

Connections



in Marriage and Family Therapy

www.MiddleAtlanticAAMFT.org

Fall, 2010

President's Report September 2010

This is a season of transitions. The new school term has begun; autumn approaches after a long, hot summer, and new leadership prepares to take the helm at the Middle Atlantic Division. Christina Guidorizzi, LCMFT, will be the Division's new President, beginning in January, 2011. Christina is a local therapist who has served as a volunteer with MAD and with the Latino Network for many years. Some of you may also know her from her role as an adjunct supervisor for the Clinical Couples and Family Therapy program at the University of Maryland, College Park. We are thrilled to have such a dynamic and talented new President!

The Middle Atlantic Division had a busy spring. The General Membership Meeting on May 5 was followed by lunch and a workshop on Trauma Treatment with Military Families, featuring Deany Laliotis, LCSW-C. The meeting and workshop were attended by 60 members: a great turnout for a Friday in May!

Christina and I structured breakout sessions during the last half of the meeting so that there would be ample time to get feedback from attendees about what they would like more of from the Division in the future. We heard from students, who would like an opportunity to meet and be mentored by more experienced members, and from many people who would like meetings and other events to be held closer to home. Finally, several individuals voiced concerns about employment

opportunities and the general visibility of the profession of Marriage & Family Therapy.

Several changes are planned in the hope of addressing the feedback that we received in May. We will be changing the venue of some of our meetings and other events, so that people who live far from Columbia, MD (our usual meeting place) will be more easily able to present. We also are looking for a service that would enable members to "attend" board meetings online. Changes are in the works to create a new website for the Division that is more attractive and consumer-friendly. The Division is also working collaboratively with AFTA to plan free workshops for families in our community which will include information about Marriage & Family Therapy and resources for locating trained clinicians. You will hear more about these changes in the coming months.

Finally, please remember to register for our fall workshop, When No One Understands: Compassionate Family Treatment of Adolescent Anguish. The program will feature Dr. Brad Sachs, family therapist and author of *The Good Enough Teen* and other best selling parenting books. Dr. Sachs is a popular and dynamic speaker; don't miss this great event! I will look forward to seeing you all there.

*Wendy Wilcox, LCMFT
President*

The Middle Atlantic Division of AAMFT and
The University of Maryland Family Science Department
Present

*When No One Understands:
Compassionate Family Treatment of Adolescent Anguish
with
Dr. Brad Sachs*



Friday, October 1st, 2010

9:00 am – 1:00 pm

*Loyola College
8890 McGaw Rd.
Columbia, MD 21045*

Adolescence represents a profound juncture in the family's development that entails every member striking a new balance between continuity and change, between attachment and separation. This balancing act requires each generation to find ways to grieve for what is being lost in order to cultivate what will be gained. When parents and/or adolescents are unable to resolve the depths of this grief, anguish is the inevitable result, anguish that often expresses itself in the varied symptoms that we are asked to address and ameliorate.

This workshop presents a humanistic approach to the family treatment of adolescents that enables clinicians to intervene with creativity and compassion when developmental anguish brings teens and their parents into treatment. Participants will be able to:

- Identify the nature and stages of the grieving process that adolescents and their parents undergo as part of normal family development,
- Discuss the ways in which an unresolved or incomplete developmental grieving process leads to behavioral symptoms on the part of adolescents and/or their parents, and
- Describe clinical strategies designed to assist families in completing their necessary developmental grief and preventing or ameliorating emotional and behavioral symptoms in both generations.

4 CEUs offered!

Registration Fee: \$50.00 Registration Deadline: 9/24/10 (extended!)

To register, visit www.regonline.com/fall_conference_brad_sachs

*Dr. Sachs, psychologist and the best-selling author of numerous books, including *The Good-Enough Teen: How to Raise Adolescents with Love & Acceptance (Despite How Impossible They Can Be)*, will share his innovative clinical framework for helping families with struggling teens. Dr. Sachs is a compelling and inspiring speaker whose creative approach to child and family development is both practical and effective. His work has been featured on over 300 radio and television shows, including *The Today Show* and *20/20*, and in numerous popular and professional publications, including *Redbook*, *Family Circle* and *The Psychotherapy Networker*.*

Trauma Treatment for Veterans and their Families: The Fight Continues

Conference presented by Deany A. Laliotis, LICSW-C

On May 7th, 2010, the Middle-Atlantic Division was pleased to present a special conference on trauma treatment for veterans. The noted speaker, Deany Laliotis, LCSW-C, is a trainer, clinical consultant, and practitioner of Eye Movement Desensitization and Reprocessing, a specialized treatment for trauma. She was named a Top Therapist by Washingtonian magazine in 2009. She has varied publications including a recent clinical article co-authored with Francine Shapiro, the originator of EMDR, concerning integrative treatment, case conceptualization, and information processing with EMDR.

Ms. Laliotis's presentation, based on her professional and personal experiences with the military, included general information on stress and extensive emphasis on PTSD resulting from the current battlegrounds in Iraq and Afghanistan. She described specific stressors experienced in the context of war. These included physical stressors such as extremes of heat or cold, the dehydration and winds of the desert, the torrential wet and mud of the rainy season, and the potential for sleep deprivation and malnutrition on the battle lines. Cognitive stressors included the lack of adequate or sufficient information, or conversely, an overabundance of unfamiliar detail; and the frequent ambiguity of roles or changes in mission and goals for combat. Examples of different spiritual, social, and emotional stressors included loss of faith in religion or a higher power, loyalty conflicts (who is friend and who is foe), and the struggle to find meaning in life when faced with so much destruction and emotional pain.

The trauma of war, particularly evident at points of transition, is especially difficult for soldiers and their families. Deployment, for example, is one of these points of major transition. Even with advance preparation and education for deployment for soldiers and families, the waiting period before going off to battle where death may be waiting is clearly a difficult time. Re-entry to home and family poses an equally challenging time as the alertness of battle has halted, at least temporarily, but the task of fitting back into a family that learned to survive without the soldier is another stressful adjustment – and in this current time, the probability of being redeployed looms large.

Using Hans Selye's normative adaptive phases (alarm, resistance, and exhaustion), Laliotis described how military training changes this natural adaptive mechanism. The soldier is taught to react to alarm in a fighting stance (not a choice of fight or flight) which is a hypoactive response alert mechanism. The soldier skips the resistance stage where rebalancing and calming normally occurs and moves to rebound fatigue are delayed until safety is at hand. While this is functional in war, as the soldier returns home, this alert is not turned off immediately nor so easily. The

normative period of rebalancing and calming has been skipped for the soldier who remains on the perpetual alert. Thus a soldier may respond hyperactively to normal civilian situations by jumping to alert and cover upon hearing a loud sound (a car backfire), or rushing to check doors upon seeing a shadow pass the window, for example. After the startling event has passed, the safety and exhaustion may be celebrated but potential rebound reactions may include the excessive use of alcohol and drugs.

Working with soldiers and their families, a clinician needs to start with a thorough assessment focusing on the current context and their military history. The therapist should remember that the person who left for war is not the same person who returned. Their families have changed throughout this process also; they have learned to manage life without the soldier's presence. In addition to trauma assessment, all self-regulating characteristics (e.g., ability to control anger, substance use) and the ability to shift experiences from the traumatic experience to the present context (e.g., in Iraq this particular thing happened – I was responsible to make decisions for my troops; here at home my job is to help the children learn to be good decision makers) are two key areas to explore in assessment.

After assessment, Laliotis utilizes a phase-oriented treatment process. The phases are stabilization, trauma processing, and re-integration. Laliotis described her use of EMDR in treatment which includes a safe place exercise, resource development, and installation of new response patterns. Affect tolerance techniques, grounding exercises, somatic interventions, and mindfulness practices are also part of the therapeutic process.

Laliotis emphasized that family members often seek treatment, because they not only may internalize the trauma symptoms of the survivor, but living for extended periods without the person they loved, brings its own set of traumas. They may have interrupted communication from their loved one for an extended period of time and not known whether they were alive or dead. They may experience normative life transitions - births, deaths, graduations, and other family events -without their partners at their side. So many occasions exist for sadness, worry, fear, and uncertainty.

The Middle Atlantic Division is very grateful for the contribution Deany Laliotis has made to our understanding of the soldier and military families. The conference greatly enhanced our readiness to provide clinical services to this special population.

**-Christina Guidorizzi, LCMFT
MAD-AAMFT President Elect**

Marriage and Family Therapists Support the Pro Bono Counseling Project

As the Pro Bono Counseling Project begins its 20th year, they want to take this opportunity to acknowledge the wonderful contribution that Marriage and Family Therapists have made toward eliminating disparities in access to mental health care. The following Marriage and Family Therapists donated 55 hours of therapy for 3 families, couples and individuals during the past year. On behalf of these clients, the Pro Bono Counseling Project expresses gratitude to:

TRISH CLEARY
DOUGLAS MURPHY
ALEXANDRA RICKEMAN
ELIZABETH VANDEN HEUVEL

During the past nineteen years, more than 14,500 families, couples and individuals have received in excess of 61,000 hours of therapy from 1,487 Marriage and Family Therapists, Clinical Social Workers, Licensed Clinical Professional Counselors, Psychologists, Psychiatrists and Psychiatric Advance Practice Nurses. During this time, 15 Marriage and Family Therapists have participated throughout Maryland.

Middle Atlantic Division of AAMFT encourages all of its members to give serious consideration to donating professional time to this very worthy work. The Pro Bono Counseling Project requests licensed and insured clinicians take one carefully screened referral per year.

Please call for more information:

410-825-1001

301-805-8191

1-877-325-5800

Or e-mail: Ellen@probonocounseling.org



[HTTP://MFTexam.com](http://MFTexam.com)

The most up-to-date test preparation site on the internet using MFT specialists to review and design materials. The site provides thousands of practice QUESTIONS and CASE STUDIES. Instructional materials help explain how to approach the exam. TEST BANKS cover exam content and daily content emails are sent. Downloadable FLASH Cards, Break-Out Questions, and motivational VIDEOS keep you on track. iPod and PODCAST are part of their services with 24/7 access from multiple locations. Free Samplers. MFT Licensure Exam Review.

Maryland Chapter Update

Connect and Create Community.

Need to meet with new colleagues? Interested in conversations about practice ideas? Want to learn about community resources? Crave more camaraderie and encouragement?

Volunteers or teams of volunteers are needed to help coordinate Regional Networking Events throughout the state.

This is a low-stress way to get involved with the Middle Atlantic Division and to have fun, too. So far, some members have successfully coordinated simple ninety-minute get-togethers at local coffee shops. Others have volunteered their homes and offices to encourage community networking. If you are interested and would like more details on how to get involved in your Region, contact Symone Colquitt.

Region 1

- *Allegany County
- *Frederick County
- *Garrett County
- *Washington County

Region 2

- *Cecil County
- *Hartford County

Region 3

- *Howard County
- *Montgomery County

Region 4

- *Baltimore City
- *Baltimore County

Region 5

- *Anne Arundel County
- *Prince George's County

Region 6

- *Calvert County
- *Charles County
- *St. Mary's County

Region 7

- *Caroline County
- *Dorchester County
- *Kent County
- *Queen Anne County
- *Talbot County

Region 8

- *Somerset County
- *Wicomico County
- *Worcester County

Region 9

- *Carroll County
- *Frederick County



YMCA Youth & Family Services

Presents

Rhea Almeida, MS, PhD Bringing Family Therapy into the 21st Century

November 19, 2010 • 9am – 4pm • Crowne Plaza Hotel • Silver Spring, MD 20910

6 CEUs offered

This training will offer an expanded model of family therapy: **Cultural Context Model**. This perspective brings healing and cultural equity to therapeutic practices by:

1. Bridging cultures
2. Linking families in communities to counter the pervasive isolation and disempowerment of today's life styles
1. De-pathologizing those who we work with
2. Creating a sustainable model of practice by linking practitioners with community allies.
3. Departing from the traditional Eurocentric model of psychology i.e. individual healing.
4. Reduce therapist burn-out and increase sustainability by inviting community allies to work side-by-side with the therapeutic team.

For more information and registration, contact
Viviana Azar at 301-587-5700x2566 or viviana.azar@ymcadc.org

Middle Atlantic Division – AAMFT Executive Board, 2010

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Schedule of 2010 Division Board Meetings

Friday, March 5th
Friday, May 7th
Friday, July 9th
Friday, September 10th
Friday, November 5th

All Division Board meetings are open to the membership of the Division. Meetings are held at 9:00 a.m. at the

Loyola Graduate Center in Columbia, Maryland at 8890 McGaw Road Columbia, MD 21045. Telephone: (410) 617-7600.

Call for Articles

The Middle Atlantic Division newsletter is always looking for a good story. If you have an experience in your personal or professional life, or know of some news that you would like to share, please send this information to the Division Office.

Advertising Rate

The Middle Atlantic Division, AAMFT newsletter welcomes advertising. Copy must be print-ready. All copy, payments, and inquiries should be directed to the MAD Office. Checks are payable to the Middle Atlantic Division, AAMFT.

¼ page, \$40
½ page, \$75
Full page, \$90

Web advertising, \$75 per month

The Middle Atlantic Division, AAMFT reserves the right to reject advertisements that do not meet the general purpose of the organization.

Editors

Michelle Florimbio &
Carlo Panlilio

Connections is the official publication of the Middle Atlantic Division, American Association for Marriage and Family Therapy. Subscription to the newsletter is included with AAMFT membership. Dated material needs to be submitted in time for consideration by the reader. All material for the newsletter should be directed to the Division Office. The Middle Atlantic Division reserves the right to authorize reproduction of any articles submitted to this newsletter for publication in materials of other Marriage and Family Therapy organizations.

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