

# North Carolina Family Therapist



*Strengthening family, couple, and individual health*

## North Carolina Association for Marriage and Family Therapy

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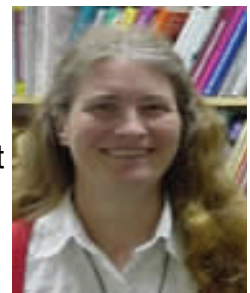
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## From the President's Desk: Thank you for the Opportunity to serve

Karen Caldwell, PhD, LMFT

My term as President of this organization is coming to an end in December, and I want to thank you all for the privilege of serving in a leadership position. Over the past two years, NCAMFT provided some excellent continuing education opportunities at our annual conferences and in other CEU events. We also have advocated for our profession with state and national legislators. At the state level, these efforts have resulted in a major update to the MFT licensure statute. At the national level, Medicare inclusion still eludes us, but as of September 28<sup>th</sup>, a qualification standard for Marriage and Family Therapist GS-101 was established in the Department of Veterans Affairs (VA). We continue to build good relationships with other professionals in the mental health field so that we can advocate for support of mental health services in North Carolina. In this time of economic uncertainty, we've been financially stable and our membership is growing. There have been challenges, and we see many possibilities for increasing public awareness of



marriage and family therapy and improving reimbursement for the services we provide. I have great confidence that the new leadership of our organization will build on past efforts to advocate for our profession.



## **NCAMFT Board Meets in Winston-Salem for Strategic Planning** by: President-Elect Tim Smith, MS, LMFT

The NCAMFT Board of Directors met last weekend in Winston-Salem for a planning retreat to help us chart our course for the next two years and prepare us for the challenges that lie ahead. Dr. Steven N. Scoggin, president of CareNet Counseling, Inc., was the facilitator for this planning retreat. He guided us through a process that he called "appreciative inquiry," which is briefly described thus:

Appreciative inquiry is the process of facilitating positive change in organizations. Its basic assumption is uncomplicated: every organization has something that works well. Appreciative inquiry is therefore an exciting generative approach to organizational development. At a higher level, it is also a way of being and seeing. (Olivier Serrat, Knowledge Solutions, <http://www.adb.org/Documents/Information/Knowledge-Solutions/default.asp>).

The planning retreat was awesome and fantastic. Pearl Wong used the word fantawesome to describe the energy that was generated through the discussions and small group exercises. The retreat started with a lets-get-to-know-each-other-better mixer that was fun, interesting, informative, revealing and beneficial in setting the tone for the planning session. As some of you are aware, NCAMFT plans an organizational retreat every two years when the leadership reins are passed from the President to the President-Elect.

The strategic planning retreat is an opportunity to assess the progress of the past two years and to establish a direction for the next two years. I am encouraged by the attendance at the planning retreat and with the exception of a couple of family issues/emergencies, most of the NCAMFT leadership was present. The strengths of NCAMFT that were identified during the small group sessions are listed below:

1. Leadership
2. Legislative activities
3. Finances
4. Member growth
5. Organizational Relationships
6. Conference/CEU's

The strategic priorities that were identified and which will be a focus for the next two years (2011-12) are summarized below:

- Leadership growth and development
- Legislative focus on parity and state job classification for MFT's
- Membership growth through PR/Marketing and development of a student mentoring program
- Web-enhancement and re-design to benefit membership and for enhanced public awareness of NC MFT's
- Financial growth and stability

The planning retreat was beneficial in many ways. It gave the NCAMFT leadership team the opportunity to spend time getting to know one another better for the purpose of creating a common vision for the future of the profession and for developing a strategy to accomplish the mission and vision. It was personally inspiring to see the collaboration between the new leaders and the experienced leaders who have been serving the association faithfully over the years and who continue to make significant contributions to the field. It was energizing and gratifying to see leadership evolving during this planning process. I look forward to seeing how the efforts of the weekend will bear fruit in the coming years. It has been a privilege to serve with you over the years and I look forward to serving you as President beginning in January 2011. I look forward to seeing you at the annual conference February 24-26, 2011 and sharing with you more details about the planning retreat.

## A Word from the Membership Committee Chair

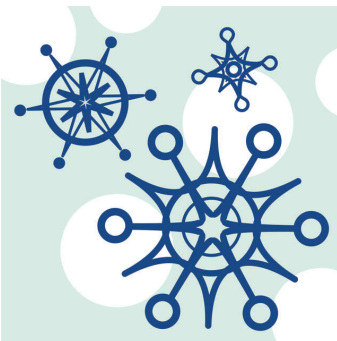
by: Lindsay Henson, LMFT

At our NCAMFT Strategic Planning Meeting, the Board discussed our strengths of our organization and identified areas that will be the focal points of our work in the upcoming year. I was encouraged to be a part of that collaborative discussion as we discussed strengthening our visibility and vitality of our organization and profession through public relations and membership. We agreed that the strength of our organization is reflected not only by membership numbers but our involvement in our communities and in our state organization. Membership involvement is one of the key ingredients that will help inform the public about our profession and the value in our work and expand jobs in our field.

It is my hope that through our efforts recent MFT graduates will have a clearer transition toward employment, licensure, and clinical membership. If you would like to be a part of these efforts, then I hope you will consider becoming a member of our Membership Committee. We would like to expand the Membership Committee to a group of active NCAMFT members who are willing to assist in growing our membership and becoming advocates for our profession at all membership levels. If you are interested in becoming a committee member, please contact me at [lindsay@alumni.ecu.edu](mailto:lindsay@alumni.ecu.edu)

On behalf of NCAMFT and your support in our profession, I wish everyone a successful end of

year and extend an invitation to you in making next year even more vibrant for our profession and to those we serve. I look forward to meeting you at our 2011 Annual Conference!



## Continuing Ed Update: Looking Ahead

by: Emma Wallace, LMFT

I tell clients, supervisees, colleagues, friends, myself and all of you: education is FREEDOM! It is opportunity – adventure – stretching – changing - and so much more. It gives all of us freedom to make choices we may not have had before and to employ interventions we have not known of in our own work with the ones we serve. I hope that you feel the same passion for continuing your knowledge base as the NCAMFT Board! We spend a great deal of time at each board meeting planning for the best educational opportunities possible for YOU. We are all excited about 2011 and the events we have planned for our members.

Our annual conference will be Feb. 25-26, 2011 in Concord, near Charlotte. The full schedule and online registration are available on our website [www.ncamft.org](http://www.ncamft.org). Dr. Richard Schwartz, founder of the Center for Self Leadership and developer of the Internal Family Systems model, will be our two-day presenter. Dr. Schwartz offers national and international trainings for both professionals and the general public, he holds an annual conference, has myriad publications, and offers video resources. He has published four books and over fifty articles about IFS. He maintains a private practice in Oak Park, IL. We are indeed privileged to have him as our presenter!

We have some exciting pre-conference institutes to offer this year on Thursday, Feb. 24, 2011, before our conference begins on Friday. You will be able to choose those on our brochure via the website or via a hard copy if you prefer.

We also are planning a fall conference in 2011, date, location, and topic to be determined. This will be a one-day event, most likely held on Friday, sometime in late October or early November. More details later.

The CE committee is diligently working to continue providing you with quality educational opportunities. We are working on 2012 programs and are looking at other formats for our annual conference to compare with our current presenter for two days. We will keep you informed as we explore possible changes and will welcome your feedback.

Wishing all of you the safest, healthiest, most harmonious holiday season ever!

## From Predictability to Possibility

by: Liza Shaw, MA, LMFT

As one of the newer members of the NCAMFT Board, the Strategic Planning Process marked an exciting beginning that defied all of my preconceptions. I have to admit, despite the great affinity I felt for my colleagues whose company would be a uncommon privilege, the thought of parking myself in the same unforgiving conference-room chair for two solid days conjured considerable angst for this attention-challenged woman. Not to mention the task with which I was charged: presenting a rationale to allocate a healthy chunk of the upcoming annual budget to my committee's pet project: a total overhaul of the Association's website. Armed with two in-depth proposals obtained from professional web design companies in Charlotte and lots of psycho-stimulant in hand—chocolate, that is—I arrived at the hotel, mentally primed to state my case.

I couldn't have been more needlessly over-prepared.

Throughout the weekend, I kept finding myself in a pleasant sort of bewilderment, as the argument I'd so carefully prepared, unfolded before me—not by me, but rather, by my fellow Board Members! As we examined the various areas of strategic priority our Association would take on over the next two years, one message was repeated again and again: without a robust publicity effort including a state-of-the-art internet presence, all of NCAMFT's endeavors would have significantly less impact. A related insight: if done right, the public relations projects would support and further the goals of each priority area, to such an extent that they would serve as a central force to fulfill on these priorities.

To illustrate this in real terms, I am listing below, the priorities we identified and ways in which some of the publicity-related ideas might be implemented. These ideas were developed in the spirit of the "brainstorm," and their implementation would be contingent upon a generous expansion of the Public Relations Committee (hint hint, members, this is included in the list!).

### 1. Leadership –

- A "Speaker's Bureau" to present seminars to various groups in local communities. The purpose of these seminars would be to educate the public on the difference that MFT



makes, and to distinguish it from non-systemic therapies.

- Reinvent the chapters, possibly emphasizing commonalities of interest rather than merely geography; Utilize the website to keep members connected and aware of chapter activities and opportunities for participation.
  - The members-only area of the site would allow members to connect in a similar fashion to the way "Facebook" operates. Members would be able to create pages based on projects or subject-matter, and potentially attract student, Associate, and general membership participation in various activities going on throughout the state. This could encourage new leadership at many levels.
  - Develop a section on the site for each of the in-state graduate school programs, to allow for more involvement and networking. Developing a mentorship program was mentioned as one way that the Association can encourage leadership, whereby seasoned members could contribute back to the profession and support our new and up-and-coming therapists. The connectivity afforded by the "messaging," "chatting," and individual "Walls" on the site would be an excellent platform for this type of program.
  - Expansion of the Public Relations Committee, which will allow members who are interested in learning more about publicity, an opportunity to contribute as well as develop valuable skills from which they can benefit in their own practices!
- ### 2. Legislation –
- Website would have an entire section dedicated to informing our membership about the latest legislative endeavors, with links they can follow to take immediate action at their local and/or state levels.
- ### 3. Finances –
- Website could also provide a page for receiving contributions to future capital campaigns; other ideas were presented, including developing new fund-raising efforts such as possibly selling member-developed products (such as self-published books, audio recordings, webinars,

## From Predictability to Possibility—continued

etc.), with a portion of the proceeds contributed back to the Association. Some discussion ensued, related to the potential limitations on this type of thing based on governmental stipulations, and it was decided that we could have Cathy look more into this idea in the future.

- Website would attract the public to local clinician's web-pages and contact information, which in turn would provide a new referral source and ultimately contribute to the financial success of individual members.
- The site would be a significant resource for public education about the profession, communicating the important distinctions between Marriage and Family Therapists and other non-systemic therapists. This publicity would finally get the message out about what makes MFTs the experts on relationship concerns, as well as individual mental health issues. This would build the financial stability of the profession as a whole, which we believe will have an impact on all of the other priority areas.

### 4. Member Growth –

- The members-only section will provide a great way for students and Associate members to stay involved with the Association, which we believe will lead to better retention overall.
- There will be a link on the website to the AAMFT, where new members can register.

### 5. Organizational Relationships –

- Link up with AAMFT on the website
- Develop partnerships and website links with other organizations, such as the APA, AMA, Insurance Companies, EAP Providers, Association of Sex Therapists, etc.

### 6. Conference/CEUs –

- Website could continue to be used as a conference-registration vehicle, a venture which has proven to be successful in this last year.
- Another new idea which could be investigated is having NCAMFT members develop NCAMFT-approved webinars which would provide some CEUs to participants, and these could be streamed live via the website. Members would

be able to participate right from their home or work computers, and a portion of the income generated by the registration fee could be donated back to NCAMFT. This also meets some of the financial goals, providing, of course, we follow all laws related to fund-raising.

My biggest surprise came during the Saturday afternoon Board Meeting, when it was time to request the budget allocation for these upcoming projects. Before I even had the opportunity to make a motion, my friend Trip Woodard stepped forward and suggested that we invest in a first-rate web designer, to ensure a high-quality site without trying to cut any corners! I couldn't believe I didn't have to do any convincing or arguing. It was obvious this team of colleagues shared my same vision. What a wonderful vote of confidence! The motion was seconded, and in a skinny-minute, \$12,000 was assigned to the Public Relations Committee!

I have never been more stimulated, sitting in a rock-hard hotel-room chair for two days straight. It turned out I didn't need the chocolate after all! It did serve its purpose, though, when the buzz wore off on the ninety-minute drive back to Hickory.

Now it's time for me to shamelessly invite members out there (this means YOU!!!) who may feel inspired or even just a little bit interested by the exciting possibilities for publicity in NCAMFT's future. Our meetings will mostly be via conference call, and I promise to focus on FUN, and not just work. Please email me at



[lizashaw@powertothrive.com](mailto:lizashaw@powertothrive.com) to join my team! Students and Associates are highly encouraged to participate.

And if we do have any in-person meetings, I also promise to always bring chocolate!

# Care for the Military and Military Family: A Never-Ending Mission

by Jerry Powell, LMFT, LPC

One of the characteristics of a “culture” is a culture’s own unique language. The military meets this qualification for a culture, as it possesses a language all its own. Every new military or Department of Defense program or emphasis engenders its own acronym, emphasis or language. Today’s newest program is built around “resilience.” Not too long ago, the term that was in vogue was “Battlemind.” Not sure what is on the horizon for the next iteration.



One of the great opportunities for Marriage and Family Therapists, particularly in North Carolina, is the opportunity to provide mental health services

and care for the military of our state. The North Carolina National Guard recently re-deployed members from the Overseas Contingency Operations (formerly known as the “Global War on Terrorism...” I told you the language changes). Members of the NC NG live in every county of the state. That means that someone who was deployed lives close to you and your practice.

“How can I help?” is a good question for NC MFT’s. I would first recommend a book to assist you if you are not familiar with the military culture (and language). “Families Under Fire: Systemic Therapy with Military Families” is an excellent resource regardless of your level of expertise. This newly released book (copyright 2011), is edited by R. Blaine Everson and Charles



R. Figley and published by Routledge. This is a great book on the military environment, military family dynamics, children of deployed military and the different services. The more clinical part is devoted to systemic therapeutic interventions and the interpersonal challenges of military families. There is a lot to take away from the writings of the various authors of this book.

The next part of getting into the military stream is to become a

mental health provider for members of the military and their families. There are two primary avenues: TriCare and Ceridian.

TriCare is the medical health insurance arm of the military. LMFT’s have an advantage with TriCare over some other mental health providers. We are not required to have another clinician sign off on our treatment and we are provided great access to the clients. Families of active duty military can be seen, often without a referral, and the active duty members are allowed to go to MFT’s with a referral from their Primary Care Provider. Go to <http://www.tricare.mil/tma/providerinformation.aspx> for information. Ceridian is the mental health umbrella for MilitaryOneSource. An MFT can become a provider for Ceridian through accessing [www.Ceridianprovidersolutions.com](http://www.Ceridianprovidersolutions.com). This is a great opportunity to offer our best to those who have given so much.



*Jerry Powell is the director for the Southeast Region of NCMFT. He retired from the military after a 20 year career and is the director of the Fayetteville Family Life Center ([www.fayfamlife.org](http://www.fayfamlife.org)) and can be reached at [jepowell@wfubmc.edu](mailto:jepowell@wfubmc.edu). He is an LPC, LPC Supervisor, and LMFT and AAMFT Clinical Member and Approved Supervisor.*

*Photos compliments of [www.militaryphotos.net](http://www.militaryphotos.net)*

# The Joys and Challenges of Raising Teens

by: Trip Woodard, MSW, LMFT

When you hear the word “teenager,” what are the first things that come to your mind? A wonderful golden age, full of fun and child-parent intimacy? Having a family member around the house who automatically sees what needs to be cleaned or fixed and then does it? A person who is a social delight to introduce to your new acquaintances from work?

If these were your answers, I want to know what medication you are taking because it is vastly superior to mine!

Seriously, not all teenagers present trials and tribulations to their parents, but many go through periods of at least offering challenging moments. So, first, I want to share one good piece of information specifically concerning teens and divorce. I think that both teens of parents with intact marriages and teens of divorce each struggle with similar developmental issues and needs for support. Teenagers of divorcing families differ in that they may use different ammunition in their conflicts with their parents, but the pattern of “conflict communication” and periodic power struggles are the same.

A basic strategy to soften potential conflicts with all teenagers is to remember that their brains are still growing. This is significant, because diet (foods rich in Omega 3 oils such as fish and antioxidants such as blueberries are good for the brain, most all fast food and junk food are not), exercise (30 minutes of cardio a day), recreational investments such as learning music, and having parents who are less emotionally reactive in conflicts with their teens all help to encourage the growth of healthier adolescent brain. And a healthy brain means clearer thinking in communications, better problem solving, and a “thicker skin” for handling stress.

As far as actual things to do and say to help you through the vast array of conflict topics that can emerge between you and your teen, I would suggest that you consider taking a “Love and Logic” course (offered in Buncombe and many other counties for free by various agencies – check with United Way). Love and Logic was developed by Jim Fay, an educator, and his materials will give you some direct ideas as to what to say in situations parents often encounter, e.g., a teenager trying to bait you into a power struggle.

By the way, you never win a power struggle with a teenager...they just let you think you do. Most teenagers spend the balance of their day and night texting other teenagers as to the latest research findings on how to trick adults into silly arguments (which they win). They find this much more fun than the average video game

John M. Gottman, Ph.D., of the Gottman Relationship Institute, on the other hand, has another approach using general communication principles. While most of his

books are intended for adult couples, I think his ideas readily translate into parent-teenager usage.

Let’s look at four significant communication problems and solutions researched by Dr. Gottman and see how they can be applied to dealing with teens:

1. Criticism. This refers to the idea that you place blame on your teenager that the problem exists because there is something wrong with them. It is language that has a finger pointing at the other person. An example might be, “If you weren’t so lazy and would get a part time job instead of playing video games all of your spare time, you wouldn’t have to mooch off of me for things like pizzas for your friends.”

The solution is to complain without blaming. “You want money for buying pizzas for your friends when they come over. I can understand that. Since I can’t afford that, I wonder what you could do in your spare time to earn that money?”

2. Defensiveness. Your teen says something you don’t like and you return fire with a criticism or comment of your own. Teen: “You always let me down.” Adult: “Well, you never plan things with consideration for others and then expect me to do things for you at the last minute.”

The solution here is to try to take responsibility where you can for the problem. Teen: “You always let me down.” Adult: “Well, I can imagine it might feel that way to you. I wonder if we can talk about ideas to solve problems so you don’t feel so disappointed.”

3. Contempt. This is approaching problems with an attitude of moral or intellectual superiority. My favorite: “You have some real problems...you need therapy.”

The solution is what Dr. Gottman calls “building a culture of appreciation.” This means getting into a daily habit of noticing what your teen does right and giving them a brief remark about it. It also means saying “thank you” to simple things done.

4. Stonewalling. This looks like pouting or sulking. Usually brought about when someone feels overwhelmed and perceives himself or herself as unable to say anything right. Dr. Gottman describes this as a physiological process he calls “flooding,” which renders one incapable of constructive problem solving or empathy.

The solution is to do whatever it takes to calm down. Break contact with your “opponent,” then do something like go for a short walk or soak in a hot bath. Re-engage the conversation once you have calmed down.

I know the examples I have given of Dr. Gottman’s ideas are brief, but the principles are solid. For more information about his approach, go to The Gottman Relationship Institute at [www.gottman.com](http://www.gottman.com).

# Mindfulness

## by: Charlton Hall, MMFT, LMFT

*"Mindfulness is the energy of being aware and awake to the present moment. It is the continuous practice of touching life deeply in every moment of daily life. To be mindful is to be truly alive and present with those around you and with what you are doing. We bring our body and mind into harmony while we wash the dishes, drive the car or take our morning cup of tea." --Thich Nhat Hanh, Zen Buddhist Monk and Founder of the An Quang Buddhist Institute*

Think about the things that have caused you anxiety, stress or depression in the past. Was it the things themselves that caused the anxiety, stress and depression, or was it what you believed about those things?

Can you think of anything that you've ever been worried about, that wasn't a product of your thoughts and feelings? Could it be that the worries come from the thoughts and feelings themselves, and not from the situations in which you find yourself?

If it is true that anxiety and depression are rooted in our thoughts, then we should be able to change our thoughts and minimize, anxiety and depression. If you can change your thoughts, you can change your world.

Kabat-Zinn (2003) refers to Mindfulness as "paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment."

Segal et al., (2004) describe Mindfulness as a state of being "fully present and attentive to the content of moment-by-moment experience."

According to Baer (2003), "In general, while the specific focus of mindfulness may vary, individuals are instructed to be aware of thoughts but to be removed from the content of these thoughts."

Mindfulness is a state of awareness in which we can choose to participate in the thought stream, or to simply observe it. By realizing that we are not our thoughts, we are able to create space between us and our maladaptive thoughts and feelings. This space allows us to respond rather than to react. Marsha Linehan, creator of Dialectical Behavior Therapy (DBT), puts it this way, "You're perfect; now change."

There are four predominant models that are based in Mindfulness: Acceptance and Commitment Therapy (ACT); Dialectical Behavior Therapy (DBT); Mindfulness-Based Cognitive Therapy (MBCT), and Mindfulness-Based Stress Reduction (MBSR).

Steven C. Hayes, of the University of Nevada, Reno, developed ACT. It is a contextual approach, based on the four factors of Contextual Therapy. These factors are: 1. facts pertinent to the client (medical history, genetic factors, physical health, employment, etc.), 2. individual psychology (the patient's psychodynamic constitution), 3. systemic interactions (how the patient interacts with the family system, and other factors pertaining to the biopsychosocial context in which the patient lives) and 4. relational ethics (the unwritten and often unspoken rules about how the patient interacts with her family, and how the family interacts with her). The "context" of contextual approaches refers to all of the factors that make up a person's personal narrative; her "life story." Contextual therapies believe that all behavior, even maladaptive behavior, is purposeful when examined in the patient's context. The basic premise behind ACT is that a certain amount of suffering is inevitable. ACT seeks to minimize the negative impact of thoughts and feelings by teaching practitioners how to accept them. This is often expressed with the acronym "ACT:" "Accept the effects of life's hardships, Choose directional values, and Take action.

Dialectical Behavior Therapy (DBT) was created by psychologist Marsha Linehan, PhD, as a method of treating Borderline Personality Disorder (BPD). Prior to DBT, the treatment of BPD met with limited success. DBT, a type of Cognitive Behavioral Therapy (CBT), has been demonstrated to be an effective treatment not only for BPD, but also for many other dysfunctions.

DBT is founded on the principle of the Hegelian Dialectic. Named for German philosopher Georg Wilhelm Fredrich Hegel, this concept of the dialectic is usually described as: thesis/antithesis/synthesis, wherein the thesis is the theory or idea in question, the antithesis is the idea's polar opposite, and synthesis is a fusion of thesis and antithesis. DBT examines the dialectics behind maladaptive thought patterns and attempts to achieve a synthesis in order to restore balance to the psyche.

Jon Kabat-Zinn, PhD, founding Executive Director of the Center for Mindfulness in Medicine, Health Care, and Society at the University of Massachusetts Medical School, and founding director of its renowned Stress Reduction Clinic and Professor of Medicine emeritus at the University of Massachusetts Medical School, developed Mindfulness-Based Stress Reduction (MBSR) as an eight-week program for people with stress-related health issues such as high blood pressure, heart disease, and chronic pain. Kabat-Zinn began using mindfulness techniques with his patients in the late 1970s. This work eventually led to the development of the Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts Medical Center. MBSR is now offered at over 200 clinics and

## Mindfulness—continued

medical centers throughout the world. Nearly three decades of research into MBSR and mindfulness continues to demonstrate the effectiveness of this approach in dealing with a wide range of both mental and physical health care problems.

The success of Kabat-Zinn's program led psychologists Zindel Segal and Mark Williams and research scientist John Teasdale to create Mindfulness-Based Cognitive Therapy (MBCT) as a means of preventing relapse for their patients who had been treated for chronic depression. Segal, Williams and Teasdale adapted MBSR for specific use to treat chronic depression. MBCT is the result. Students of MBCT learn the specific states and conditions that leave them vulnerable to downward spirals of depression. MBCT also uses radical acceptance strategies to help patients overcome feelings of inadequacy that lead to cycles of depression. Research into the effectiveness of MBCT in preventing relapse (a return to depressive symptoms) demonstrates that the techniques of MBCT can reduce rates of depressive relapse by as much as 50% (Ma and Teasdale, 2004; Teasdale et al, 2000).

Segal, Williams and Teasdale released their book, *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse* in 2002. This work is the definitive text on MBCT.

Mindfulness techniques integrate well with a variety of therapeutic models. As research continues to confirm its effectiveness, the demand for therapists with mindfulness skills will continue to grow.

### References

- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125-143.
- Davidson, R.J., Kabat-Zinn, J., Schmacher, J., Rosenkranz, M., Muller, D., Santorelli, S.F., Urbanowski, F., Harrington, A., Bonus, K., Sheridan, J.F., Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, 65: 564-570, 2003.
- Hayes, S. C., Strosahl, K.D., & Wilson, K.G. (2003). *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change*. New York, NY: Guilford Press.
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M. & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, 64(6), 1152-1168.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York, NY: Hyperion.
- Kabat-Zinn, J. Chapman, A, & Salmon, P. (1997). The relationship of cognitive and somatic components of anxiety to patient preference for alternative relaxation techniques. *Mind/Body Medicine* (1997) 2:101-109.
- Kabat-Zinn, J., Lipworth, L. & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine* (1985) 8:163-190.
- Kabat-Zinn, J., Lipworth, L., Burney, R. & Sellers, W. (1988). Four year follow-up of a meditation-based program for the self-regulation of chronic pain:
- Linehan, M.M. (1993). *Cognitive Behavioral Treatment for Borderline Personality Disorder*. New York: Guilford Press
- Linehan, M.M., et al. (2002). Dialectical behavior therapy versus comprehensive validation therapy plus 12-step for the treatment of opioid dependent women meeting criteria for borderline personality disorder. *Drug and Alcohol Dependence* 67(1):13-26.
- Linehan, M.M., et al. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry* 63(7):757-766.
- Linehan, M. M., Schmidt, H., Dimeff, L. A., Kanter, J. W., Craft, J. C., Comtois, K. A., & Recknor, K. L. (1999). Dialectical Behavior Therapy for Patients with Borderline Personality Disorder and Drug-Dependence. *American Journal on Addiction*, 8, 279-292.
- Ma, S. H., & Teasdale, J. D. (2004). Mindfulness-Based Cognitive Therapy for Depression: Replication and Exploration of Differential Relapse Prevention Effects. *Journal of Consulting and Clinical Psychology*, 2004, Vol. 72, No. 1, 31–40.
- Segal, Z. V., Teasdale, J. D., & Williams, J. M. G. (2004). Mindfulness-based cognitive therapy: Theoretical rationale and empirical status. In S. G. Hayes, V. Follette, & M. Linehan (Eds.), *Expanding the cognitive behavioral tradition*. New York: Guilford Press.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.

### About the Author

Charlton Hall, MMFT, LMFT is in private practice at Saluda Counseling Services in Saluda, NC ([www.saludacounseling.com](http://www.saludacounseling.com)). He is currently in a two-year postgraduate Professional Development Fellowship through Westgate Training and Consultation Network in Spartanburg, SC where he is researching the integration of Mindfulness in Family Systems Therapy.

## News from the Elections Committee

by: Melissa Parlier, MA, LMFT  
Elections Committee Chair

The final results of the NCAMFT election held during September are as follows:

President-Elect:	Jeff Krepps	
Treasurer:	Brad Wolf	
Student/Associate Representative for the West:		Katie Church
Southeast Chapter Director:	Jerry Powell	
Northwest Chapter Director:	Joseph Gardner	
Elections Committee:	Keron Sadler	
	Maria Boccia	
	Todd Malloy	
	Britney Mobley	

Thanks to all the candidates for your willingness to serve the NCAMFT in a leadership position on the board.

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## Obituary

**Charles L. Rivenbark, Sr.**  
Dr. Rivenbark, 62, passed away on November 4, 2010 in Charlotte, NC. He was a Psychotherapist in Charlotte working in private practice. Dr. Rivenbark is survived by his wife, Olga Rivenbark; his son, Charles Rivenbark, Jr.; mother, Ethel B. Rivenbark; his father, Leonard P.

Rivenbark; and his sister, Yvonne Rivenbark Smith. He was loved, respected and greatly appreciated by his family, friends, patients and colleagues.

A memorial service was held on Thursday, November 11, 2010 in the chapel of Hankins & Whittington Funeral Service.

In lieu of flowers, memorials may be made to Urban Ministry Center, 945 North College Street, Charlotte, NC 28206.