

*“We can't solve problems by using the same kind of thinking we used when we created them.”
- Albert Einstein*

May 20, 2009

A Call For Change

To: CDP Chair and AAMFT Board Members

The following represents a collective conversation of AAMFT voices including individual members, divisional leaders (current and former) and program directors.

While we have used the required format to present our concerns to the Board, we believe that the format constrains our ability to establish the kind of strategic conversation that we believe is necessary at this time. Therefore if the format we have submitted is not exactly what the Board is looking for, we trust that in the spirit of this conversation and in response to the urgency of the need, you will work with us and accept our submission. Out of respect for the integrity and transparency of this process, we request that the board use their independent voices to review and deliberate on this issue and not be limited by the direction or influence of the Executive Director.

Statement of the Problem Which Our Project is Designed to Correct

There is a current impasse and crisis of confidence that is based on fractured trust within our organization and widespread dissatisfaction with the lack of leadership ability to deliver on the crucial need to position the MFT profession effectively in the 21st century. We are saddened that our energies are being distracted and depleted by the profound loss of trust and confidence among us. The world needs us and our perspective, now more than ever. We are hopeful that this crisis is our chance to wake up to the greater calling that brought us all here in the first place.

We advocate for a member-driven professional organization that values accountability, transparency and greater inclusivity. We believe our organization will solve the current impasse and drive a sustainable path forward by engendering honest and rich dialogue, developing and sharing a bolder and more vibrant vision, and by tapping into our collective skills, experience and passion to create and execute optimal and effective strategies.

Impact on the Division

To provide divisions with the skills, tools, insights and support/social networks to deliver relevant, forward-focused services to our members. To turnaround current poor perceptions

of MFT in the marketplace and as a career lacking in viability for the best and the brightest. Divisions would have a greater role and autonomy in participating in AAMFT board meetings through e-technology and through the encouragement of open dialogue and the surfacing of constructive conflict to sharpen thinking and drive innovation. Divisions would be more interconnected and able to share ideas and develop more meaningful and active relationships.

Action the Division has Taken

One of the division boards unanimously voted to submit a 3-part request to the AAMFT Board and to share the request with other division leaders, program directors and members. A number of divisions have gathered virtually to examine and discuss the 3-part request and issues of mutual concern. Decisions were made to accelerated and drive a strategic conversation of deep change and to surface this conversation to the CDP Chair and the Board.

Summary of Research Conducted

Collected feedback from 50+ sources including division leadership, program directors and clinical, associate and student members in response to the initial letter to the Board and the 3-part request. In addition collected, reviewed and tracked membership trends over the last 5 years for the state of New Jersey, confirming downward spiral with no viable/available turnaround strategy. Other divisions report lack of job placements and lack of visibility/applicability for the professional license.

Declaration of Lack of Confidence in the Executive Director

We declare a lack of confidence in the ED and a call for a period of serious soul searching and consultation by the Board in order to renew its leadership role in AAMFT.

We recommend the following to help rebuild the organization:

Recommendations

- I. An independent outside audit of AAMFT Executive Director, AAMFT staff members, AAMFT organizational structure, AAMFT organizational performance, AAMFT operating culture, AAMFT governance policies and AAMFT board. To be selected by divisional leaders and to include such things as:
 - Historical review of strategic plan and strategic planning process
 - Analysis of performance evaluation policies used in evaluating and providing feedback to the Executive Director linked to the strategic plan
 - Review of salary history including recommendations made by the compensation committee in support of salary increases

- Review of the policies governing the boundaries of the Executive Director performance, including the means through which organizational performance is achieved. Including scope of influence and authority, critical decision paths (historical to date)
- Review of HR and personnel policies and process with an eye to fully engaging and developing staff to position them to succeed in the next stage development of AAMFT
- Review of solicited feedback from divisional leaders
- Confidential interviews with current and former staff members
- Confidential Interviews with current and former board members
- Confidential interview with current and former CDP chairs

***we believe that an audit of this scope would surface the need for the following recommendations:**

1. A change in the Executive Director's role, including substantive changes to the evaluation of the ED's performance in terms of accountability and relevance to the advancement of the profession. Such evaluation to include feedback from all stakeholders within the AAMFT and include the ED's performance in relation to the values of the organization
 2. Access to AAMFT Board meetings for division leaders and division members either through direct attendance and e-technologies
 3. A change in governance policies to protect the more collaborative, transparent, inclusive, innovation-oriented and member-driven culture we are seeking to institute at AAMFT and to ensure that changes that occur in response to recent proposals by division boards are substantive and long-lasting.
 4. A re-design for the July conference to include use of e-technologies to facilitate greater member input and involvement, self-managed, unfiltered and active dialogue/discussion around difficult issues
 5. Acceleration of the development of the Strategic Plan reflective of both the threats and the opportunities facing the AAMFT and the MFT profession
 6. A stronger linkage between MFT educators and practitioners through the deeper dialogue, mutual advocacy and direction setting
2. The immediate formation of a Special Marketing Steering Committee to oversee development and execution of a high-level, inclusive, over-arching Marketing, Branding,

Consumer Education, Community Outreach and Communication (“MBCECOC”) Strategy to include:

- selection of a new and different, technologically savvy, proven successful marketing firm to support this fully integrated, well-coordinated e-based marketing strategy (to include cohesive messaging, viral marketing, and social networking) across diverse member divisions
- Education of the public, congress, and legislatures about what the value proposition of the MFT profession
- Skills training to support execution of the “MBCECOC” strategy at the divisional level
- Linking and leveraging the efforts of those who have successfully branded and marketed themselves (e.g. Family Friendly Marriage Registry, Smart Marriages, Taos Institute, etc.)
- Education of our members on how to market themselves and to leverage the value of this new branding and marketing paradigm
- The creation of more opportunities for membership involvement overall within the AAMFT which might include membership committees, membership task forces, web-based opportunities for members to dialogue and interest specific membership groups as seen in many other professional organizations.

Anticipated Fiscal Demands

Ensuring that the AAMFT fulfills its fiduciary responsibility to its stakeholders is **priceless**.

Demand on Board Member Resources

Collaboration versus competition opens new avenues for all voices to be heard. The demand is for a new mental model which we believe will be more generative and satisfying for all members, including our Board members. Currently board members are under duress and pressure and they seek to work within a system that is broken and with self-limiting and outdated mental models.

Only the Division Boards, meeting in a quorum sanctioned meeting, may make a statement or express an opinion that represents a position of the entire Division

Board. The above Call for Change represents our own individual thinking and opinions and not those of our state Boards nor our respective Universities.

1. William Doherty, Ph.D., Clinical Member, University of Minnesota
2. Wendel Ray, Ph.D. , Clinical Member, University of Louisiana
3. Carmen Knudson-Martin, Ph.D., Clinical Member, Program Director, Loma Linda University
4. Jeff Todahl, Ph.D., Clinical Member, Program Director, University of Oregon
5. Laura Lefelar-Barch, Clinical Member, New Jersey
6. Heather Hagerman, Ph.D., Clinical Member, West Virginia
7. Heather McKechnie, Clinical Member, Past President Ontario Division
8. Cynthia Baldwin, Clinical Member, Nevada
9. Stephanie H. Miller, Clinical Member, President-Elect Oregon
10. Rabbi Gary M. Gans, Clinical Member, New Jersey
11. Don W. Huggins, Ed.D, Clinical Member, Nevada
12. Bill Northey, Ph.D., Clinical Member, Delaware
13. Cheri Jacobsen Lloyd, Clinical Member, President-Elect Nevada
14. Jill Mitchell, Ph.D., Clinical Member, President Idaho
15. James Verser, Clinical Member, New Jersey
16. Brier Miller, Clinical Member, Past President Minnesota
17. Marilynn Fera Nereo, Ph.D., Clinical Member, New Jersey
18. James E. Brown, Clinical Member, Oregon
19. Jason J. Platt, Ph.D., Clinical Member, Alliant University, California
20. Bob Gillespie, Clinical Member, New Jersey
21. Gonzalo Bacigalupe, Ed.D., Clinical Member, Former EC Chair, University of Massachusetts
22. Mary C.M. Kane, Ph.D., Clinical Member, New Jersey
23. Patricia Marks, Clinical Member, New Jersey
24. Cheryl H. Litzke, Ph.D., Clinical Member, Drexel University
25. Richard Wampler, Ph.D., Clinical Member, Program Director, Michigan State University
26. Geraldine Kerr, Clinical Member, Former AAMFT Board Member, New Jersey
27. Melissa Thornton, Clinical Member, Past President Connecticut

28. Janice R. Nardi, Clinical Member, New Jersey
29. Wendy Wilcox, Clinical Member, President Middle Atlantic, Maryland
30. Linna Wang, Ph.D., Clinical Member, Alliant University, California
31. Maria Seddio, Clinical Member, President New Jersey
32. Karen Wampler, Ph.D., Clinical Member, Michigan State University
33. Steven Litt, Clinical Member, Site Visitor, Program Director Emeritus, Colorado
34. Kathleen Burns Jager, Ph.D., Clinical Member, President Michigan, Michigan State University
35. Tarcila Sutterly, Clinical Member, Past President New Jersey
36. Carl Greenberg, Clinical Member, Former DP, Washington
37. Ray A. Blume, Clinical Member, New Jersey
38. Volker Thomas, Ph.D., Clinical Member, Former COAMFTE Commissioner, Purdue University
39. Jonathan Sandberg, Ph.D., Clinical Member, Brigham Young University
40. Lynne Bergman, Clinical Member, New Jersey
41. Jim Thomas, Program Director Denver Family Institute, Former CDP Chair
42. Jan Osborn, Ph.D., Clinical Member, Alliant University, California
43. Marsha Carolan, Ph.D., Clinical Member, Michigan State University
44. Jaime Gilmore, Associate Member, New Jersey
45. Frederique Denisse Almengor-Bergondo, Associate Member, New Jersey
46. Peter Doherty, Ph.D., Clinical Member, Alberta
47. Oreste Rondinella, Clinical Member, New Jersey
48. Michael Fingerman, Clinical Member, New Jersey
49. Becky Davenport, Ph.D., Clinical Member, St. Mary's University, Texas
50. Vicki Heinz, Clinical Member, President Alaska
51. Mercy Dennis, Clinical Member, Alaska
52. Teresa M. Grella-Hillebrand, Clinical Member, New York
53. Jeff Bryson, Clinical Member, President West Virginia
54. Judith Owens, Clinical Member, New Jersey
55. Tianna Hoppe-Rooney, Ph.D., Clinical Member, President-Elect Michigan
56. Dorothy Mitchell, Clinical Member, New Jersey

57. Carrie Coen, Associate Member, Michigan
58. Bev Behar, Clinical Member, Past President Ontario
59. Joel Levine, Clinical Member, New Jersey
60. Marci Ober, Clinical Member, New Jersey
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74. David Thompson, Clinical Member, Oregon
75. Ramona Tranculov, Student Member, New Jersey
76. Heidi Luckman, Clinical Member, Oregon
77. Fred P. Piercy, Ph.D., Clinical Member, Associate Dean and Professor, Virginia Tech
78. Carlo Panlilio, Associate Member, Outgoing Executive Director Nevada
79. Jose Perez, Clinical Member, New Jersey
80. Ben Beitin, Ph.D., Clinical Member, New Jersey
81. Loree Johnson, Clinical Member, Secretary California
82. Joshua Tyler Pearce, Student Member, Massachusetts
83. Christina Guidorizzi, Clinical Member, President-Elect Maryland
84. Ken Ludmer, Clinical Member, Board Member, New Jersey
85. Risa Davis-Ganel, Clinical Member, Past President of the Middle Atlantic Division

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