refund Policy
All requests for refunds must be sent in writing, by March 17, 2017, and are subject to a $30 cancellation fee. No refunds will be made after March 17, 2017 for any reason due to hotel meeting guarantees.

For Additional Information Please Contact
NCAMFT 919-518-1919 cathywomack@customassociation.com www.ncamft.org