



NCAMFT 2026 CONFERENCE

CONNECTED IN CRISIS

Disasters, Trauma and Supporting
First Responders

2026 Recorded Conference

Session Options

Ethics/3-Hour Sessions—2 options

3.5-Hour Sessions—2 options

1.75-Hour Sessions—10 options (2 sessions = 3.5 hours; 3 sessions = 5.25 hours; 4 sessions = 7 hours)

Please contact the office if you have any questions cathywomack@customassocation.com

Ethics/3-Hour Options

Ethical Considerations when working with Trauma: How do we determine if we are practicing within our scope of competence?

Andy Brimhall, PhD, LMFT

Andrea Parady, MS, LMFT

Ruth Brown, BS

Trauma is a pervasive public health issue that literature suggests will touch the life of nearly every individual at some point during their lifetime (Magruder, McLaughlin, & Elmore Borbon, 2017). Given the frequency of trauma, and the pivotal role it plays in the emotional and physical well-being of individuals, many clients seek therapy to heal. Like many other issues within therapy, trauma requires a therapist who is sufficiently trained and competent. Standard three of the AAMFT code of ethics places a heavy emphasis on ensuring that therapists achieve professional competence and demonstrate integrity (AAMFT, 2015). Therapists are counseled to develop new skills, seek assistance, and to ensure that they are not working outside the scope of their competence. While professional competence and integrity is an integral part of providing ethical treatment, relatively little regulatory oversight occurs to see if clinicians who are providing treatment have actually achieved competency. This can create several ethical dilemmas as clinicians, especially those attempting to establish competency, attempt to meet the mental health needs of their clients. The purpose of this pre-conference institute is to discuss how clinicians can effectively navigate this process and work to develop competency, especially in an area as nuanced as trauma. This presentation will include presenters with different levels of clinical experience, including a therapist-in-training, a Ph.D. student, and a professional who has been offering treatment for over two decades. Experiences from each level will be shared.

Objectives:

- Participants will review the code of ethics, specifically emphasizing standard 3 of AAMFT's code of ethics (professional competency and integrity).
- Using the principles outlined in standard 3 of AAMFT's Code of Ethics, participants will discuss some common ethical dilemmas faced by clinicians as they seek to establish competency in a new arena, especially one as nuanced as trauma.
- Participants will learn to avoid some of the common mistakes, both clinical and ethical, that clinicians make when working with clients experiencing trauma.

MFT Ethical considerations when serving military and law enforcement families

Chad Jordan, MA, LMFT

Lisa Tyndall, PhD, LMFT

Service members and law enforcement officers (LEO) are tasked with protecting our country and local communities. They are part of government hierarchical systems that rely on a specific set of rules and principles that are unique in comparison to the general public. They are the only group that may, in the line of duty, take the life of another human being as a defensive measure or to prevent the death of another. Orders, command structure, mission and safety are paramount and dictate the lawful use of force. MFTs who choose to work with military and law enforcement clientele must not only consider the human factors experienced by service members and LEOs, but they must also be culturally informed and familiar with the larger system regulations, that include reporting guidelines imposed by the government.

This session will focus primarily on the "active" military, national guard, reserve and LEO population and will dive into the distinctive ethical considerations that MFTs must navigate when working with military and law enforcement connected clients. The speakers will present military and criminal justice standards that influence decision making associated with behavioral health treatment. Vignettes, situations, dilemmas, and circumstances MFTs may encounter when serving Mil and LEOs will be explored to assist participants with discerning when in the grey.

Objectives:

- Explore the importance of cultural humility when entering into a therapeutic relationship with military and law enforcement individuals and families.
- Apply key ethical guidelines to treatment involving military and law enforcement individuals and families.
- Evaluate the role of personal bias when serving in the therapeutic role for military and law enforcement individuals and families.

3.5 –Hour Options

Healing the Hidden Wounds: Understanding and Treating Trauma in Children and Families

Dr. Crystal Krueger, DBH, LMFT

Trauma can occur over a variety of circumstances and a continuum of response. Dr. Krueger will guide attendees in understanding the types of traumas that can occur and the base cause of post-traumatic symptoms in children. She will discuss how the parent and family system can be the source of adversity and can also be a source of resilience building. She will present the neurobiological impact of trauma on children both developmentally and emotionally. This understanding will help set the stage to better understand the “why” behind what children do following adversity both in the immediate and long-term. Attendees will then gain an understanding of how these symptoms show up behaviorally in children, moving away from the idea that some children are “difficult” and moving toward understanding that behavior is communication. Dr. Krueger will also help attendees understand the ways in which children express emotions and have somatic (body) symptoms that can be confusing or overlooked by adults. Finally, Dr. Krueger will discuss various treatments for children who have faced adversity such as play therapy, sand tray play, EMDR, and somatic-based approaches. She will also discuss the importance of the parent’s role in children’s treatment. She will help attendees understand how to re-build resilience in children following adverse situations.

Objectives

- Define trauma and its effects on children and families.
- Understand the meaning of “behavior is communication.”
- Gain an understanding of the treatment of children and families.

First on the Scene, Last to Heal—Connecting with First Responders in Crisis and Trauma

Greg Cheney, PhD, LMFT, LCMHC

First responders are often hailed as heroes. They rush toward danger, offer life-saving care, and restore order in the wake of disaster, both natural and human-caused. Behind the uniforms are human beings who carry the invisible weight of trauma. When a crisis strikes their own community the weight they carry is amplified (e.g., Western NC). First responders face unique psychological and relational challenges including the compounding impact of repeated exposure, operational tempo, moral injury, and trauma. A comprehensive understanding of the emotional, relational, and systemic impact of first responder demands is essential for LMFTs aiming to deliver effective and compassionate care. Equally critical is recognizing how first responders’ attachment strategies can enhance professional functioning while simultaneously straining their most important relational bonds. LMFTs play a crucial role in bridging the gap between trauma and healing by offering not just treatment, but attachment-based and systemic connection. Therapists supporting first responders must also attend to building therapeutic trust with this guarded population while also learning how to navigate the risk of vicarious trauma. LMFTs are well-positioned to help shift the narrative so those who are first on the scene are not the last to heal.

Learning Objectives

By the end of this presentation, participants will be able to:

- Explain the impact of repeated trauma exposure and operational tempo on first responders and their families.
- Understand the key elements of the attachment perspective and its significance for first responders in understanding personality and development, as well as the impacts of trauma.
- View first responder clients in the web of their interpersonal attachments and conceptualize relationship distress and repair based on theories of attachment and emotion.
- Describe attachment-based and systemic approaches to build therapeutic trust with first responders, recognizing cultural and occupational barriers to care.
- Describe “self of the therapist” concerns specific to serving first responders to include recognizing signs of vicarious trauma and self-care strategies to mitigate its effects. 6) Advocate for and contribute to shifting the narrative around first responder mental health, ensuring they receive timely and compassionate care to prevent being “last to heal.”

1.75-Hour Options

Session A: Behind the Uniform: How to join with First Responders in Therapy

Renee Marcoux, LMFT, CFRC

First responders such as: police officers, firefighters, paramedics, and dispatchers, typically face unique stressors that impact not only their individual well-being but also their family systems. As Marriage and Family Therapists (MFTs), our ability to join effectively with this population is essential to building trust, fostering resilience, and supporting both the responder and their loved ones. This presentation explores therapeutic strategies for entering the first responder culture with cultural humility and relational attunement. Participants will learn how to navigate barriers such as stigma around mental health, hypervigilance, and the “protector” identity that often shapes first responders’ relationships. Drawing from systemic and attachment-based perspectives, I will highlight how joining begins with respecting the responder’s values of service, loyalty, and camaraderie, while also creating space for vulnerability. Case examples will illustrate practical approaches for engaging spouses and families, addressing shifts between “on-duty” and “off-duty” roles, and balancing confidentiality with relational transparency. Attendees will leave with concrete tools for joining in a way that honors the culture of first responders while fostering connection, safety, and growth within the therapeutic relationship. I will also highlight some ways that our department at CMPD de-stigmatizes mental health and creates a bridge between the department and the community to help facilitate stronger rapport with fellow clinicians. Will share ways that therapists can get embedded in the culture, starting today!

Learning Objectives

- Identify key cultural values and barriers
- Apply systemic and attachment-based strategies
- Develop practical skills for cultural integration

Session B: Connected in Crisis: Common Couple Dynamics of Law-Enforcement Officers and Their Partners

Andy Brimhall, PhD, LMFT

Jake Jensen, PhD, LMFT

Relying on data from three different studies, this breakout presentation will discuss common couple dynamics and how these are often magnified when working with law-enforcement officers (LEOs) and their partners (redacted). Existing literature clearly describes the strong systemic interplay when balancing work and family. It also clearly states that stress from one area of life can negatively impact the other (for a review see Fellows, Chiu, Hill & Hawkins, 2016). This systemic interplay is often magnified for families of first responders since they experience high levels of occupational stress. These unique, and often traumatic, stressors associated with their work environment may leave them particularly vulnerable to relational distress. Establishing a secure attachment bond, one that nourishes and strengthens the emotional and physical well-being of both partners, has reliably been shown to not only minimize the effects of stress but to also reduce the negative impact of trauma. This workshop will discuss a variety of different findings from three empirical studies that measured: (1) gender differences among officer stress and coping strategies; (2) attachment, communication and satisfaction among LEOs and their partners, and (3) positive and negative coping strategies association with attachment behaviors. Based on these findings clinical recommendations will be provided and clinicians will learn how to work more effectively with LEOs and their partners.

Objectives:

- Participants will learn about some of the unique, and often traumatic, work stressors associated with the work environment of many LEOs.
 - Participants will learn about findings from several different research studies focusing on attachment, coping, and communication among LEOs and their partners.
 - Participants will use the findings from the study to help create some clinical recommendations designed to more effectively work with LEOs and their partners.
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Session C: North Carolina Marriage and Family Therapy Licensure Board Question and Answer Session: Structure and Process

Jon Winek, PhD, LMFT

Jeff Krepps, PhD, LMFT

Heather Stehberger, MS, LMFT

This roundtable will begin with a brief presentation on how the Marriage and Family Therapy Licensure Board is structured in North Carolina. With the broad disclaimer that the presenters will be speaking as professionals, they will be happy to answer questions regarding how the board operates. This presentation will begin with a brief history and overview of the MFT licensure law in North Carolina. We will then discuss how regulations govern how the board executes its mandate to protect the public. We will then discuss the composition of the licensure board and how new members are selected. This will be followed by a description of when and how we meet. Finally, most of this session will be spent taking and answering questions from the audience.

Learning Objectives:

- Participants will know the structure of the N.C. Marriage and Family licensure board.
- Participants will understand the mission and function of N.C. Marriage and Family licensure board.
- Participants will get questions answered by the panelists.

Session D: Lowering Therapists' Barriers to Treating Trauma

Bob Smith, MS, LMFT, CCSOTS

Susan Perkins, PhD, LMFT

This session focuses on reducing two core barriers to addressing trauma in therapy effectively. First, the presenters will reduce the barrier of therapists unsure of their skills by outlining essentials for identifying and guiding clients to work through trauma in therapy. Second, for therapists hesitant to face the intensity of trauma treatment or unsure how to effectively use their own responses, the focus shifts to self-of-the-therapist. The presenters will guide participants through a self-reflection process to increase awareness of what they bring into the therapy room that can support and/or impede therapy. Using small groups, presenters will invite participants to explore an event in their lives that can be either blocks to therapy or used as an asset. These interventions can also be used by therapists in their work with first responders to understand how therapist's personal experiences impact treatment of trauma.

Learning Objectives:

At the end of this presentation, participants will be able to:

- Identify cues that trauma is impacting a client
 - List and explain three principles of trauma therapy
 - Describe self-of-the-therapist characteristics in themselves that influence how they work with clients
 - Reduce therapist's hesitancy to treat trauma by increasing skills and ability to use self-awareness effectively
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Session E: Trauma Through the Lens of a First Responder

Teia Poulin, LCMHC, C-CISM

First responders serve at the intersection of crisis and community, where every call carries the potential for trauma exposure. While their commitment to protect and serve is unwavering, the cumulative impact of critical incidents, disasters, and near-death experiences often leaves unseen scars. This session explores trauma through the lived perspective of a first responder, with attention to how military influence, adverse childhood experiences, and crisis events shape the way these professionals process, respond to, and recover from trauma.

Participants will examine trauma symptomology unique to the culture of public safety and the barriers that prevent many from seeking or sustaining therapeutic support. The session will highlight the dual role of numbing behaviors—both as adaptive coping strategies and as obstacles to healing. Attention will also be given to the ripple effects on families and systems that surround first responders, whose lives are intimately affected by confidentiality concerns, high-profile environments, and repeated exposure to human suffering.

Drawing upon more than three decades of experience in law enforcement, military service, emergency medical response, and trauma-focused counseling, the presenter will provide both professional expertise and lived insights. Through this lens, attendees will deepen their understanding of trauma-informed care, crisis intervention, and disaster mental health services, while also considering how to build trust, foster resilience, and support the long-term wellbeing of first responders and their families.

Learning Objectives:

- Identify cultural barriers that prevent first responders from seeking therapy.
- Explain how psychoeducation about trauma symptoms can help first responders find meaning in their experiences. “Normal reactions to abnormal experiences, I am not broken.”
- Evaluate the role of numbing behaviors in coping, including both their benefits and risks to first responder wellbeing.

Session F: LMFTs and Disaster Mental Health: Building Resilience and Recovery in NC and Beyond Martha Teater, MA, LMFT

This training will explore disaster mental health through an engaging and interactive approach. Those who attend will enhance their skills in providing supportive services to individuals and families who have been traumatized by a disaster. We'll look at the disaster response cycle, the impact of living through a disaster, and interventions that work. We'll detail the ways that Psychological First Aid can meet the needs of those we serve.

We know that disasters impact individuals, families, and communities in many ways. People in poverty, those with mental health challenges, and marginalized groups often suffer more than others. Those with the fewest resources before a disaster have a more difficult time after a disaster.

During the training, we will weave in real-life experiences from Hurricane Helene. Many of you stepped up to provide support during those trying days, weeks, and months following the massive storm that slammed into North Carolina with a vengeance.

We will also highlight the importance of compassion fatigue prevention and minimizing the profound personal impact of doing this work. You'll be able to spot the signs of compassion fatigue and will learn how to manage the hard parts of disaster response. You will come out of this training with fresh confidence and new ideas that equip you to serve effectively and ethically.

Learning objectives

- Participants will describe the disaster response cycle and its impact on couples and families.
 - Participants will articulate the essential components of Psychological First Aid as an intervention
 - Participants will practice ways to reduce their risk of compassion fatigue.
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Session G: Emotional Intelligence in Crisis: Strengthening Connections for First Responders and Trauma Survivors
Roberta A. Moore, EdS, LMFT

In times of disaster and trauma, emotional intelligence (EQ) becomes a valuable skill for building and sustaining resilience. This presentation explores how the EQ-i 2.0 model of emotional intelligence, with its 16 learnable skills across five composites: Self Perception, Self-Expression, Interpersonal, Decision Making, and Stress Management, offers powerful tools for marriage and family therapists working with first responders and trauma-impacted populations.

Participants will gain an understanding of how specific EQ competencies—such as Emotional Self-Awareness, Empathy, Impulse Control, and Stress Tolerance—can be intentionally developed to help clients and practitioners alike remain resilient, connected, and effective under pressure. Using research outcomes from clinical psychologists Dr. Steven Stein and Dr. Reuven Bar-On, the session will show how high-EQ interventions can de-escalate emotional reactivity, promote psychological flexibility, and build relational trust during and after crisis events.

Attendees will leave with practical exercises and strategies to foster emotional self regulation, enhance therapeutic presence, and cultivate sustainable emotional resilience in high-stakes environments. Whether supporting first responders in the aftermath of a natural disaster or helping families navigate long-term trauma recovery, marriage and family therapists will discover how emotional intelligence serves as a bridge—connecting compassion with competence, and relationships with strength and warmth.

Learning Objectives:

- Participants will be able to describe the definition of EQ and the EQ-i 2.0 model of emotional intelligence and identify its relevance to trauma-informed therapeutic work.
- Participants will be able to identify at least three emotional intelligence skills that can enhance therapeutic effectiveness when working with first responders and clients impacted by disaster-related trauma.
- Participants will be able to apply emotional intelligence-based techniques to promote emotional regulation, resilience, and relational connection during high stress clinical encounters.

Session H: Fundamentals of Counseling Law Enforcement & First Responders
Kristina Franklin, LMFT, LCMHC

What a Law Enforcement Officer (LEO) or First Responder sees, hears and smells in 6 months is more than most civilians will experience in a lifetime. Some critical incidents are routine and manageable, other incidents may include particularly heinous crimes, devastating disasters or the accumulation of trauma.

Most LEOs/First Responders are private people who distrust therapists. There are certain things a therapist needs to know to be relatable to this clientele. With more than 20 years specializing in working with Law Enforcement, Rescue and Military people and couples I have learned how to better understand, relate to and build trust quickly with this clientele. Over the years I have created some simple and effective techniques for helping men and women go towards what affects them on the job, to process it and to let it go.

One of the big areas that I would like a young therapist interested in working with this population to learn about is compartmentalization. Compartmentalization is a necessary tool to handle critical incidents. The problem is that while most LEOs/First Responders are master compartmentalizers, few know how to “clean out their compartments.” That means when a person’s ‘compartments’ are full, they often spillover in anxiety or blow up in anger.

How most LEO’s/First Responders deal with critical incidents is by distraction, drinking or turning off their feelings. These are all forms of avoidance. And, as we therapists know, what we run from generally chases us. Helping this clientele face memories that haunt them or process through post traumatic stress or moral injury is so important in helping these men and women be both mentally and emotionally healthy on and off the job.

Learning Objectives:

- Therapists will learn how to better relate to, understand and build trust with LEOs/First Responders
- Therapists will be able to distinguish between critical incidents, Post Traumatic Stress/Disorder and Moral Injury
- Therapists will learn about compartmentalization and how to help LEOs/First Responders practically process through incidents that affect them

Session I: Recovering from Natural Disasters and Trauma: Expressive Arts Activities for Therapists to create Regulation and Connection

Montserrat Casado, PhD, LMFT, RPT

Natural disasters and other traumatic events impact not only clients but also the therapists who support them. Too often, therapists are expected to remain the “strong ones,” even as they carry their own experiences of stress, grief, and overwhelm. Trauma and stress live in the body, overloading the nervous system and leaving the brain in a state of fear, often triggering the vagus nerve into shutdown.

This presentation will explore how experiential and expressive practices can support both clients and therapists in regulating the nervous system, releasing stored trauma, and fostering resilience. Participants will gain practical resources for integrating body-based and expressive arts approaches into their work, as well as strategies for their own self-care. By addressing both client and therapist needs, this session highlights a pathway to healing that is grounded, compassionate, and creative.

Learning Objectives

- Identify how trauma and stress are stored in the body and recognize the impact of natural disasters and collective trauma on both clients and therapists.
- Demonstrate practical expressive arts and experiential techniques that promote nervous system regulation and a sense of safety in the therapeutic process.
- Apply self-care strategies to manage therapists’ own stress responses, fostering resilience and sustainability in trauma-focused work.

Session J: From Surviving to Thriving to Resilience: The Path to Healing Through Horses

Shannon Knapp, MA, NLC-EP

Elizabeth Corbett, MS, LCMHC

With over 20 years of experience in developing and running an equine-assisted psychotherapy program for people with PTSD, trauma and CPTSD, Shannon Knapp recognizes the need for alternatives to traditional talk therapy for survivors of trauma, including first responders. In this session, Shannon will share the science behind alternative therapies and explain how equine-assisted therapy can be more effective in treating trauma and PTSD compared to conventional talk therapy. Together with LCMHC Elizabeth Corbett, of Weller Counseling, Shannon and Elizabeth will explain this unique intervention that is making a difference in the lives of trauma survivors the world over.

Learning Objectives:

- Understand the Science Behind Equine-Assisted Therapy
- Identify the Benefits of Equine-Assisted Therapy for First Responders
- Understand the differences and similarities between the barriers and needs of veterans versus first responders.
- Understand how neural pathways are formed to support learning that skill. 3. Learn how to practice and implement this skill to heal trauma and build resilience.