



HAMFT Newsletter

November 2010

Letter from the President

A Call to Action: Systems-based Bully Prevention

In the last few months the topic of bullying has taken center stage again. I see this as an opportunity for family therapists to distinguish ourselves in offering help for this problem. Although bullying has been a persistent thread interwoven within the fabric of the human experience, only recently has this topic been given much publicity. This publicity has mainly centered on suicides and homicides committed by children as young as nine years old who had been relentlessly bullied. It highlights the fact that bullying can have devastating behavioral, emotional and psychological consequences. The detrimental effects of bullying run the gamut from school avoidance and behavior problems to suicides and homicides. Bullying or peer harassment is antisocial behavior that encompasses physical assault or unwanted physical contact, extortion, threats and intimidation, vandalism and destruction of property, cruel teasing, shaming, spreading of rumors and gossiping. Bullying can be face to face or through electronic media such as texting, e-mailing, social

networking or postings on the internet. Bullying affects the entire system within which it is perpetuated. At school, while bullying affects the target, the bully and bystanders, it also creates a climate of fear and insecurity that is felt by the entire school population.

Bullying is a systemic problem in that an incident of bullying affects all in the system. The targets in that they are hurt, shamed and isolated; the bullies in that violence to get their needs met is reinforced; the bystanders in that they learn to live in a culture of fear and insecurity; the teachers and parents in that they feel frustrated and helpless to effect meaningful change.

Family therapists are in a unique position to effect meaningful change because we understand the power of systemic solutions. In the case with bullying, only a systemic solution will work. This is so because all in the system has to take on a role and responsibility.

This is a call to action for all family therapists. What can you do?

Here are some ideas: get educated regarding the dynamics of bullying, have an awareness that bullying happens and pay attention to children you treat, support parents and help them to interact with the school in a collaborative manner, educate parents on what they should expect from the school and the laws of the state of Texas that protect children from bullying. In addition, whenever you are treating a child who has been bullied or is exhibiting bullying behavior, take the next step and with parents permission offer to contact the school and offer your services to educate the staff on bullying. Take advantage of parents night and offer to give a talk about bullying.

These are only a few suggestions on how we can be impactful. This is a unique opportunity where we as systemic thinkers can distinguish ourselves from other mental health professionals.

*Anjali Pinjala, PhD, LMFT,
LPC, CISD, SAP
Board President*

From the Membership Committee



Need to get in touch with other HAMFT members? Our directory is online at www.hamft.org.

Don't hesitate to email the Membership Co-Chairs, Claire Getschow and Elizabeth Cobb, with questions at clairegetschow@gmail.com or elizabeth@bosplace.org.

Claire Getschow

Elizabeth "Biz" Cobb

Co-Chairs, Membership Committee

From the Community Liaison Committee

Last month, The Community Liaison Committee, co-chaired by Sally Miller and Michael Hiller announced that it is adding "Public Relations" to its name. We announced that we are requesting members' feedback on which HAMFT members are doing something unique or special. So far we have heard from about three members that their work is deserving of publicity. We announced that each month HAMFT will publish that person or groups' special accomplishments in this newsletter. Additionally, in the near future, the committee will reach out to other publications and blogs, such as sister mental health professional organizations' publications, Internet news outlets, community publications, general publications, the *Houston Chronicle*, perhaps even radio or television. One thing we have discovered is that the major media outlets want any stories to have "human interest" components. That is, they need to include information about the clients. Of course, that need presents some confidentiality challenges, so we will begin first with our own newsletter, then move from there toward smaller media outlets. Later we will progress toward the bigger outlets.

In order to give the accomplishments some focus, we have identified 3 areas under the title of "Unique Accomplishments in the Profession of Marriage & Family Therapy":

- 1) Social Action in the Practice of Marriage & Family Therapy
- 2) Community Recognition in the Field
- 3) Creativity and solving unique problems in the Marriage & Family Profession

We may add other categories as they present themselves. We are looking for human-interest stories and look forward to hearing from you.

Please e-mail us your feedback on those HAMFT members with such accomplishments. We plan to publish the first of our series next month. Our e-mail addresses are: www.mhiller@hillerlaw.com & www.sallyeisenmiller@yahoo.com.

Michael Hiller

Sally Eisen Miller

Co-Chairs, Liaison and PR Committee

From the Programs Committee

Upcoming HAMFT Programs for 2010

November 19, 2010 – Practice Issues Groups. 2 CEUs. **Life Transitions of the Therapist**, 10AM-12PM. Location: Spectrum Center, 4100 Westheimer @ Mid Lane, Houston, TX 77027.

Presenter Dr. Bob Stecker, a Marriage and Family Therapist since 1975, has developed a way of looking at clients' issues as a part of a transition rather than as an anomaly to be corrected. Join him in this insightful practice issues group. The Spectrum Center is sponsoring the location and the lunch. [Http://spectrumcenter-houston.com](http://spectrumcenter-houston.com).

December 11, 2010—HAMFT Holiday Party. 6PM. Location: Anjali Pinjala's home.

Yoko Seubert

Chair, Programs Committee



Join us on Friday, November 19th, 10am-12pm, for **Life Transitions of the Therapist**, at the Spectrum Center.

Review of “Self-Care for Therapists”

Felix Scardino, an LCSW who has several decades of clinical experience, gave a well-organized presentation on self-care for therapists at the September 17th HAMFT practice issues program at the Briarwood School. My interest was piqued by his suggestion that part of our self-care involves being aware of and addressing our shadow self, which consists of those parts of ourselves that we unconsciously have kept hidden in order to gain acceptance from others. Mr. Scardino advised the audience that we become disturbed when the behavior of certain clients reminds us of these hidden parts of ourselves, and we project dislike onto these clients. He believes that when we acknowledge our shadow self and begin to work on it (such as in personal therapy) we will become more comfortable doing therapy with clients.

Mr. Scardino noted that being genuine as a therapist is another aspect of self-care, especially when seeing difficult clients. This genuineness sometimes may involve using humor or expressing anger appropriately in the session. He also cautioned that we are not being genuine when we assume that we are the invincible healer who can continue to function without self-care.

Common tips for self-care that were shared by this presenter included having friends with whom one can be open about personal issues; working to develop oneself in personal therapy; and “getting a life” (pursuing something besides work which brings one pleasure). Mr. Scardino also stated that during his long career as a therapist he has realized that he cannot see all clients who present themselves for therapy. He therefore suggested therapists develop and maintain contact with a referral list of specialists to whom they can refer clients.

This presentation was worthwhile for me because it offered some different perspectives on self-care, such as working on our shadow self and being genuine with clients. The presenter's long experience in the psychotherapy field lent credibility to these concepts; he often referred to self-care lessons he has learned that have increased his ability to be effective as a therapist. For those of us who are getting started in the field it is valuable to hear the voice of experience reminding us that care of self is a vital part of developing a therapeutic relationship with our clients.

Mark Herranen, LMFTA

Co-Chair, Communications Committee



Mr. Felix Scardino, LCSW

*The Briarwood School:
40+ Years of Academic Excellence for Children Who Learn Differently*

Since the founding of The Briarwood School, the motto has remained the same — “Every child can learn and has the right to be taught in the way that he or she learns best.” Today, Briarwood has three schools and is the largest private school for children with special needs in Houston. Here is a brief description of each of the three schools:



“Every child can learn and has the right to be taught in the way that he or she learns best.”

1) The Tuttle School is the “original” Briarwood and currently serves 53 students with Developmental Delays (Autism Spectrum, Down's Syndrome, William's Syndrome, etc.) The focus of The Tuttle School is on functional academics and preparing students for their transition to the workforce. From last year's graduating class, 9 are working at the day program at Brookwood (brookwoodcommunity.org) and 1 is working at his family’s business.

2) The Lower School currently serves 125 students with Learning Differences (ADHD, Dyslexia, Dysgraphia, etc.) in grades 1 - 6. The focus of Lower School is intense remediation for students who have been struggling in other educational environments. Small classes (10:1 Student to Teacher ratio) and catering to each student's learning style are keys to Lower School's success.

3) The Middle-Upper School currently serves 145 students with Learning Differences in grades 7 - 12. Similar to Lower School, the Middle-Upper program prides itself on small classes (10:1) and teaching each student in the way they learn best.

I served as the Middle-Upper and Tuttle School Counselor for 6 years and am currently in my second year as Head of The Tuttle School. I can describe my time at Briarwood simply as an incredible experience working with incredible people!

It's hard to sum up our school in a short article so please check out our web-site at www.briarwoodschool.org and, even more importantly, come out for a tour!!! We have tours on the third Thursday of every month.

Jeff Rice, LMFT, LPC
Head of Tuttle School at Briarwood



Jeff Rice, LMFT, LPC, Head of Tuttle School at Briarwood, at the September 17th HAMFT Practice Issues group.

Synopsis of HAMFT Annual Multicultural Panel Program

Interracial marriage has been legal in the United States since 1967 thanks to the *Loving v. Virginia* ruling. In 2000 Multiracial Americans numbered 6.8 million, or 2.4 % of the population, and that number has steadily increased over the past decade. One Stanford University study showed the number of interracial marriages in 2005 comprising 7% of the American population. **Interfaith Marriage** is defined as marriages between people that profess different religions. The Pew Forum on Religion and Public Life released a 2008 study finding that 27 percent of marriages in the United States are interfaith; 37 percent if different protestant religions are considered. As humorously and accurately stated by Dr. Al Kahn, most of us are in some type of intercultural relationship. Whether that is a small/large family of origin, northerner/southerner, or one of the biggest cultural differences, male/female relationships.... what two worlds could be further apart than that!

The program that took place on October 12th addressed an issue that is very prevalent in our society. The panelists shared experiences from the perspective of either being in interracial or interfaith relationships or working with clients that are. A recurring theme was that as different as someone may appear at first meeting, the more you get to know them, the more you realize that there is a similarity for every difference. That is not to say that these couples do not face their share of challenges. The most common external factors influencing “intercultural” marriages are the acceptance of family and society.

Fortunately, for some of our panelists the acceptance from family and society came easily. Others, however, shared that acceptance from family took awhile or never happened. One panelist shared the struggles that she faced marrying into a Jewish family. The family accepted her but was under the assumption that even though she was not Jewish, their children would be raised in that faith. It was only after asking questions and truly understanding the faith that she realized how importance it was to the culture as a whole to not loss the Jewish identity. After that was revealed, there was less tension within the family.

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Panelists from left, standing: Thuy Nugyn, Irma Guerrero-Ali, Faisal Ali, Saudia Solomon (Co-Chair Multicultural Committee), Bhawna Luthra (Co-Chair Multicultural Committee), Shameitra Green (Co-Chair Multicultural Committee), Lisa Descant, and April Mendiola Durocher. Sitting: Ernest Crawford, Rabia Ilahi, Dr. Betty Duson, and Dr. Al Kahn.

Synopsis of HAMFT Annual Multicultural Panel Program cont'd.

The fear of losing ones identity was a common idea expressed. Most of our panelist agreed that once they were able to grow comfortably into the idea that “mixing” religion, faith or culture does not have to equal losing who you are, they were able to progress in their relationships. Our panelists were open enough to even discuss the fact that sometimes, in order to preserve the sanctity of a marriage, a couple may have to cut off their families until they are ready to “come along” and join their journey.

As therapists, it is important to learn as much as possible about the populations that you work with. Of course it is impossible to know exactly who will walk into your office. Therefore, it is of equal importance for therapists to remain curious and if you don’t know something to ask questions. For every difference there is a similarity and what you think may be different and “can never work” may surprise you. Studies show that being in an interracial and/or interfaith relationship leads to increased marital instability. However, our panelist all shared their relationships with us and demonstrated that studies are not representative of everyone.

The 2010 HAMFT multicultural panel, Shameitra Green, Bhawna Luthra, and Saudia Solomon, would like to once again thank Memorial Hermann Prevention and Recovery Center for providing the facility and Menninger for sponsoring food for the event. We would also like to thank the panelists that participated in the multicultural program on the topic of Interfaith, Interracial, and Intercultural relationships. Their candid conversation provided great insight and information on this important and delicate topic. We would love to end this article with a powerful statement from one of the panelists that paints a great picture of the complexity created around human relationships. “Faith and fear come from the same place. Faith in something you vehemently believe because you have a solid foundation of that belief. Fear in something usually has the same fervor: you believe but often don’t know or may not be aware of why you fear it.” Human relationships are all about exposure, risks, and lessons which are all elements that are vital to the self development process over our lifetime!

Bhawna Luthra, Saudia Solomon, Shameitra Green
Co-Chairs, Multicultural Committee



Rabia Ilahi, LMFT, and her husband, Ernest Crawford, share valuable information on how to navigate an interracial, intercultural, and interfaith marriage.



Dr. Betty Duson and her husband, Dr. Al Kahn, share helpful information in how to navigate an interfaith marriage.

Ethics Corner

“And this is one of the major questions of our lives: how we keep boundaries, what permission we have to cross boundaries, and how we do so.”

A. B. Yehoshua

A recent issue of Family Therapy magazine included a great article by M. Deborah Corley, a licensed marriage and family therapist, who has worked with impaired professionals and their families for the past 20 years and has been a presenter at many national conferences on these topics. She talks about the boundaries we have as therapists, how we define them, and the importance of establishing and maintaining them. Contained in the article were some interesting facts and principles which are worth repeating here.

The article uses boundary experts to help define a professional boundary:

“Boundary theorists and experts Gutheil and Brodsky (2008, p. 18) define a boundary as “the edge of appropriate behavior at a given moment in the relationship between a patient and therapist, as governed by the therapeutic context and contract.” They remind us that boundaries are not hard-and-fast rules but are flexible enough for therapists to be human and clients to make progress. “

This definition provides therapists with a double-edged sword. On the one hand flexibility may allow us to use our creativity in the moment with our clients. On the other hand, it leaves us with less than hard and fast “rules” to govern our behavior. The article makes a useful distinction between boundary crossings and boundary violations. A boundary crossing is seen as one that is:

“...Initiated by the therapist, it is often intended to be supportive of the client and the healing process and not intentionally manipulative, deceptive, or coercive. It becomes problematic and sometimes becomes a boundary violation when the interaction has negative consequences for the client (or student or supervisee).”

The article provides a kind of road-map for thinking about the times when a boundary crossing becomes a boundary violation. For instance:

“...Boundary crossings can involve altruistic gestures such as performing favors, providing nonprofessional services, giving or accepting gifts, arranging for special times or length of appointments, or accepting invitations to join clients at social gatherings. When the therapist’s role becomes blurred and his or her needs become the focus of time together, then boundaries begin to erode. “

On the other hand,

“...A boundary violation is a harmful and exploitative behavior in which the MFT departs from the therapeutic role and places his or her wishes, emotional needs and goals ahead of the client’s. “

The article articulates three important principles to bear in mind when thinking about boundaries and in particular boundary crossings:

Principle 1. The responsibility for setting and maintain boundaries is always the responsibility of the therapist.

Principle 2. In any dyad, the actions of both people play a role in what happens. Yet, Principle 1 clearly demonstrates the two parties have unequal power and responsibility within the relationship. The therapist has the responsibility to safeguard and promote the well-being of the client.

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Ethics Corner cont'd.

Principle 3. Each case of professional misconduct is influenced by context. Exploration of professional misconduct, with attention to actual cause-and-effect relationships, is beneficial to clients, the therapist and other mental health professionals.

Finally, the article provides some good thoughts about how to manage a boundary crossing:

1. If you realize there is a potential or actual problem, do not attempt to conduct therapy or resolve the problem outside the office.
2. Document boundary crossing in the chart, outlining the event, clinical thought (or lack of) at the time, considered impact to the client, and plan for debriefing with client.
3. At next session, debrief with the client by opening up the event to review. What was the impact on and meaning to the client? If it appears an apology or other corrective measure is needed, then make one, acknowledging the boundary crossing. No matter what your intent, convey you can understand from the client's point of view how confusing or uncomfortable it might have been.
4. Review boundary crossing and debriefing with trusted colleagues or in supervision, or request consultation about any event that seems to present special problems (or if you have history of other complaints made against you).
5. Document the debriefing and outcome. Review with colleague or supervisor asking him or her to document as well. In the event a complaint is filed, these interventions not only demonstrate your sensitivity to the needs of the client, but they also present objective evidence.

I found the article great food for thought. I hope you do too!

Sarah McConnell

References:

Corley, M. D. (2010). Staying out of trouble: The importance of boundaries for MFTs. *Family Therapy Magazine*, Vol. 9 Number 4, p38-43.
Gutheil, T. G. & Brodsky, A. (2008). *Preventing boundary violations in clinical practice*. New York: Guilford.

Ask the Lawyer

"Let's face it – most marriage and family therapists are afraid of the "S" word – SUBPOENA." But what do you do when you get one?"

In our last newsletter, HAMFT introduced what we hope to be a regular column called

"Ask the Lawyer". Here's how it works: any HAMFT member can ask me any legal question they want by email (mhiller@hillerlaw.com). All we ask is that you ask questions of general interest to our members. For example, our president, Anjali Pinjala, has asked the first question:

"What should a therapist do when she gets a subpoena?"

As I said in the first issue, it will likely take several issues to answer this question. I also said I would give a sample subpoena, and discuss how to respond. But the more I research this question, the more I think I need to provide some background info first.

Confidentiality

Confidentiality is considered by most therapists to be the foundation of the therapist-client relationship. Without that, therapists believe that treatment will likely not be successful. There are laws that protect this confidentiality. These laws protect both the fact that the client has sought treatment and what is discussed in treatment. Confidentiality as Privacy has its roots in the fourth amendment of the U.S. Constitution.

Some Texas laws that apply are 781.411 of the administrative code. Texas Health and Safety Code, Chapter 181,



"Let's face it – most marriage and family therapists are afraid of the "S" word – SUBPOENA." But what do you do when you get one??

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Ask the Lawyer cont'd.

Texas Health and Safety Code, Chapter 611, and other state or federal statutes or rules, including court room rules of evidence.

These laws prohibit disclosure of these confidentiality except in certain instances – for example, abuse or neglect of minors. Beyond these required disclosures, as discussed previously, the Abrams Texas case and federal laws in the form of HIPAA and Code of Federal Regulations (CFR), chapter 42, are important laws when it comes to disclosure of notes and records.

What is to be Confidential

Everything unless there is an exception. The law consists of “rules and exceptions”. The general rule is confidentiality. The exceptions are when you CAN disclose.

Privilege

When a therapist asserts her right not to disclose records to a court, she is saying the client’s right to confidentiality, asserted through the therapist-client privilege is greater than the court’s right to the information.

HIPAA

The Health Information Portability and Accountability Act (HIPAA) was the first act intended to protect privacy and confidentiality, but it also contains reporting and compliance requirements.

Psychotherapist Guidelines

Basics

HIPAA is respectful of state law, which distinguishes between between "use" and "disclosure" of Private Health Information (PHI). Use is by your practice and disclosure is to others.

Privacy Notice

Therapists need to post a privacy notice in their offices, and make an effort to be sure clients understand it.

Release of Information Form

HIPAA has specific criteria for a release form.

Psychotherapy Notes

HIPAA creates a difference between notes and other client information. This distinction is critical.

Disclosing Confidential Information

Authorized Release of Information

The client may consent to release of information, but there are laws that allow a therapist to still refuse. In such a case, the therapist may make a decision that protects the client or their child. There are also situations where you may have to disclose information.

The Subpoena

The therapist needs to respond to a subpoena because subpoenas have the force of law. It is important to plan the response to a subpoena with the help of an attorney, because there are too many legal considerations.

As I said above, the more I look into the subpoena issue, the more I see the need to provide more background. We will continue in the next issue.

Michael Hiller

HAMFT Board Member

Co-Chair, Liaison Committee

(Disclaimer: This column is written by Michael Hiller, board certified Texas family lawyer. He is an HAMFT board member. This column does not create an attorney-client relationship, nor is it intended to give legal advice. The column provides general information. Your specific situation may be unique and require actual advice.)

Job Postings

Looking for an experienced therapist who wants to join an exciting, innovative private practice in Houston Texas. The therapist should have at least 3 years experience working with sex addicts, and or sex offenders as well as couples, individuals and group experience. If you are a team player, willing to work on odd hours and be part of the cutting edge then this is for you. Must have good written skills and have experience doing extensive assessments and understand psychopathology. If you are willing to learn and open to enhancing your skills, then apply. If you are not interested in the area of sexuality or are thin skinned this job is not for you. Must be mature. Certification as a Sex Addiction Therapist is a big plus. Salary and payment structure will be discussed. Contact: Barbara Levinson Ph.D., RN, LMFT, LSOTP, Certified Sex Therapist Diplomate, Certified Sex Addiction Therapist, 2400 Augusta Ste. 120, Houston, Texas, 77057, 713-785-7111 www.centerforhealthysexuality.com.

Advertisements

Seasoned clinician and long-time Houstonian wants to return to Houston. Seeking work or practice opportunities. Contact Catherine at (254) 541-4889 or ccasey1pclmft@gmail.com.

The Bridge Across for Step and Single Parent Families
presents the following programs:

Holiday Planning for Step and Single Parent Families

November 7th, Special Sunday Morning Class, 9:30am to 10:30

First Presbyterian Church, 5300 Main Street- All are welcome.

Learn how to plan and prepare for those holiday vacations with your kids with great ideas for Thanksgiving, Hannukah, Christmas, Easter, Passover or any other holidays you and your family enjoy together whether it is for a day or 2 weeks. Learn how to deal with difficult exes, how and what will make your holidays memorable and enjoyable, and how to enjoy the holidays whether your children are with you or their other parent. (NO RESERVATIONS NEEDED.)

Stepfamily Program Intensive

November 13th, Saturday, 9 a.m. – 3 p.m. Free Childcare Available

Special rate if reserved by Nov. 8- \$59 per couple. (After Nov. 8- \$75)

Understand how to manage the vital (and often hidden) issues needed for a successful stepfamily in this couple-tested, one-of-a-kind program developed by the Stepfamily Foundation which has an 84% marriage success rate for stepfamilies!



For reservations or questions, email jayna@thebridgeacross.com

For more information- www.TheBridgeAcross.com

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1/8 of page or up to 5 lines - \$15

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