



Network News

Spring 2009

The Oregon Association for Marriage and Family Therapy

House Bill 2506 Has Traveled a Long, Winding & Bumpy Road

By Marti Olsen Laney, PsyD, LMFT
OAMFT Legislative Chair

We are hopeful that during the 2009 Legislative Session HB 2506 bill will finally pass both the House and Senate. HB 2506 has three main goals. First, it is designed to define and protect the practice of licensed professional counselors and licensed marriage, family therapists by law. The bill distinguishes the important differences between licensed and unlicensed mental health providers. Second, it mandates that licensed professional counselors and licensed marriage, family therapists be included in insurance provider pools. Third, it provides for consumer protection by giving OBLPCT the authority to impose penalties, revoke licenses of a counselor or therapist who engages in sexual acts with a client and it requires that those practicing must be licensed by January 1, 2013.

LPCs, LMFTs, university faculty, students, interns and other interested parties gathered in Salem on February 27th at 8am to support and testify for HB 2506. The bill was heard by the House of Representatives Human Services Committee, Chaired by Rep. Carolyn Tomei, District 41. She has championed our bill, in its various incarnations, for many years. Rep. Tina Kotek, District 44, led off the testimony. She introduced the bill explaining her role in supporting it for many years. She also asked for more time to clarify and incorporate needed revisions. Larry Conner, LPC, who has been instrumental in rewriting the bill, summarized it for the Representatives. Jeff Harman, LPC explained the serious reimbursement issues that rural clients, counselors and therapists face. Lori Queen, the President of OPA testified that the Coalition has worked with OPA to address their concerns about the bill and that they now support it. Professor Anna Berardi from George Fox University submitted seven letters signed by faculty members from all around the state. Becky Eklund, OBLPCT, Executive Director, submitted written testimony regarding the importance of the consumer protection aspects of the bill.

In closing, Rep. Tomei, asked those supporting the bill to stand, introduce themselves and to tell where they live. It was an impressive showing of statewide solidarity. She asked if there was any opposition to the bill and no one responded. The bill wasn't voted on because the latest revisions need to be incorporated. But it looks very promising that the committee will pass the bill.

For those of you who aren't familiar with the history of the bill, it has had a long and arduous birthing process. LPCs, LMFTs and others, from all over the state, have worked on it since 1991. At the close of 2008 Legislative Session, it was a heartbreaking surprise when the bill lost by one vote.

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**See page 12 for information
on upcoming board
meetings!**

**Find us on the web at:
www.oamft.org**



Editorial Policy

The **NETWORK NEWS** is the official newsletter of the Oregon Association for Marriage and Family Therapy (OAMFT), and is published four times each year in Summer, Fall, Winter, and Spring. OAMFT is a state division of the American Association for Marriage and Therapy (AAMFT), 112 South Alfred Street Alexandria, VA, 22314-3061, www.aamft.org. Membership in OAMFT and subscription to the newsletter is provided to Oregon professionals upon their meeting the minimum educational and clinical requirements for membership in the national organization, AAMFT. Copies of the *Network News* can be made available to nonmembers upon request to the Editor.

Articles submitted by mail must be in Microsoft Word (or compatible program) and submitted by mail on a CD. Articles may also be submitted via email. See contact info below. Photographs must be submitted in .jpeg format and ready for use (no editing necessary). If return of materials is desired, please send a self-addressed envelope with sufficient return postage.

EDITORIAL POLICY: Opinions expressed by the Editorial staff of the *Network News*, in articles published and Letters to the Editor, do not necessarily reflect the views of AAMFT, the OAMFT Officers and Board of Directors or the OAMFT membership.

NETWORK NEWS OAMFT

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Membership Information, Mail List Updates,
and Referral Service Voice Mail: 503.227.1330
(Voicemail checked on a weekly basis.)

News items, articles of interest to MFTs, responses to published articles, and letters to the Editor are invited and welcomed!

Do you have a job posting to share? Please email us at oamftboard@gmail.com with the information. All job postings are free in the Network News!

Address Change??

Update your new contact information on AAMFT's website @ www.aamft.org.

OAMFT uses the AAMFT online database to send Oregon members information, such as this newsletter, Network News.

Stay updated on your state's association by keeping your address current at AAMFT.

ADVERTISE in the NETWORK NEWS

Advertise your programs, practice, conferences, job openings or office rental space. Display advertising must be submitted print-ready and prepaid at the following rates (add \$35 if setup is required):

<i>Full page:</i>	<i>\$150</i>	<i>Half page:</i>	<i>\$125</i>
<i>1/4 page:</i>	<i>\$75</i>	<i>Business card size:</i>	<i>\$35</i>

Classified ad rate: \$35 per 75 words (\$35 minimum charge). Discounts for multiple issue advertising. The Editor reserves the right to reject, abridge or modify any advertising or other submitted material as deemed appropriate and necessary.

President's Corner

By Shelley A. Hanson, MA, LPC, LMFT
OAMFT President

It's almost as though there is a collective electrical current in this beautiful, clean Oregon air right now; our field appears to be breathing, growing, and the momentum building. I find that ironic, in the midst of the economy times, but poignant. Who better to come alongside individuals, couples and families in the midst of the strain of uncertainty? Being trained in systems theory, MFTs provide a metasystemic and microsystemic lens through which to conceptualize the variety of areas that are challenging our fellow community members today. This lens can more fully support and encourage those whom we serve.

In the past few months, some good events happened on the board which I would like to share with you. Firstly, the new board members were put in place (please be sure and read their bio's, page 4) and for the first time this group came together for an all-day planning meeting to set the course for the next year. What is really exciting for me, as President, is this is a wonderful group of committed, hard-working and well-informed professionals who bring passion and resolve to serve the MFTs and the citizens of Oregon. Each board member brings a wealth of knowledge and a heart of serving and I am so thrilled to be working alongside each and every one of them.

Secondly, our February board meeting included a 20 person Meet the Board Breakfast at Jake's in the Governor's Hotel. It was great to put names and faces together and to reacquaint with those we have not seen in some time. I hope that when we are able to do this type of thing again (look for it next year in January or February!), even more of you will be able to attend and we'll be forced to expand our breakfast! Connecting with one another is what this field is all about, and it is my desire that we MFTs become even stronger in our networking and support of one another.

Thirdly, we decided as a board to upgrade our stock of paper! Did you notice? This newsletter is with new graphics, color and paper to celebrate the professional status of hardworking marriage and family therapists of our state. This may seem a frivolous or funny item to mention, but in Oregon there is a sense that MFTs are shifting from being viewed as a small, grassroots consortium of avant-garde mental health professionals, to a body of recognized professionals who hold the education and credentials valued for working with folks in need; this small change of materials is a visible celebration of this shift. It has already occurred in other states – Oregon is following suit!

So those are details on the home-front, but some mega-issues are also happening. Please read the Legislative Update (page 1) for a comprehensive view of HB 2506 and the exciting events that are unfolding for Consumer Protection and Consumer Choice in our state. This directly impacts each and every one of us – as well as our neighbors! – so I would encourage you to get informed and get involved. Also, please look at the exciting article entitled, *New VA Occupation Category for MFTs*, brought to you via AAMFT on page . These are important, historical events that are occurring within our profession!

Until next time, I hope you enjoy a warm and beautiful Spring!

House Bill 2506 Key Talking Points

HB 2506 is a long overdue bill intended to improve mental health services for all Oregonians. It updates the law for LPCs and LMFTs in the three crucial areas listed below. Talk us up.....

Access:

HB 2506 establishes choice for the people of Oregon by providing equality among all licensed mental health treatment providers. This will improve consumer access, especially addressing the underserved in Oregon. Some of the underserved are senior citizens, children, families, consumers in rural areas, veterans, mentally ill and minorities.

Consumer Protection:

Consumers seeking counseling or therapy from LPCs or LMFTs will be assured that their services are provided by licensed professionals who are trained to treat clients based on a consistent body of knowledge and experience. The bill also gives the board the power to protect consumers and preserve our profession by disciplining, fining or revoking the licenses of those who violate the standards of ethical practice, i.e., a licensed professional who engages in a sexual relationship with a client.

Affordability:

Passage of HB 2506 allows clients to obtain insurance reimbursement for services delivered by LPC and LMFT providers.

NCP – PORTLAND PRESENTS

The Northwest Center for Psychoanalysis - Portland PRESENTS

SAVE THE DATE

Saturday, September 26th, 2009

Marilyn Jacobs, Ph.D.

**The Problem of Pain:
Psychological,
Neurobiological and
Psychoanalytic Perspectives**

Dr. Jacobs works in a specialized area of mind-body, medicine: assessing and treating people who are considering surgery to relieve intense pain, ...
"It involves basic science, clinical medicine, psychology, psychiatry, end-of-life issues-even religion and politics."
Dr. Jacobs quoted in the APA Monitor on Psychology.

Saturday September 26th, 2009
9:00am - 4:45pm - 6 CE hours

More information soon on the web at
www.ncpportland.org

Meet the 2009 New Board Members

**Legislative Chair:
Marti Olsen Laney, PsyD, LMFT**

Hello,

Several years ago I fulfilled my long-held wish to move to Oregon. We relocated from Calabasas, California, where I taught in various institutions and had a private practice for over twenty-five years. Presently, I practice in Eastmoreland, working with couples, children and adults. I specialize in working with introverts, authors and mental health professionals.

My curiosity about introverted temperaments, fueled ten years of research into the physiology of introverted and extroverted temperaments. My research resulted in three books about the overlooked gifts of ingoing people: *The Introvert Advantage: How to Thrive in an Extrovert World*, *The Hidden Gifts of the Introverted Child: Helping Your Child Thrive in an Extroverted World* and co-authored with my husband, *The Introvert & Extrovert in Love: Making it Work When Opposites Attract*. Currently, we are interviewing people for an upcoming book with a working title, *Introvert Advantages at Work*.

My husband and I have been married forty-four years and we have two daughters and four grandchildren. We live with two fluffy Ragdoll kitties, Ms. Muffin and Miss. Mittens and our challenging Princess Pup, Sophie. Sophie is a lively Cavachon, a mixture of a Bichon Frise and King Charles Cavalier Spaniel. In my spare time, I enjoy watching BBC mystery series, documentaries, singing in a choir, reading about the historical aspects of psychology, studying brain research, writing and gathering branches of my family tree.

As of late, in my new position as Legislative Chair, any spare moments are spent reading and answering e-mails, attending meetings and learning about the ins and outs of the Oregon Legislative Process. I am meeting dedicated colleagues throughout the state who have volunteered their time and efforts toward this bill for many years.

I look forward to meeting all of you during the upcoming year.

Marti Olsen Laney, PsyD,
LMFT



**General Board Member: James
Brown, LMFT**

James earned his masters degree in Marriage and Family Therapy at Northeast Louisiana University in 1996. He is licensed as a Marriage and Family Therapist in both Oregon and Louisiana. James has been a Clinical Member of the American Association for Marriage and Family Therapy since 2001 and is also an AAMFT Approved Supervisor.

He also served briefly on the

Board of the Louisiana MFT Association before moving to Oregon.

James has over 13 years experience working with individuals and families in a variety of settings including, school, hospital, residential facilities, outpatient, in the home and in the wilderness. Through his volunteer work with the American Red Cross, he has counseling families and individuals in such disasters as 9/11 and hurricane Katrina. James has presented at both state and national conferences on such topics as child custody evaluations, alternatives to residential treatment and systems consultation.

James' professional interests include parenting and marital issues, environmental psychology, grief and loss, and sexuality. Personal interests include hiking and camping, cooking, geography, and laughing. James has lived in Oregon since 2006 and currently has a private practice in Medford and is also employed as a Quality Manager for ColumbiaCare Services, Inc.



From Left to Right: Jim Prather, Lara Barnes, Deanne Fahy, Stephanie Miller, Shelley Hanson, Marti Olsen Laney, James Brown

Avoiding Liability Bulletin: Self Disclosure—Personal Blogs

By Richard S. Leslie, J.D., Attorney at Law

From CPH Associates, January 2009, Volume 1

The topic of self-disclosure was briefly addressed in the August 2007 (Volume 1) issue of the *Avoiding Liability Bulletin* under the title of “Self Disclosure.” As with many discussions about self-disclosure, the assumption in that piece was that the disclosure takes place during the therapist-patient or counselor-client relationship. In that context, self-disclosure by the practitioner is typically and appropriately used to improve the practitioner-patient relationship and is made with the intent to benefit the patient rather than to satisfy the needs of the therapist or counselor. The article pointed out that in many dual relationship cases where a therapist or counselor gets in trouble, there has been too much personal disclosure by the practitioner.

I have been asked by a reader to comment about the issue of self-disclosure as it relates to blogging by a therapist or counselor. Some of my comments and thoughts follow. First, and for purposes of this short piece, I accept the definition that a blog is an online journal or diary where one can post messages and others may view and respond to these posts. It has also been defined, rather simply, as a frequent or chronological publication of one’s personal thoughts, including web links. The disclosures by the therapist or counselor blogger will typically (but not always) take place before there is a professional relationship.

When a person becomes a therapist or counselor he/she does not give up his/her basic personal rights or civil liberties. Whether a lawyer, brain surgeon, holistic health practitioner, financial advisor, or elected official, the personal right to fully participate in our society is generally not forfeited upon licensure or upon pursuing a particular career. Thus, if someone wants to publish and maintain a blog wherein he/she shares his/her thoughts about particular topics, he or she is generally free to do so. This is the personal right and privilege that we all enjoy. Principles of freedom of speech and expression and the right to assemble and associate with others are embedded, in my view, in this broad right to live one’s life unconstrained by arbitrary restrictions or by unreasonable fears.

It is, of course, the content of the blog that is critical to the determination of whether or not anything has been done that will subject the therapist or counselor to some jeopardy. Therapists and counselors must use their good judgment before publishing material that will be distributed so widely. For instance, they must be concerned about such things as defamation (e.g., libel), copyright infringement, and plagiarism. An obvious area to stay away from would be discussing clients and using actual case examples to make certain points. Even if the identity of the patient or client is hidden, the patient or client may recognize his or her “story” and may be angry because of the publication itself and the “exploitation” of the story.

Another area to stay away from is anything approaching the provision of therapy, counseling, or advice giving – or anything that reasonably could be interpreted as such. Once a therapeutic relationship is established, even if unintentionally, substantial duties

are imposed upon the blogger. Depending upon the nature and extent of the blogging, disclaimers regarding the provision of therapy or counseling services or advice may be necessary or appropriate. Because of the interactive nature of blogging, practitioners should be mindful of the possibility that a patient might also be interacting with the practitioner, perhaps under a fictitious name, in the blogging community. This possible dual relationship could, under some circumstances, present problems for the practitioner and for the therapeutic relationship.

As to the amount of personal disclosure, that too must necessarily be left to the good judgment of the practitioner. Artificial limits are neither necessary nor easily drawn. Of course, the subject matter of blogs will vary widely. One may write about his or her views of the world, politics, sports, health care, or horseshoes! Blogs that are directed to the general public or that focus on subject matter like horseshoes, seem less problematic when compared to blogs that focus on subject matter like mental health care or those that are directed to mental health consumers or mental health practitioners, although even with the latter subjects, the potential dangers seem to me to be slight.

What if a therapist or counselor published a blog that was dedicated to and focused upon lambasting health insurance companies and HMOs? What if a prospective client was aware of the practitioner’s blog and sought treatment services from the blogger, in part, because the prospective client agreed with the positions taken by the blogging practitioner? Does sharing this kind of information present problems for the mental health practitioner? Or, what if the blogger focused on his or her emotional well-being and used the information to educate the public? Suppose, for example, the practitioner, blogged about his own personal processing of the issue of emotional eating. How might this personal “sharing” be viewed by the public (including the licensing board) or by existing or future clients/patients?

There is nothing wrong, in and of itself, with self-disclosure. The fact that patients or prospective patients know something about the views of the practitioner is not necessarily problematic. Therapists and counselors do not have to perform their services in anonymity – they can have views and personalities and passions. It is important, however, that their own “stuff” does not become the focus when in treatment relationships with clients or patients. For instance, with respect to the blogger focused on insurers and HMOs, will the therapist or counselor try to influence the patient to behave in a certain way toward HMOs? Will the patient or client get caught up in the practitioner’s cause? If so, this can be problematic for the practitioner.

The blogging about emotional eating is somewhat different and somewhat problematic, although there may be nothing unlawful or unethical about it. Perhaps some patients or prospective patients exposed to such viewpoints would find it helpful or interesting personal information about the practitioner. Licensing boards and eth-

(Continued on page 6)

Movie & Book Reviews

Submitted by members of OAMFT

Avoiding Liability Cont'd.

By Richard S. Leslie, J.D., Attorney at Law
From CPH Associates, January 2009, Volume 1

Stumdog Millionaire, Starring Dev Patel and Directed by Danny Boyle

If you haven't seen it yet, rush out and treat yourself. This is a film challenging conventional thoughts of intelligence and opportunity. Set in India (but not subtitled throughout), this film takes a look at a poor orphaned boy who has accumulated knowledge throughout life in a truly narrative sense, confounding the producers of the television show, *Who Wants to be a Millionaire?* This is not a touchy-feely film, it is set in some of the hardest elements of human existence. Yet somehow this work undertakes serious issues such as attachment, emotional intelligence, and hope for change – all structured around the transcendence of relationships. (Oh, and don't leave the theater too quickly; enjoy the dance scene which is a salute to Bollywood, the Indian film industry).
- Submitted by Shelley A. Hanson

(Continued from page 5)

ics committees are not likely to try to prevent or interfere with therapists or counselors expressing themselves as bloggers – even if the topics relate to mental health care issues and even if the therapist or counselor discloses personal information. They are more likely to act if there is a complaint from a consumer that involves self-disclosure by the practitioner that has had an alleged negative effect upon either the quality of the therapy or counseling, or upon the relationship itself.

Often, as stated in my earlier piece, complaints involving self-disclosure also include dual relationship issues. The therapist or counselor typically shares so much personal information that the client then becomes caught up in the practitioner's personal issues – sometimes to the extent that the patient is satisfying the needs of the practitioner. The “doctor-patient” relationship is affected in a way that puts the needs of the doctor ahead of the needs of the patient. Eventually, when the patient realizes what is happening or learns that the nature of the professional relationship has changed so dramatically, the patient may complain to an ethics committee or licensing board or may threaten suit. In defense of the therapist or counselor, and depending upon the circumstances and the jurisdiction, there may be no laws or regulations that prohibit self-disclosure or that limit or define it. There may, however, be ethical cautions or guidance concerning the nature, extent, or purpose of self-disclosure.

In summary, it seems to me that blogging is generally not problematic for mental health practitioners. Nor is self-disclosure. Good judgment must of course be used, but beyond that, patients are generally allowed to know whatever is in the public arena concerning their therapist or counselor. It is conceivable that a patient who discovers the blog, either before or during the therapeutic relationship, will mention the blog content during the course of therapy or counseling. While practitioners must make sure that the primary focus is upon treating the client and addressing his or her problems and issues – and not upon other extraneous matters or controversies – they would certainly be expected to respond to patient inquiries or comments. Practitioners must be cognizant of the possibility that a client may be a reader of the blog (or one who posts) and that prospective clients may present themselves as a result of the blog.

*You can view all issues of the Avoiding Liability Bulletin at www.cphins.com. Just click on **Legal Resources**.*

NCP - PORTLAND PRESENTS

The Northwest Center for Psychoanalysis - Portland PRESENTS

Phil Ringstrom, Ph.D.
presenting from his latest work on

Improvisation in Psychoanalysis

"Psychoanalytic concepts, in general, are sorely lacking in addressing the present moment phenomenon of the psychoanalytic encounter...One among many seminal points in the article is how to cultivate improvisation via a relational ethic—a "hovering" set of questions about what is going on between the analytic participants."
(From his paper: *Scenes That Write Themselves: Improvisational Moments In Relational Psychoanalysis*)

Saturday, April 4th, 2009 9:00 a.m. - 4:00 p.m.
Cost: \$125 if postmarked by March 25th, 2009, or \$150 after March 25th or at the door (discounted rate for graduate students). Event is held at Portland State University. 6 CE hours are offered for this event.

More information on the web at
www.ncpportland.org
or contact Robin Lieberman MSW, LCSW: 503.222.1192

Best Wishes to Holly Beckman, MA, LPC

Saying farewell to a trusted colleague and fellow board member must be one of the worst things about serving on a board! Years of working side-by-side, creating materials for the members in Oregon, organizing the Annual Conference, carpooling to various meetings around the state, hosting meetings in our shared office, are all part of the tapestry of working with Holly Beckman over the past three years.

Holly has been an integral part of decision-making, planning, organizing and general good spirits on this board. Her need to step down from serving is one that pains us all. We understand that sometimes life circumstances demand that we give more energy to other areas, and so it is with that understanding that we send her off with best wishes. We know that Holly will enrich any and all work that she does in her private practice and beyond. We thank her whole-heartedly for her commitment and work on behalf of marriage and family therapists in Oregon.
- By Shelley A. Hanson, MA, LMFT, LPC

Interpersonal Neurobiology in Oregon

By Debra Pearce-McCall, PhD, LP, LMFT

Have you heard about interpersonal neurobiology (IPNB), a natural expansion for folks already attracted to relational work and systems theories? IPNB is a philosophical worldview first articulated by Daniel J. Siegel (1999) that is shaped by complexity theory and interdisciplinary inclusiveness. It examines the convergence of empirical findings from neuroscience, developmental psychology, sociology, consciousness studies, and change processes, applying their common insights to an understanding of how human connections shape neural connections and can facilitate well-being within oneself and between people. Increasing our understanding through a convergence of diverse streams of knowledge is called a consilient approach (a word coined by E.O. Wilson), and allows us to consider what common factors contribute to health and well-being across many relational endeavors, including therapy, education, medicine, leadership, and parenting. The IPNB framework is not about a specific form of intervention or a theory of therapy; rather, multiple therapeutic schools are enriched and illuminated when viewed with the lens of IPNB. This is true across all these relationship-based professions.

The most common entry point for becoming an interpersonal neurobiologist is to begin by studying the brain's structure and processes, so we can ask - *why* would we want to learn about the brain? In our clinical work, we are all concerned with alleviating suffering and expediting healing. One of the consistent outcomes of therapists being able to talk about the brain, mind, and relationships with clients is a decrease in their clients' feelings of shame, accompanied by a profound increase in their capacity for self-regulation. For we therapists, becoming more informed about brain science is accompanied by an expansion of our "holding" capacities (compassionate witnessing, calm presence) and a significant decrease in reactivity with our clients. Since our "product" - mental and behavioral health - depends on the mind having more flexible ways to ride neural circuitry and perceive/respond in relationship, IPNB can help us understand the relationship between brain, mind, and relationships in ways that clarify how to facilitate that journey down paths to individual well-being and group connectedness.

IPNB tells us that well-being occurs when a system remains in a balanced yet re-organizing state, a synthesis of stability and change. Dan Siegel has imaged this process as a river of coherence, bounded by the shores of chaos and rigidity. Though we may veer toward one bank or the other, a person, relationship, or community has the intrinsic capacity to continually move toward a more integrated way of being. Dan Siegel uses the acronym FACES - flexible, adaptive, coherent, energized, and stable - to describe that experience (Siegel, 2006). Our job as therapists is to help our clients remove impediments to this natural integrative process. The golden road for doing that is the attuned relationships we form with our clients, which give them the safety and interpersonal conditions to uncover the blockages and rewire their brains in patterns of empathy and connection. Dan Siegel describes the IPNB framework as a big, welcoming tent, with room for many different voices, points of view, and application ideas. I have heard the delight of clinicians, educators, administrators, and executives as they talk about how the IPNB frame helps them

organize, describe, and improve what they do.

If this brief introduction has encouraged you to learn more about IPNB, you will be delighted to know that Oregon is jumping with activity related to this exciting new framework. Here is a list of ways you can explore more:

Classes within the George Fox graduate program (particularly those taught by Anna Berardi) are using books from the W. W. Norton series on interpersonal neurobiology, founding editor - Dan Siegel, series editor - Allan Schore. Like her lucky students do, consider reading the books by Dan Siegel and Lou Cozolino or any others in this excellent series. Learn about them at www.wwnorton.com/NPB/nppsy/cat/neurobio.htm.

One of the most recent books in this series is *Being A Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology*, by Bonnie Badenoch, who recently relocated to the Portland area! Dan Siegel says her book "is filled with the wisdom of a seasoned front-line therapist who writes like a poet and understands science as if she were a full-time academician." She founded and then directed the Center for Health and Healing (in California) for many years and has experienced the power of integrating IPNB into her work and the work of her many colleagues and supervisees. You can learn more about Bonnie Badenoch, or contact her for supervision, consultation, or therapy possibilities at www.brainwisetherapist.com. She works with individuals, couples, and organizations. She is presenting nationally about her work and has been a key person in founding GAINS (see below) and is the editor-in-chief of *Connections and Reflections*, the GAINS Quarterly.

Portland State University has developed an entire certificate program in IPNB, available for CEUs or graduate credit. Several excellent teachers guide participants through a three-day class (also available for distance learners as streaming video) followed by four weeks of online web-based learning to truly allow you to take IPNB into your work and your life. Several one-day workshops are also offered (e.g., the IPNB of Hope), and annual events feature national and international experts, such as Jeffrey Schwartz (co-author of *The Mind and The Brain* and *Brain Lock*), Steven Porges, who has developed the polyvagal theory. Learn more about classes examining IPNB, including focusing on applications in mental health and addictions, adult development and relationships, education, and more, at www.ceed.pdx.edu/ipnb/. Sign up for ongoing updates/notices with the program administrator, Marion Sharp, at sharpml@pdx.edu. The instructors who teach these classes and many more who have taken them are bringing IPNB into numerous agencies, organizations, and private practices across our area (and beyond - we have had distance students from New York, New Mexico, even the UK).

Full disclosure: I am one of the folks who helped create and develop the PSU program and curriculum, and I teach *Adult Relationships: Brain, Mind, and Well-being*, as adjunct faculty. I consider myself a consultant at the crossroads of mind, relationship, and brain, whether I am doing therapeutic work,

House Bill 2506 Cont'd.

By Marti Olsen Laney, PsyD, LMFT
OAMFT Legislative Chair

(Continued from page 1)

Its narrative began in 1983 when a bill was passed mandating insurance reimbursement for Psychologists and Mental Health Nurse Practitioners. LPCs and LMFTs weren't included in the mandate since The Counselor Licensure Bill was not signed for six years. It was finally signed in 1989 and The Oregon Board of Licensure began to license LPCs and LMFTs in 1991. Since that time a state-wide group of LPCs and LMFTs, registered interns, university faculty, students, school counselors, and agency staff formed the Oregon Coalition for Consumer Mental Health Protection & Choice. Some of the issues they have worked together on are improving consumer protection for the people of Oregon, LPCs and LMFTs and to increase access through mandated equal insurance reimbursement.

YOU COUNT: How You Can Help

1. Donate. Your contribution will help pay for our two dedicated lobbyist, who guide us through the intricate and mysterious Legislative process. OAMFT applied to AAMFT this year for and was granted \$2500 to help defray some of these legislative expenses. Thank you for any amount you can donate.

Please Send To:

OCCMHPC

Evelyn Evano, LMFT

550 E. 50th Ave.

Eugene, OR 97405

2. Stay in the loop, check out the latest news on the Coalitions website at: www.oregonmentalhealth.info.

3. E-mail or write a letter to your legislators asking them to support or thanking them for supporting HB 2506. Check out the Oregon State web site and follow the bill as it progresses through the Legislature during the next few weeks. It's empowering to be involved in improving your profession, protecting consumers and increasing access to mental health services for the people of Oregon. You can attend a committee hearing and or a working session in Salem. Watch the Legislature in action on Comcast channel 29.

4. Learn The Talking Points (see page 3), the bite-sized morsels of the bill, listed on the Coalition web site. Share them with friends, colleagues and the legislature.

Let's make 2009 THE year,

Please contact me if you have any questions or comments,
Marti Olsen Laney, Legislative Chair, PsyD., LMFT

Interpersonal Neurobiology Cont'd.

By Debra Pearce-McCall, PhD, LP, LMFT

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supervision, training, teaching, or organizational and leadership consultation. Confidential initial inquiries for me about private therapy or supervision can be made at healingconnections@comcast.net. For inquiries about organizational or leadership consultation and speaking/training possibilities, contact me at dpearcemccall@gmail.com.

A professional organization, GAINS, the Global Association for Interpersonal Neurobiology Studies, provides a "meeting place" for people from several applied disciplines who are utilizing the IPNB framework. GAINS publishes a unique quarterly journal where some of the latest thinking about IPNB can be found, and this publication is one of the membership benefits. Members are also invited to contribute. A new member benefit is participation in a free telephone seminar with the advisory board member who has contributed a feature article to the current issue of the quarterly (e.g., Lou Cozolino did the inaugural seminar; Steven Porges will be featured next). Consider joining GAINS for these benefits and more, especially because we have an Oregon chapter that has started to have some meetings, and will growing over the next year. Find out more at the website: www.mindgains.org (Note of disclosure: I am on the GAINS board).

The Hearing and Speech Institute has been bringing Allan Schore to Portland for quarterly study groups. Allan Schore has authored several classic books (e.g., *Affect Regulation and the Repair of the Self*), is the current editor of the Norton series on IPNB and is known for his expertise in digesting and communicating relevant research to clinicians. The next meeting is in June and may still have a few open spaces. Contact David Willis (an excellent developmental pediatrician) at dwillis@nweci.org if you are interested in this June opportunity or to find out about joining the study group for 2009 – 2010.

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A Systems Model for Treating Domestic Violence

By Stephanie Lassus, MFT Licensee and David N. Bird, PhD, LMFT

Domestic violence (DV) is an insidious and destructive blight upon our society. It affects everyone, whether we know it or not (Duvvury, Grown, & Redner, 2004). You have been touched by DV in some way, even if it's just the fact that your tax dollars pays for jail time.

Domestic Violence conjures up images of blackened eyes, broken bones, and burns. The victims, namely women and children are who our sympathies go out to. Often thoughts of how horrible abusive people must be also come up. If they truly loved their partners, children, and even pets they wouldn't cause harm to them, would they?

Domestic violence has nothing to do with love. It has everything to do with power and control (Pence, & Paymar, 1993). When people feel vulnerable and weak they often try to establish control over what they perceive is the source of this feeling, which is other people or situations. They do this in many ways. First, they have to establish their strength and prowess, even if it's only through verbal means. In order for any abusive person to become physical with their victim(s) they have to break their victim's will first. This is done through verbal, psychological, and emotional abuses (Pence, & Paymar, 1993).

Most of us cannot see the abuse that lies just under the surface, the verbal, emotional, and psychological wounds. That is until something physical happens, which doesn't have to be a physical assault. It could be something gets thrown, broken, or the victim tries to leave and is prevented from doing so. If this is the case, how can anyone stop this invasive and elusive social disease?

Essentially two types of programs attempt to combat it, victims' programs and batterer programs. While the work that victim's advocate programs do for victims is admirable, they do not address with the cause of abuse. Batterer Intervention Programs (BIPs) however do.

Batterer Intervention Programs are not the same as anger management programs. BIPs address far more than anger, especially since abuse is not about an "anger problem". Anger management programs focus on the perceived anger problem whereas BIPs focus on ending abuse. The fundamental goals of most BIPs are to educate the abuser about the damaging nature of abuse, change their behaviors, and ultimately protect the victims. How this is accomplished varies between BIPs. Unfortunately, many do not prevent the abuser from being abusive in the future. One reason for this is short program length. Research has found that those participants who complete a longer program (26 weeks or more) are less likely to reoffend (Dept. of Justice, NIJ, 2003).

One such program is the TAC Program (Transforming Abusers through Connections) Inc. located in Corvallis, OR and currently serves Linn County. At its core, TAC is Family Systems and Rogerian in nature. The idea behind TAC is that in order for real change to occur, a positive, respectful relationship must be established between facilitators and the abuser. Facilitators treat the abusers with respect, because they are still people, even after having made such poor and destructive choices. If they feel respected as a person, the abuser is much more willing and likely to entertain the ideas being presented and integrate that material. The

abusers can then take what they learn and apply it to various relationships in their lives including the current or new romantic relationship, family members, co-workers, neighbors, and mere strangers. This has a trickle down effect that will once again influence us all, even if we don't know it.

TAC is also systemic because it has a collaborative relationship with the Accountability Partners of Linn/Benton County: the judge, district attorneys, the Department of Human Services – Child Welfare, and the local victim's advocate program. The abusers know that they are being watched by multiple organizations instead of just one. This accountability leads to the realization that for many, jail time or the loss of their children is the motivating factors necessary for change. (Dept. of Justice, NIJ, 2003). The Accountability Partners are able to get up-to-date information quickly through an online software program designed specifically for TAC and print reports for their records. The facilitators are able to update information on participants immediately without a paper trail. All of this lowers overhead costs, which is a significant benefit for any organization or company. The software TAC uses is a unique and integral part of what makes it a successful program.

TAC facilitators, in general, use Cognitive-Behavioral and Psychoeducational approaches to change the thoughts, beliefs, and behaviors that contributed to the abuse. Tackling all three is important and necessary when combating abusive behaviors. If only one or two are focused on, TAC believes that a grave disservice is being done not only to the abuser, but ultimately the victims and community.

Domestic violence is a destructive force reeking havoc on our society. Everyone is affected by abuse whether we know it or not. Victim's advocate programs aim to assist victims as much as possible, which is unfortunately not the source of abuse. Whereas, Batterer Intervention Programs aim to stop abuse where it starts, with the abuser. TAC Program Inc. is a BIP that combines concepts from Family Systems and Rogerian theories and implements change through Cognitive-Behavioral and Psychoeducational techniques. All that paired with online software makes combating DV in Linn County effective. For more information about TAC Program Inc. please visit www.tacprogram.com.

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Beyond Mere Grammar: The Importance of Punctuation in Clinical Practice

By Jennifer Porter, Graduate Intern, John K. Miller, Ph.D., LMFT

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“He started it!” “Nu-uh, she did!” A classic exchange during childhood we have all at least heard, if not participated in, which has at its core the systemic concept of “punctuation of the sequence of events.” But make no mistake, this type of discrepancy in perception is not limited to petty childhood arguments. This is a concept of variance in interpretation that was first explicitly described by Bateson and Jackson (1964), when explaining how items in an ongoing exchange can actually be stimulus, response, and reinforcement at the same time when considering how complex systems (like families) work together. It merely depends where one decides to punctuate the arbitrary starting point that determines which label is applied to what action (Bateson and Jackson, 1964). It is this last point on the accepting of a particular punctuation that leads to so many conflicts in relationships, as people often tend to punctuate a series of events differently. But while differing interpretations can lead to conflict, punctuation is also quite necessary to organize behaviors and help to construct reality (Neimeyer, 1995; Watzlawick, Bavelas, & Jackson, 1967). This presents the therapist with the challenge of understanding various ways of looking at punctuation in family process, and helping clients to do the same.

How Punctuation Problems Occur

A cornerstone of communication theory is that we are always communicating with one another: verbally, nonverbally, by implication, and inferences. It seems we cannot NOT communicate by ignoring someone, as that too sends a message of “leave me alone.” Sometimes these differences in types of communication are the reason for differences in punctuation. Perhaps one person is punctuating at the “analog level” (non-verbal) while the other is punctuating at the “digital level” (verbal). Analog communication is also important to be aware of because it can sometimes trigger a response in another that is digital in nature and if one is not aware of it, they might not see the reason for the digital response.

Circularity and Punctuation

Another concept from systems theory that is connected with punctuation is the idea of circularity (aka circular causality). This idea describes a way of thinking where outcomes and causes are interconnected and support and reinforce each other, hence circularity. The reason why any piece of behavior can be both stimulus and response is because one person’s “response” behavior to another can in turn be a stimulus to provoke a response behavior in one, which also acts as a stimulus to the other, etc. etc. The tendency of people to think of things in terms of linear causality is indeed supported by our language and grammar (Barnlund, 1970), whose very structure is limited to imply cause and effect, which of course leads to the misconception that there must be a starting point. It is this imposition of a beginning that creates a “reality” of cause and effect for people, and one person’s reality is often not the same as another’s. This idea is not without its logical limits. In situations of violence and any action of unilateral control or influence of another the idea breaks down. Oversimplification of the concept of punctuation and circularity in these situations can lead “blame the victim” error in judgment.

Implications to Therapy

Presenting Problem

While it should be clear that punctuating events is something that

we can see in everyone’s behavior, it may not yet be obvious that conflict is not an inherent consequence of this punctuation. In fact, very often couples exist within the context of an agreed-upon punctuation. This happens in real life as well whenever people accept a role constructed by those involved within the context (themselves included), such as “the leader” or “the class clown.”

Differences in punctuation produce variance in perception and therefore opinion, which makes life interesting and stimulating. But in the context of couples presenting for therapy, their differences in punctuation can lead to impasses. If each partner sees only their constructed reality, it is understandable how they would have trouble coming to terms with the other’s presentation of a problem that doesn’t even fit into reality as they see it. The very classic example of the spouse who says they only nag because their partner withdraws, while the partner claims that they only withdraw because of the nagging, illustrates how they both have completely opposing views of the problem and its cause. What the clients define as the problem depends on how they choose to punctuate what is happening.

Patient Position and Punctuation

Punctuation of events also relates to “Patient Position,” which Fisch, Weakland, & Segal (1982) describe as being the client’s general worldview as well as how they view the therapist, treatment, and the presenting problem. This is very relevant because how they see the problem (i.e. who is the “patient,” why the problem exists, and what part they play) is determined by how they have punctuated this particular situation and affects how to proceed with treatment. The therapist will need to match their client’s perspective (the patient position) in order to gain their trust and form a solid therapeutic alliance. And in order to fully understand this, the therapist must learn how their client is punctuating the problem.

Influence of Punctuation on the Therapist

Forming a therapeutic alliance is a very well documented aspect integral to effective therapy. As Sprenkle and Blow (2004) discuss, there has been a “common factors movement,” of which therapeutic alliance is one of the four factors most common across all models of psychotherapy that account for change. They cite a number of studies on the effects of therapeutic alliance, and even state that it is the most researched of the common factors by those in the MFT field. So while the exact percentage therapeutic alliance can claim for contributing towards the outcome in psychotherapy is disputed, the fact that it plays a significant role is not. One of the three components of this alliance that Bordin suggests (as cited in Sprenkle & Blow, 2004) is the bond between the therapist and the client, which involves characteristics such as trust, involvement, and caring.

This is why being able to understand a client’s punctuation so as to match their perspective and gain their trust is so important. However, in doing so therapists must be aware that how their client is presenting the problem may not be the same way other people involved see it. So while forming a bond with one’s client is obviously a good thing, therapists should be careful not to automatically accept their client’s story as the only one and run the future risk of alienating others that may be necessary to bring into therapy at some point. As people can have a tendency to blame others for their problems, if therapists were to accept at face value how their client may be characterizing say, their partner, they could be in danger of pathologizing the partner or taking a

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side.

Clearly, how a client punctuates the events in their life can drastically affect the therapist's entire interpretation of the problem and how to even approach it. Therapists are also not free from devising their own reality based upon how they punctuate events, so care is needed to avoid rushing to any conclusions about the presenting issue, but rather seek to hear the story of everyone involved.

Application to Treatment

Couples and family therapists understand how useful and often necessary seeing partners, parents, and children are in fully understanding the entire context of the issue at hand. When a person is punctuating the events in their life, these events are not likely to involve only themselves within some vacuum of an environment devoid of any external influences. They are events in which the individual is interacting with at least one significant other in a meaning-rich context. As Fisch et al. (1982) state:

One person's behavior instigates and structures another person's behavior, and vice versa. If the two are in contact over time, repetitive patterns of interaction will arise. For this reason, we attach great importance to the context of other behaviors in which the behavior identified as constituting the problem occurs (p. 12).

Only by seeing everyone involved in the issue can the therapist get at all aspects of what is going on, which is essential if the client is to change what it is they want to change.

For example, say a person comes into therapy complaining of depression and it soon becomes obvious that this is due, at least in part, to relationship problems. She feels completely alone and unloved because she says her partner never wants to spend any time with her and is always putting his work first. It is now necessary to bring the partner in as well to hear their side of things. It turns out that the partner spends more time at work and away because they feel constantly criticized when they are home. This is a popular example of how people can punctuate a series of on-going events to place the blame on the other person. In order for them to get out of this cycle of blame in which neither is happy, they each must become aware that their own personal reality is not the only possible one. A therapist is an outside person who can challenge this reality (Colapinto, 1982) and show them that there is no single root cause in these complex situations (linear causality) with someone to blame, but that it is a circular interaction of causality. This awareness opens up the possibility for the clients to begin metacommunicating (or talking about how they talk) about their interactions (Watzlawick et al., 1967).

Intervention and Punctuation

The therapist can also use punctuation within therapy through *unbalancing*, which is a technique used to end a stalemate by siding with and supporting one person or subsystem over another (Nichols & Schwartz, 2008). When people get locked in opposing punctuations of how to view the same situation it sometimes takes more than just explaining how there can be other punctuations; it can require the therapist to take a more active role:

The therapist unbalances when he needs to punctuate reality in terms of right and wrong, victim and villain, actor and reactor, in spite of his knowing that all the comings and goings in the family are regulated by homeostasis, and that

each person obliges with his and her own contribution; because the therapist also knows that an equitable distribution of guilts and errors would only confirm the existing equilibrium and neutralize change potentials (Colapinto, 1982, p. 5).

The therapist does this by emphasizing different aspects within a situation contradictory to the way the family commonly punctuates them, in order to show a different reality and challenge the system.

Conclusion: The Importance of Punctuation

The effects of punctuation are not simply limited to interpersonal problems within couples and families or treatment in therapy. They can be seen everywhere from the discrepancies between witness testimonies, to how people can derive different meanings from the same piece of artwork, to the punch line in a joke. Punctuation gives meaning to many aspects of our lives and by being aware of it; we open ourselves up to many new perspectives. We maintain that this basic concept for communications and systems theory has great utility for the therapists that must understand and change situations involving more than one person in a relationship over time. The therapist that has an understanding of punctuation has a powerful conceptual tool in helping those who seek our help.

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