Australian Association of Family Therapy
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OFFICE HOLDERS

RESEARCH COMMITTEE
Sophie Holmes

ETHICS PANEL
Livia Jackson

TRAINING AND ACCREDITATION DEVELOPMENT COMMITTEE
Flora Pearce

AAFT ADMINISTRATION
Danielle Anderson,
Office Manager
Mia Trujillo,
Administration Officer
AAFT Inc.
PO BOX 2351
RICHMOND VIC 3121
Ph: 03 9429 9938
Fax: 03 9429 4988
Email: admin@aaft.asn.au
Web: www.aaft.asn.au

NEW ASSOCIATE MEMBERS:
Rosemary Watkins
Elaine Cruse
Claudia Lazzari

NEW CLINICAL MEMBERS:
Rosemary Watkins
Elaine Cruse
Claudia Lazzari

NATIONAL CONGRESS 2008

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Editor’s notes

It was at conferences and workshops that we got to know and enjoy Luigi Boscolo.....

It’s middle of the year, and the workshop & conference season has begun in earnest. There are many interesting and useful workshops to attend in the next few months. Some members are going overseas to conferences in Europe, USA, Israel and many other countries. I will be flying out very soon to the Society for Psychotherapy Research Conference in Philadelphia. Conferences and workshops are very intimate gatherings. We make them intimate because we are often alone among many strangers, and so we seek out and co-create intimate and candid moments. Firstly as we listen to presentation and are touched by what the speaker has to say, or we are irritated and disappointed and share our thoughts with someone as we walk out or have coffee. I get very excited by what I hear and am impressed with clinical-research work that is creative, innovative, precise, wise, compassionate and clever. I am drawn into conversation, I like to connect research finding with ideas with practice and have had so many exciting and memorable conversations. From these conversations, many friendships have grown, intimate sharing of ideas that spark of something better in my teaching or in my practice. I treasure the comments that are made about my work. My intimate collegial relationship, at time grow into long standing personal friendship and collaborations, and I bring home my new pieces of ideas and practices.

In this newsletter you will read about Luigi Boscolo. Luigi had many personal friends and admirers in Australia, and all over the world. He presented his ideas in a conversation with the audience, at a time when formality was synonymous with gravitas. Luigi had presence, and held the room in a conversation that piece by piece built ever expanding ‘generative hypotheses’, deepening the process and with exquisite skill, we experienced ‘circularity’. His concise ideas and precision in practice are his legacy. Those who did not know or meet Luigi, it is worth reading about this fine practitioner. He and his colleagues, the Milan team provided one of the simplest and yet most complex set of ideas and practices. The research on circular and reflexive questioning continues to demonstrate its effectiveness, that it builds a balanced therapeutic alliance and triggers systemic change. It is as simple and complex as that....

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The latest news on the 2015 National Family Therapy Conference in Melbourne, is that we have three renowned plenary speakers, Professor Alan Carr, Janine Roberts, and Professor Guy Diamond. You will be receiving email blasts on the opportunities to do workshops with these leading researcher-practitioners. Alan Carr’s books are core texts books at doctoral level in clinical psychology, Janine Roberts wrote about secrets, rituals and now works with the most disadvantage in the third world, and Guy Diamond and his team have developed one of the most effective frameworks Attachment Based Family Therapy for adolescents struggling with depression and suicide. So it will be a most enlightening Family Therapy conference.

As always, I welcome your writing of whatever length, shorter or longer essays on Family Therapy or a piece capturing those relational systemic experience that give us readers a new way of seeing things. The purpose of the AAFT Newsletter is to share ideas that excite us, to describe practices that work. I look forward to receiving your case studies, pet theories and practice ideas.

Dr. Sophie Holmes
Chair Research committee & Newsletter Editor

Luigi Boscolo
1932 – 2015

Luigi Boscolo, one of the Milan Associates, died early in January after a long illness. A co-founder of Centro Milanese di Terapia della Famiglia with Gianfranco Cecchin, for decades Luigi gave numerous presentations around the world. He made several teaching visits to Australia in the 1980s and 1990s as well as presenting at our annual conferences – once in person in Canberra and once by DVD in Brisbane. I interviewed him for the Journal in June, 1989. A number of Australian and New Zealand therapists visited the Centre or attended residential workshops given jointly by Luigi and Gianfranco in Italy for English-speakers.

He was a co-author of Paradox and Counter-Paradox (with Mara Selvini-Palazzoli, Gianfranco Cecchin and Giuliana Prata, 1977), Milan Systemic Family Therapy (with Lynn Hoffman and Peggy Penn, 1987), The Times of Time and Systemic Therapy with Individuals (with Paolo Bertrando, 1993, 1996). He also co-authored several very influential papers. The Centre is a major teacher of graduate family therapists in Italy and holds its own annual conference for staff and trainees. Its work has been highly significant for family therapy both in Europe and elsewhere.

Luigi was a complex, unique and towering presence whose ability to fuse theoretical depth and creativity with therapeutic prowess made him pre-eminent in our field.

In honour of his many contributions to family therapy, the Journal will feature in June a series of memoirs of his life by international colleagues.

Max Cornwell
There’s a silly rumour going round that I’m a Luddite. The truth is, I’m a martyr to technology. One of my most repeated comments in all weathers is “What on earth will they think of next?”

Some years ago I was told I had suffered an occupational hazard. This almost led to hard feelings because at first I thought they said I am an occupational hazard. The hearing has its moments. And just maybe they did say that before a hasty save.

Apparantly therapists are vulnerable to acquiring Bad Backs. The theory is that we spend countless hours sitting on low, soft chairs with inadequate lumbar support, while often very still for lengthy periods and concentrating hard during sometimes extremely fraught interviews. If you don’t believe me, ask a physiotherapist, chiropractor or your GP, but probably not Dr Google unless you enjoy buying unseen and untested miracle products and advice. The upshot was that I had to spend a fair amount of effort in Posture Preservation and Promotion including New Tricks, because this seemed at the time rather better than not being able to walk.

I remain grateful for the advice, but the theory ignores another variable which in my case - and is maybe also important with some of you other folk with prolonged life experience – is primitive, evolving technology when family therapists Did Things Differently.

Though I accept the Seating Hypothesis, I also blame family therapy’s former addiction to videotapes. And every time I hear someone say “I’ve got your back!” I’d like to answer, “Well, actually you don’t and no-one in their right mind would want to”.

For those of you who can’t remember or never knew in the first place, during the years way back - when family therapy was emerging from the primeval emphasis on degrading custodial care, variations of psychoanalysis or incipient punitive behaviourism and medications a vet wouldn’t be allowed to use - some people had a brave new idea. Well, a few actually but we’ll stick with one because I’m a bloke. Sorry, but some light bulbs just can’t be changed.

Quite a lot of places had one-way screens for surveillance or so medico showmen could point out symptoms “without the patient knowing (??)” to students of various persuasion. Were these facilities to be left to rot because of changing practices? No way. And this new availability coincided with the emergence of video technology not long after family therapy began to attract a lot of attention. Earlier therapists had referred to tabula rasa or in other ways often talked as if they didn’t have a personality that affected process - only objective interventions, rather like a mechanich changing the oil or kicking the tyres of a problematic car that required new rego.

I think it was Carl Rogers who was so confronted by the discovery his own personality and values may affect an interview, that he spent years trying ever so kindly to divert attention from them in any therapy he did. To his lasting credit and unlike so many of his contemporaries, he never pretended they didn’t exist. Nor did he behave for the cameras like an omnipotent ringmaster or bully.

Also, family interviews introduced a new frontier for therapists – more than three people in the room just after they were struggling to get used to working with couples jointly as a warring unit. So obviously family therapy must be Really Hard with too many witnesses for a therapist’s own good and need co-workers and maybe a bunch of other people off-stage to help out because having a constructive, empathic personality wasn’t such a good idea on its own. What were the magic interventions? It didn’t occur to anyone that social workers and many GPs had been doing just this for decades on home visits, because these took place off the hospital grounds so didn’t matter one iota. And who had time to listen to a bunch of women social workers not even dressed in a proper assigned uniform? Besides which, a lot of the social workers and GPs themselves didn’t value this expertise. The GPs wanted to prove they were “good doctors” whatever that may mean and the social workers wanted to prove themselves as truly fabulous, insight-inducing individual therapists who just happened to change into uniform to be allowed to have any opinion at all. The issue never arose with psychologists because they were around solely to Administer Tests and write reports too impenetrable with provisos to be of use to anyone.

Through the more laid-back 70s and 80s, a family therapist wasn’t Properly Dressed without access to a VHS or Beta system. Conference and workshop presentations were almost unthinkable without hosting a series of hardly visible black and white videos with usually unintelligible sound, to demonstrate one’s being Up to Date and Across Everything. Initially they were improvised role plays before changing to interviews with real families in therapy, sometimes interspersed with video of team discussions behind a screen or with the family. Heady days. Even when one couldn’t actually see what was on the screen, we were true Vision-aries.

Like the tapes, those early machines were clunky, bulky, unreliable and incredibly heavy. In the absence of a string of pack horses, we lugged them around at all hours of the day and night. I recall diminutive, good-natured June Martin late in her career disappearing under one of the newer, allegedly streamlined versions about 10.30 pm one Monday at Broughton Hall Psych Hospital. While I staggered under a much heavier version, I kept track of her by following the stream of un-ladylike mutterings that I’d never before had the good fortune to hear her use. It was quite a bonding experience.

And even if one had the luxury of a massive trolley, this didn’t allow for steps, uneven paths, lousy weather or getting the gear in and out of cars. Plus we had to cart around enormous box-like TV monitors, sometimes along with video-camera, tripod, sound equipment and numerous electric cables. I witnessed fit young men and strident, athletic feminists who when confronted with all this stuff instantly transformed into delicate, wilting flowers. And other women who gladly seized the hour to Make a Telling Point. Any male nearby was uncertain whether to help, to admire or to hurl themselves under a tripod, sound equipment and numerous electric cables. I witnessed fit young men and strident, athletic feminists who when confronted with all this stuff instantly transformed into delicate, wilting flowers. And other women who gladly seized the hour to Make a Telling Point. Any male nearby was uncertain whether to help, to admire or to hurl themselves under a passing bus as a long overdue gesture of moral atonement.

To this day, whenever I see film of some intrepid figure in rugged, inhosipitable or...
dangerous territory, I give a thought for the magnificent, unseen film crew hauling their equipment and taking far greater risks than the person on camera. And I like to imagine the sheer tedious drudgery by an exhausted crew to choreograph an “unexpected greeting” by the TV presenter at someone’s door, ‘someone’ impeccably coiffed and dressed, their palace or fibro shed immaculate. One of my neighbours appeared in a folksy garden makeover program and the street was clogged for days with trucks, utes and even busloads of tradespeople and off-camera personnel and a catering marquee. He later told me his biggest test was having to go up to the shopping centre for a few hours and return with feigned delighted surprise.

Even if one had access to a technician, the family therapist encountered unexpected obstacles. Technicians worked normal hours, but much of our family interviewing and teaching then was in the evening as a brave optional extra because we cared. In one workshop by a prominent international figure, we used trainees from a film and television school to have the interviews filmed by more than one camera, mixed and in colour (how fabulous is that!) All good – except the master tapes accidentally got wiped at one camera, mixed and in colour (how wondrous is that!) All good except the master tapes accidentally got wiped at the school for a later student project….

At a major presentation by Luigi Boscolo to a very large audience, the university auditorium only featured monitors attached to the walls and the video couldn’t be accessed by the presenter. Each time one of his interview tapes had to be stopped or re-started for discussion, which was frequent, he’d nod to me and I’d use a wall phone to contact the technician far away on another floor. We ought to have sub-titled the workshop “A Graduated Training in Patience, Restraint and Good Manners”.

That audience was incredibly understanding. Younger generations are so accustomed to easy access of down-loaded material and instant communication anywhere, they’d leave in hordes after 10 minutes. I was thinking of this recently, when my elder son came to me with a minor domestic query on behalf of his brother, who was wrestling with this issue right at that moment – in Sweden. I replied in surprise, then noted he was doing something with his mobile phone. To demonstrate proud fatherly awareness of Modern Trends, I asked “Are you texting?” and he answered, “No, we’re using a Facebook app”. One day I may learn what that means.

For those of us who began with reel to reel technology, the advances to cassette and colour were hailed as miracles and DVD technology as wondrous, let alone marvels like multi-directional and then lapel microphones. Of course we were naive then. David Epston in Auckland tells a splendid anecdote about his Age of Microphone Innocence and the Getting of Wisdom in front of an enormous American audience, but it’s his story and you should ask him because it was intended to be a private matter. I guarantee you will be wide-eyed and enthralled by each horror-filled moment and how he dealt with it.

We less tolerated the burdensome technology than embraced it, because of a firm commitment to showing what actually was happening in a session, and jointly analysing and testing what was and wasn’t working. Despite its many limits, the approach was invaluable for teachers, practitioners and students in demystifying therapy and being truly accountable. This was far preferable than after-the-event recollections of what a therapist believed had happened behind a closed door. It enacted a moral position of really wanting to understand what facilitated change, even in diabolic situations. At its best, it encouraged a humility and openness to process, not the formatted exploits of a show pony.

It may also have blinded us to something else that was just as important, something we acknowledged and valued but didn’t consider nearly enough – the multidisciplinary collegiality of those years, the mix of so many different professions all working together in easy familiarity and united around the immediate shared goal of helping a family, of learning new perspectives and languages in real time. We were trying to change the relations between disciplines, the whole greater than the sum of its parts, often against opposition from entrenched hierarchies.

Today’s emphasis on narrowly envisaged certification, micro-regulation and ‘siloing’ of disciplines makes this an ever-pressing concern. Such an approach supports the atomisation of individual experience, bolstered with enclaves of preciousness drowning in self-congratulation, at the expense of opening up new discourses about how these disciplines fit together in illuminating a social, psychological and biological world. And it re-fixates us on limiting, dubious ideas about causation without looking enough at what actually changes troubled people and situations.

The true pioneer nowadays may well carry a GoPro or iPad. There are more ways of realising dreams than heavy lifting. But technology is useless unless we keep asking what it’s for.
POSTGRADUATE INTAKE

Family Therapy Practice Certificate (part-time 24 weeks)
Master of Social Sciences (Family Therapy) 2nd Year Entry

In 2016, there is an opportunity for up to 6 places for Generalist, Clinical or Counselling Psychologists or clinical Social Workers to obtain a higher-level Practice Certificate in Family Therapy, granted by Williamsroad Family Therapy Centre. Appropriately qualified applicants may apply for 2nd year intake into the Masters in Family Therapy.

This specialist course offers 24 weeks of training for psychologists and clinical social workers already working in family-sensitive programs, who want to acquire greater conceptual and practical competencies, or to increase knowledge and clinical confidence. The course is aimed at practitioners who are looking to

- Develop depth of expertise in Systemic and Family Therapy,
- Increase the precision & quality of their clinical or therapeutic work with complex social-relational systems,
- Include international best practice and research into their work with families and complex individuals.

Research now clearly indicates that family-based interventions are among the most effective and enduring for a diverse range of problems. This is especially the case for children and adolescents, particularly for treatment of depression & suicide, sexual minority issues, behavioral problems, and chronic illness. An expanding evidence base is showing that family, systemic, and community interventions are also highly effective for adults dealing with trauma, major mental illness, anxiety & depression, addiction & substance abuse, social withdrawal, and grief & loss. A number of studies also indicate that family & systemic therapy is an extremely effective addition to conventional treatment for eating disorders, and for major mental & physical illness, including palliative care.

The teaching will use active live supervision with a reflecting team process, as well as group supervision, skills practice and seminars in order to develop expertise in balanced alliance, systemic conceptualization, change monitoring, thus maximize impact of family and broader system interventions on the mental and relational health of individuals and their families.

Topics will include:
- The balanced alliance,
- Nature of expertise in Family and Systemic Therapy,
- Systemic case conceptualization and treatment planning,
- Working systemically with complex mental illness and medical or community cross-disciplinary teams,
- Working with emotional and physical violence, and ongoing interpersonal trauma,
- Working with the complexities around the elderly,
- Adapting the major theories into an integrated treatment of complex presentations
- The cutting edge of research into human systems and systemic processes.

Applicants must:
- Be a practicing generalist psychologist and/or have endorsement as a Clinical or Counselling Psychologist or Social Worker
- Have a minimum of 2 years’ experience
- Have completed a minimum of 1 semester of Family Therapy study as part of their Undergraduate or Postgraduate program
- Currently be working with families, in a family-sensitive practice, or in a field relevant to family & systemic therapy

Applications will be assessed via CV and interview.

The Practice Certificate in Family Therapy is delivered in half-day seminars and full day live supervised practice in two 12 week semester. Graduates may be eligible to apply for entry into to the final year of the Masters of Social Science (Family Therapy) provided by Williamsroad and Swinburne University.

The Practice Certificate also contributes to APS and ASW Continuing Professional Development (CPD) hours.

Applications close 30 September 2015. Interviews will be held in October & November 2015 for a March 2016 start.

Applicants should contact our reception on info@williamsroad.vic.edu.au, or (03) 9532 9990
Family therapists have a long history of sharing their practice with one another, warts and all. Margaret Topham, one of the ‘parents’ of family therapy in Australia (Durrant, 1994) and an adopted ‘mother’ in NZ (Christie, 1984), was exposed to this tradition during 1967-68 when training at the Mental Research Institute in Palo Alto, California, and returned the favour back in Australia and during subsequent visits to NZ (Topham, 1982). Nowadays, the value placed on sharing ‘what we actually do’ continues through co-work, live team consultations, direct supervision, audio-visual presentations, outsider witnessing practices, and in publications, such as this newsletter. The willingness to share the adequacies and shortcomings of our practice is an enduring strength among communities of family therapists.

In this spirit, I am inspired by a recent edition of the ANZJFT on working with couples to recount an ethical dilemma I have faced in my private practice when working separately with two couples who were close friends. Though this situation occurred a decade before I joined the Australian Association of Family Therapy, I will relate it to the current AAFT Code of Ethics (AAFT, 2013). My aim is to explore the use of our Code as a resource for both practitioners and supervisors who face complex situations involving multiple perspectives and a sequence of events with distinct decision points.

DUAL RELATIONS EMBEDDED IN WORD OF MOUTH REFERRALS

When I started in private practice, friends and colleagues would enquire, “How’s business?” to which I replied, “Oh, its early days yet...” “Just wait for word to get around” they declared, “then you’ll be alright”, and sure enough there is truth in this.

Among my early clients is a couple associated with a local community group and soon 3 or 4 other couples seek me out on their recommendation. I get to know their social connections and discover a few we share in common. Some of our children go to the same school and we attend parent-teacher evenings, concerts and celebrations together. We cheer on our sporty kids from the same sidelines on Saturday mornings, hang about the music centre for lessons to finish during the week, or ‘bump into’ one another in the supermarket, library, or aquatic centre.

Living in a smallish community I accept this private-professional crossover as inevitable. I am also vaguely aware of the benevolent sense of social inclusion it brings to me. The combination of benevolence and my confidence about maintaining professional boundaries between clients who share friendship is a seductive form of power afforded by my professional role. The ethical conundrum I could get myself into only became apparent when I worked concurrently with two particular couples who were close friends. The events that followed and their relevance to the Code of Ethics are presented and discussed below.

MR A AND MR B

My first contact is with Mr and Mrs A who attend 6 couple sessions with me before Mrs A withdraws and Mr A continues individual therapy for 6 months or so. Towards the end of this period he recommends me to his close friend, Mr B, and in due course Mr and Mrs B also complete 6 couple sessions with me.

A few months pass before Mr A consults me individually again and later Mr B does the same. These consultations continue separately for about a year with both men presenting dissatisfaction with their respective partners. The scheduling of sessions is sporadic, and once or twice I run into Mr A and Mr B together at a public event and they openly acknowledge me as their ‘counsellor-in-common’.

The following year, Mr B consults me about an extra-marital relationship he is engaging in. He does not identify his extra-marital partner and uses the pseudonym ‘Sue’ to refer to her. Our work over the next couple of months focuses on him gaining insight into this situation.

I can’t remember exactly when I realise that ‘Sue’ is Mrs A, however it clicks one day shortly before Mr B slips up and says her real name. He is immediately shocked and angry with himself for identifying her, and by association, his betrayal of Mr A. I continue the session and subsequent sessions with Mr B exploring his current life choices against past patterns and future goals.

A couple of months after Mr B’s slip, Mr A contacts me for the first time in a year. He wants to consolidate and enhance the many gains he has made in his life during the preceding year or so and I agree to see him. During our 2 subsequent sessions we discuss his plans for the future, which include deepening his relationship with Mrs A and with their children.

In the meantime, Mr B advises me the affair with Mrs A is over and during the next few months we complete work on specific family-of-origin issues. I have not seen him since.

When recently, Mr B purges to Mr A that he has been having an affair with Mrs A for over 2 years, one of Mr A’s first questions to him is, “Did Craig know?” Mr B’s confirmation takes another piece of Mr A’s life away.

Email from Mr A:

I got your text and wonder how you are going. I’m available if you want a session to talk things through.

Email from Mr A:

Nope. He took my counsellor too. They have been screwing for 2.5 years under my nose. Last time was 4 weeks ago. I’m just shocked you could see us both knowing this.

So was I. What had I been thinking? Why didn’t I take some action before this?

I offer to meet with Mr A and several weeks pass before he is ready to do so. He comes to my office one cool afternoon. I make tea for us both. He sits upright, crosses his legs yoga-style, and speaks of his losses as a result of the double betrayal by Mrs A and Mr B. Bravely, he names a third by his therapist, me.

“When you found out he was having an affair with (Mrs A) why didn’t you say to him straight away, ‘I can’t continue to work with you. I also work with (Mr A) and I saw (Mr A) first, so it wouldn’t be fair?’”

‘You are probably right’, are the words that come to my mind and I recognise the temptation to minimise. Humbled, I reply, “Yes, you are right. That would have

(cont’d on p.7)
been the right thing to do. It was not fair on you to work with both of you knowing what I knew. I thought I could stay focused on the current issues you both brought to the sessions and stay neutral about the external matters. I now think I have taken you for granted and have been omnipotent. I am sorry for not respecting you and not respecting the work we have been doing.”

“Why didn’t you take this to supervision and get some advice?” he implored.

I did take it to supervision; however, I overemphasised the separateness of the two pieces of work. I distinguished between Mr B, who I see regularly for family-of-origin psychotherapy, and Mr A, who consults me intermittently about personal issues that are not directly about Mr B. Any qualms my supervisor may have expressed are eclipsed in my mind by the realities of living in a small community. Following one supervision session I write the following scant notes:

Mr A / Mrs A, Mr B / Mrs B; I become the secret holder. Whose therapist am I? Mr A & Mr B – yes. Mrs A & Mrs B – no.

The notes reflect a reliance on dichotomous thinking. The Code of Ethics is caught in the same thought net. The Code is only for serious misconduct, right? Not day-to-day practice dilemmas; I can use my professional nous and therapeutic techniques for those... Ahem!

AAFT CODE OF ETHICS

One of the stated intentions of the AAFT Code of Ethics is to assist family therapists to deal with ethical dilemmas...

“... based on the principal that ... family therapists should adopt the course of action which maximises the good, and does the least harm. The therapists should attach particular weight to the rights of those who have the least power.”

(AAFT Code of Ethics, Sec. I (1), p. 1)

In the scenario described above, Mr A has the least power. Mr B and Mrs A have power over Mr A through the secrets they share. I have power in my professional role. As the party with the least power, Mr A’s rights under the Code are to be given particular weight. So what are his rights, and how do they inform a course of action which maximises the good, and does least harm?

INTEGRATION OF PERSONAL LIFE EXPERIENCE WITH PROFESSIONAL ROLE

Under the Code, Mr A can expect me not to impose my own values on his situation and to be context specific in my approach (Sec. II (1.3) & II (2) respectively). I take this to mean that my personal principles or morals on partner-relations and extra-relational affairs must not dictate my professional actions or inactions. There is also guidance to balance the welfare of individuals with the benefits of family cohesion and integrity (Sec. II (3.1)). The catch is that welfare, cohesion and integrity are all value laden words. What is welfare to some may be seen as disempowerment or neglect by others, etcetera. It won’t be possible to assess the benefits of family cohesion and integrity without engaging my values. The imperative is not to impose these personal standards on clients. From this perspective the Code is a living document and compliance is a work-in-progress affected by the current level of integration each practitioner has achieved between the influence of their personal life experiences and their professional role.

Apropos the A’s and B’s situation, my personal experience with extra-marital affairs begins during a school lunch-break when I arrive home unannounced to discover my mother with an intimate visitor. Clearly, my father doesn’t know and I am caught in an ethical dilemma. The ‘code of ethics’ guiding me is by now instinctual; at 16 years old I am well versed in my family lore. I know secrets and lies among adults are necessarily commonplace and that my mother’s opinion, like her father’s before her, is final. I feel responsible for keeping the peace and know I must cope with these emotions alone. With this conditioning, balancing the welfare of individuals (my parents, younger brother, and me) with family cohesion and integrity takes the form of confronting my mother (integrity), not telling my father (cohesion), and later, when my parents are in open conflict, encouraging my father’s acceptance of marital separation while supporting my mother’s transition into a one-adult home (balancing).

As an adult I have explored these events both with my family and professionally and feel empathy for the adolescent caught in a web of collusive familial loyalty (Boszormenyi-Nagy & Spark, 1973). I learned from my parents, and also took on board alternative modelling from mentors and peers. My mother would later say to me, “I don’t know where you came from sometimes!” which I claim as evidence of increasingly being my true self (Bowen, 1978).

Yet, despite this cognisance, did I unconsciously impose my values on Mr A and Mr B by replicating a piece of my personal history? Holding Mr B’s secret while maintaining cohesion with Mr A matches my response to my parents. Faced with similar relational dynamics, did I instinctively revert to type? An examination of what the Code of Ethics has to say about conflicts of interest may reveal more about the interplay between my internalised values and the Association’s ethical standards in this case.

FAMILY THERAPIST AVOID CONFLICTS OF INTEREST

Every client has the right to expect their family therapist will address conflicts of interest between the competing needs of individuals or families, with consideration of safety and welfare guiding them in doing so (Sec II (3.2)). The Code defines ‘conflict of interest’ as a benefit to one person in a relationship reducing or potentially reducing the benefit to another person. The people involved could be in the same family or separate families, and include the therapist (Sec. I (4)). Seemingly benign benefits to the therapist include affirmation of their professional status (institutional power), associated fees (financial exploitation), and a sense of benevolent inclusion in society (paternalistic belonging) alluded to earlier.

‘Dual relationships’ are generally understood to be those with both personal and professional components. An additional interpretation extends to clients who share close friendship and have the same therapist (Schank & Skovholt, 1997). Here the therapist is in professional relationship with each client and is dually related through the function he or she serves in the relationship between them. This function is a source of vulnerability for both clients. It can inspire feelings of jealousy or envy and fuel competition for the therapist’s favour. Close friends may ‘compare notes’ about their shared therapist and feel inferior or discriminated against as a result. Sentiments like, “He didn’t say that to me!” or “He gave you an hour and a quarter...?” may undermine both the friendship and the therapy.

To prevent conflicts of interest, Sec II (4) of the Code directs family therapists to:

• Avoid exploiting the trust and vulnerability of clients (Cl. 4.1)
• Avoid dual relationships beyond the therapeutic relationship (Cl. 4.2)
• Resolve conflict between the Code and organisational requirements (Cl. 4.3)
• Avoid undertaking court assessments or supervising court orders of former clients (Cl. 4.4)
• Not to use professional relationship with clients to further their own personal interests (Cl. 4.5)
• Never to engage in sexual intimacy with clients (Cl. 4.6) nor with ex-clients, unless 2 years has elapsed since ceasing therapy, and then only is on the therapist to demonstrate there is no exploitation or injury to the former client or their family (Cl. 4.7)
• To declare their interests at the beginning of a therapeutic relationship and take positive steps to avoid conflict of interest (Cl. 4.8)

To explore the adequacy of my decision making with respect to the Clauses above and in relation to the overarching ethic to minimise harm (Sec. II (3.3)) and exercise prudence and care (Sec. II (6.4.1)), I have identified three major decision points in my work with Mr A and Mr B to reflect upon with the benefit of hindsight.

Decision Point One: When Mr B Contacts Me For Couple Therapy On The Recommendation Of His Close Friend And My Recent Client, Mr A.

When initially engaging with the B’s, as I had with the A’s before them, we discussed their friendship connections, affirmed confidentiality and privacy, and agreed not to discuss inter-familial issues (Cl. 4.8). I took these ‘positive steps’ to head-off potential conflicts of interest, but failed to recognise the current and future adverse effects of dual relations (Cl. 4.2; Schank & Skovholt, 1997) on these vulnerable clients (Cl. 4.1).

In effect, I entered into a relationship triangle with Mr A and Mr B. This dynamic can be worked with effectively in couple therapy; however, Mr A and Mr B are not seeking help for their relationship. Inevitably, as stress increases in a triangle a favoured pair in the triad emerges in perception or reality (Bowen, 1978). How many times either man felt less cared for or sacrificed their therapy for the sake of their friendship, I will never know. In the end it went badly for everyone. What each man needs is the certainty of an uncompromised person-to-person relationship with their therapist. Triangling directly interfered with this.

Hindsight: Working with separate clients who are also close friends involves triadic conflicts of interest. The therapist’s role in the emotional relationship between such clients is a form of dual relations. This dynamic prevents the therapist from being a constant source of trust, respect and goodwill for each individual client. With the benefit of hindsight, I would decline Mr and Mrs B’s request for couple therapy from the outset, offering instead to provide them with contact details for 2 or 3 other couple therapists.

Decision Point Two: When Mr B discloses that Mrs A is his extramarital partner.

It had been nearly a year since Mr A attended therapy when Mr B disclosed the affair. In that respect Mr A and Mr B are non-concurrent clients, though Mr A may seek to re-engage at any time. By continuing to work with Mr B after his disclosure, it is as if any conflict of interest is a future issue to be considered if and when Mr A reappears. This perspective fails to recognise the existing dual relations I have with both men and the probability of harm to both, regardless of whether I see Mr A again or not. Continuing to work with Mr B compounds the conflict of interest I am unaware of at Decision Point One and may indicate the consistent influence of specific personal values or conditioning that is not in the best interests of these clients.

Hindsight: Adopting a close monitoring approach towards a conflict of interest leaves the potential for harm to clients intact. Dual relations are best resolved as soon as they become known, whenever that may occur, rather than waiting for the compromise they produce to become a crisis. With the benefit of hindsight, I would cease working with Mr B following his disclosure and offer him an onward referral.

Decision Point Three: When Mr A Seeks Further Therapy About Matters Unrelated To Mr B.

Mr A re-engages in therapy knowing nothing about the context of my work with Mr B. Later he feels betrayed by me on two levels; firstly, that I continue working with Mr B after his disclosure of the affair; and secondly, that I subsequently work with Mr A while knowing about the affair. I can imagine these actions feeling galling to Mr A; perhaps humiliating or shaming too.

Again, the dual relations I share with Mr A and Mr B compromise my work with either. It may upset Mr A if I decline working with him, however, he might later come to see this as a fair decision if I have also followed my ‘hindsight’ position at Decision Point Two. In declining to work with Mr A, I could cite a general reason, such as being too busy, or I could institute a ‘new’ policy of not working separately with parties in a close friendship. However it is done, there is a risk of raising suspicion.

Hindsight: Dual relations with separate clients create conflicts of interest with each client. With the benefit of hindsight, I would decline to work with Mr A and offer to assist his transfer to another practitioner.

ASKING A RHETORICAL QUESTION?
The particular definition of dual relations that is the subject of this paper is not the usual one. Instead of entering into a debate about whether any form of dual or multiple relationship between a therapist and a client can be constructive; my interest is in dual relations where a therapist is emotionally significant to separate clients who are also in an emotionally significant relationship. Perhaps this begs a rhetorical question: How can a therapist conduct individual therapy with each partner in a couple relationship or with two or more members in the same family? Similarly for friends, colleagues, and other situated relationships, such as between a manager and employee, or customer and consultant.

Given access to ‘hindsight’ with Mr A and Mr B, I would not begin working with Mr B, or if I had, I would stop working with both men following the disclosure of the secret that shattered their friendship. In talking with a member of the Australian Association of Psychology recently, I understood her to say that their Code specifically forbids her from working individually with clients who are close friends. When I looked up the APS Code I couldn’t find such a clause, however, under Conflicts of Interest psychologists are to refrain from certain multiple relationships with clients and definitions of the latter include non-professional relationships with a party associated with a client (APS, 2013, p. 8, 28). Perhaps it is too obvious to warrant mentioning professional relationships with a party associated with a client, as I had with Mr A when Mr B came along. It seems this interpretation is left in the hands of the practitioner (and their supervisor), as it is in Sec. II (4) of our Code, which on close inspection provides members of our Association with sound guidance.

Craig Whisker

REFERENCES:

Volume 37 No. 2, June 2015
Australian Assoc. of Family Therapy Inc.
Local and national media attention has recently and rightly focused on violence in the home.

However, too often the issue is sanitised by naming it ‘domestic’ or ‘family’ or ‘intimate partner’ violence. Overwhelmingly we are talking about men’s violence toward their female partners.

We can not solve a problem if we do not name who is responsible for it!!

It is estimated that 1 million children witness men being violent to their partners in Australia.

For over 25 years, such children have been identified as developing social, emotional and behavioural problems. The younger the child and the longer the exposure, the more severe the impact.

Children witnessing men’s violence toward women exhibit more aggressive and antisocial as well as fearful and inhibited behaviours.

They show lower social competence, have been found to show more anxiety, self-esteem, depression, anger, and temperament problems.

They show less skill in understanding how others feel and of taking another’s perspectives.

For boys, peer relationships, autonomy, and self-control, are reported as significantly lower.

For girls, depression, trauma-related symptoms and low self-esteem have been identified.

Further studies show these effects continuing into adult life and later relationships.

However, as a recently published study highlights, many men who were violent to their partners, did not believe that their children had been affected.

Comments like “I’ve always been a good Dad”; “My relationship with my kids has always been good” and “The children were never really the victim” were common.

The authors of this study report an intervention program for men who have been violent. Part of this program acknowledges their affection for their children (because this was unanimous) but confronts them with the serious impact their violence has on them.

For many men this challenged an assumption (my kids are unaffected) about their violent behaviour that could not be ignored. The conversations around this were the most emotionally laden of the study.

The authors conclude that “intervention programmes can harness this realisation” to “motivate perpetrators to make changes”.


**Ian Goldsmith**

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**Interview participants needed**

**Research into the experience of working with homeless youth**

We are seeking psychologists to be involved in a qualitative study investigating the experience of working with homeless youth, and how this compares to working with housed youth. The study is being conducted by Maya Buchanan, MPsych (Counselling) student, under the supervision of Dr. Tristan Snell (Monash University).

We would love to hear from you if you are:

- A registered psychologist with the Psychology Board of Australia
- Have a minimum two years post qualification clinical experience
- Have experience working with homeless and housed youth
- Interested in sharing your experience of working with homeless youth (15-24 years)

**A $50 Coles-Myer voucher will be provided as reimbursement for your time.**

**Participation procedure**

Participants will be asked to participate in a 60 minute, audio recorded, interview (face-to-face or phone). Access to the interview questions will be available prior to the interview. Confidentiality and anonymity will be ensured.

If you would like further information please contact Maya Buchanan by email at mbuc11@student.monash.edu

Your participation would be greatly appreciated!
CLINICAL MEMBERSHIP AND SUPERVISOR REGISTRATION – QUERIES

The Membership Accreditation sub-committee wishes to point out a number of issues that have arisen since the inception of AAFT. These are:

- A reminder for Interstate and New Zealand enquirers who are looking at applying for Clinical Membership to AAFT – the Grandfathering clause applies until the 31st December, 2013 for those who have had some affiliation with their previous State Associations throughout Australia and N.Z. and/or who believe that they might fit the criteria for Clinical Membership. Criteria and application processes are available on the AAFT website.
- The steps you would need to take if you are wishing to apply for Clinical Membership is that you must first and foremost take out Associate Membership to AAFT if you have not already done so, again how to do this is on the AAFT website. Once you are an Associate Member you can then work towards becoming a Clinical Member.
- For ALL Interstate potential applicants, you MUST accompany your Clinical Membership application with either a letter of attestation, support documentation or verification of your suitability to attain Clinical Membership from someone within your State/Country who would be able to provide that information and preferably someone who is already known to AAFT. We appreciate that some will not have had any previous contact with Family Therapists within their State/Country so if this is the case, AAFT will provide you with a local contact with whom you will need to have a conversation about how to proceed.
- This process also applies to questions around the appropriateness/eligibility of training courses in individual States. The suitability of training courses to support your application must be verified from someone from within your State/Country until such time as more training courses around Australia/NZ are accredited with AAFT. Again we can provide you with details of contact people in order to have this conversation.

The current members of the Membership Accreditation sub-committee are not positioned to know in detail either the suitability of the applicant or the courses that they have completed if living outside of Victoria, so the above processes must be adhered to in order to ensure that any person with either insufficient qualifications, or qualifications that are not aligned to Family Therapeutic work or indeed if there are other concerns generally about a potential applicant then this must dealt with first and foremost by the home State of residence.

- Just a reminder that when you send in support documentation with your application that may include details of client work you must de-identify the family name for confidentiality reasons. We have discovered an increase in examples of specific client work accompanying an application, which in and of itself enhances the understanding of the therapeutic process that has taken place for the assessors however has not been de-identified posing obvious confidentially concerns. Please ensure that this is noted and actioned.
Welcome to the 2015 AAFT AGM. It has been my privilege to be the president of AAFT for the past 3 years in a time of change and development that has been both exciting, and challenging. I thank all who have helped and supported me in this role. Today I am stepping down from this position to embrace the role of immediate past president.

If the motion before the AGM to accept the changed/updated Rules of Association which have been updated to comply with changes required in accordance with the Association and Incorporation Reform Act 2012 is passed today and these rules are accepted by Corporate Affairs, it is possible that the next AGM could be at the 2015 conference. From then, the AGM will be held annually at the AAFT family therapy conference. Our members have requested this to allow for a greater possibility of attendance and participation.

As always, it is my pleasure to thank the hard working AAFT committee members and administrative staff who have attended the Executive, COM, strategic planning and other subcommittee meetings throughout this year. It is worth reminding members that, apart from AAFT employed office staff, all committee members are unpaid volunteers who do the work of AAFT in their spare time or what little time they have. More people are needed to become actively involved and to work on the various committees and subcommittees to get through what needs to be done.

MEETINGS

In the past 12 months, there have been four AAFT COM and strategic planning meetings held, attended in person, by as many COM members as was possible. Three have been in Melbourne and one in Sydney following the conference.

For 2015 the plan is to have one AAFT COM meeting in Adelaide and one in Sydney with the remaining two in Melbourne timed with this AGM weekend and the other with the conference. These have enabled more urgent business to be dealt with in a timely manner. This has worked well and efficiently.

The idea of increasing the number of people and positions on the Executive to cover the main working areas of AAFT was discussed and agreed to by the COM. At the strategic planning meeting in November, much of the work done by the attendees, related to defining each of the positions on the new Executive, writing position descriptions for these and creating the new structure and reporting lines. This will help to clarify lines of communication and reporting within the AAFT COM, between the AAFT COM and the admin staff and also between AAFT members and the AAFT COM.

CONFERENCE.

The 2014 Sydney Family Therapy Conference titled “Healing Relational Trauma: The Contribution of Couple and Family Therapy” was a great success with very positive feedback about all sessions and lots of conversations during the breaks. Thank you to Lyndal Power and Gail Westcott who together with Lyssa Borham conference coordinator, Centre for Social Impact and her team, put in many hours of work to pull this event together and for it to run so smoothly.

Where speakers gave permission, conference presentations were recorded by a company called Psych Visual, which records conferences and creates a library accessed through paid subscription. For conference attendees and for AAFT members, there will be free access to the AAFT 2014 conference presentations for a period of time through the member only portal on the AAFT website. An announcement will be emailed to people when this becomes possible.

The theme of 2015 Family Therapy Conference to be held in Melbourne at the Jasper Hotel 6th and 7th November is “How and Why does Family and Systemic Therapy work ” We look forward to a very successful and well-attended event.

An initiative suggested at the strategic planning meetings is for future conferences to be held at locations around Australia other than capital cities. It was felt that this may enable people living in more remote areas to attend a more accessible conference location where perhaps this has not been previously possible. A list of possible locations and a roster of suggested years has been proposed and will be available to members a little further down the track.

PROFESSIONAL DEVELOPMENT.

Professional Development activities have been and continue to be held around Australia. Some have been videotaped with permission and made available to members through the members’ only portal on the website. We would encourage organizers of PD events to request permission to tape these events and to put them on our members section of the AAFT website. This would enable members who cannot attend, to access these events at other times. Please also remember to check the members’ section of the website from time to time.

Plans for the future include setting up pages from regions and branches on the website as well as in the newsletter, featuring information and news on local issues, activities and events. This will ensure up to date communication is available to members wherever they are located.

PACFA.

As many of you will know, there has been much discussion regarding the responsible use of AAFT finances and the relevance of PACFA membership for
all AAFT clinical members. There is no question that for some AAFT members, especially AAFT members who are not AHPRA regulated and who are on the PACFA register, PACFA membership is very important. How to meet the requirements of responsible use of AAFT financial resources, balance all the financial needs of the organization, yet ensure that all members are looked after, has been a difficult journey to negotiate and there have been several meetings with PACFA CEO and members on the PACFA council to work on this issue.

An interim financial arrangement was agreed to between AAFT and PACFA, which meant that AAFT has remained a member association (MA) of PACFA at a responsible cost at least for the ensuing 12 months. This will hopefully allow the proposed changed PACFA structure to be implemented before the next payment of PACFA fees is required.

PACFA has been working on a change to membership from that of Member Associations making up membership to that of individuals as its membership, or indeed possibly a number of combination options. This is in progress and will hopefully resolve the current difficulties. Information relating to these ideas and changes are available on the PACFA website

NEW COM INITIATIVES
Stakeholder’s meeting at the conference. This meeting was held at the 2014 conference to help the COM identify

• whether it was meeting the needs of training institutions,
• whether it was meeting the needs of AAFT members,
• what AAFT was felt to be doing well and
• What directions needed addressing in the future?

Questions from the COM were circulated to an invited group of AAFT members prior to the conference to allow for any written responses and also for discussion to be had during the meeting/s.

One very important issue highlighted was that of the priority of urgently setting up a branch structure so that local activities can develop with local content to address the needs of local members. This has been noted and will be addressed after the AGM, at COM, Executive and strategic planning meetings.

Livia Jackson
AAFT President

The AAFT Committee of Management has continued to meet regularly over the past 12 months. It has been a busy, exciting and challenging time for all of us and the inputs from the membership have been valuable. The current committee of management has been stable and tireless in contributing considerable amounts of their time in establishing a national organisation. The Sydney conference was a great success and the organising team are to be congratulated. We look forward to the Melbourne conference this year.

We have fulfilled all requirements for our registration with Consumer Affairs Victoria.

I offer a special thank you to Margaret and Banu for their work in ensuring that our rule of association complies with the new act of 2012. Furthermore, they have championed the framing of a motion to change our financial year to ensure our annual AGM occurs during the annual general meeting. I would also like to thank the AAFT Executive, Committee of Management, Ethics and TAD Committees for their continued support and dedication to the promotion of family therapy and a professional body for family therapists.

My hopes for the coming year include improving the national representation and involvement, establishment of state branches and ensuring that we have the necessary resources in place to achieve this.

Ben Assan
AAFT Secretary
Treasurer’s Report - AGM 2015

Sophie Holmes

INTRODUCTION - As this is my final report, having taken on the role of Treasurer of VAFT in 2005 and then financially managed the transition of VAFT into AAFT and the acquisition of the ANZJFT by AAFT, it is appropriate that I provide an overview of our financial position and a snapshot of the challenges to come.

At the 2009 annual family therapy conference in Sydney, as treasurer of VAFT, I presented to the state representatives a three-staged process to form a national association. That process was described in detail in the 2010 VAFT newsletters. In 2010, a Memorandum of understanding (MOU) between state associations was signed agreeing to the process. The first stage of the process required VAFT to be renamed to AAFT and thus transfer its membership, (approximately 880 members), infrastructure, employee (one part time person), and financial resources to the new national body.

At the 2011 VAFT AGM, VAFT members changed the name to AAFT, increased the membership fees, and agreed on a one-off levy to cover the cost of forming a national body. I kept the fee increase to a minimum, as many of our members have limited resources and our financial policy has always been “do more with less”. There were concerns that with a PACFA levy set to almost half our membership fee, VAFT/AAFT was risking losing members. Since 2011 we have continued to received feedback from both renewing members and those who have chosen to leave AAFT, that increases to fees jeopardise membership and any opportunity to grow AAFT.

Summary: In 2011, VAFT Equity $82,500, income 182,500
In 2014, AAFT Equity $206,100, income $339,500($340,000)

Concurrently with the creation of the national association, the membership fees which AAFT pays to PACFA continued to grow, as PACFA could not function and advocate for the field with its levels of funding. By 2011, the VAFT/QUAFT/AAFT total membership fees to PACFA were over $60,000, and increasingly our members were questioning as to what were our benefits, given that less than 40 out of a total of 880 AAFT members had taken up the option of joining the PACFA register of counsellors and psychotherapists.

Below, you will notice that a significant reduction in PACFA fees was negotiated in August 2014, from an anticipated $85,000 to $15,000. For 2015, the same $15,000 annual fee has been confirmed.

THE WIDER VIEW - Total Income, expenditure, operating surplus and membership fees.

From graph above, you can see that the total income and membership fees have both been growing, but the total income has been growing at a greater rate. The extra income growth has primarily been due to the annual conference and careful management of expenditure, particularly in 2012, and in spacing out necessary expenditures over multiple years.

In 2011 we had a substantial expenditure on legal fees, necessitated by changing the constitution and the due diligence and acquisition of the ANZJFT. AAFT purchased the journal, with all its liabilities, and also increased the editors stipend from $10,000 to $20,000. The legal fees were spread over 2011 and 2012, and the editors stipend also impacted in 2012, and 2013.

AAFT has also incurred a liability under the publishing contract we signed with Wiley-Blackwell, of an additional $12,000 per year, first year being 2014. AAFT now has a debt to Wiley of $24,000, which is due now (2015). This liability is due to the loss of institutional subscribers to the Journal following the transition between publishers: Australian Academic Press and Cambridge University Press and then to Wiley-Blackwell in 2014. Hence our listed surplus above needs to be adjusted by $24,000. Wiley has been very understanding and has attempted to regain these institutional subscribers, but to no avail.

TRENDS IN EQUITY, INCOME AND EXPENDITURE

Member Equity is a very important. Under the new Association Act 2012, in order to meet financial fiduciary responsibilities for a not-for-profit professional association, the member equity needs to be an amount sufficient for the association to meet and pay out all its contractual responsibilities. For AAFT, this is now the employment of 2 staff (1.4 eft), with superannuation and other on cost, the AAFT publishing contract with Wiley-Blackwell including the institutional subscription shortfall and editors stipend, plus conference contracts and other minor contracts.

In the course of 2014 the AAFT executive met with the PACFA board representative and negotiated a reduction of the AAFT membership fee from $85,000 to $15,000. This reduction of $60,000 in our expenditure needs to be discounted by $24,000 owing to Wiley, but it still leaves AAFT with $36,000 additional monies in this year’s budget to be allocated to the functioning of the national association. But more importantly, it reduces the contractual liabilities and the pressure on member equity.

( cont’d on p.14)
Without this reduction AAFT would be financially at-risk, and the COM would not have fulfilled their fiduciary responsibility.

As a general working figure, member equity needs to be somewhere between 30%-50% of expenditure depending on the total contractual liabilities for the year. At present for 2014, with AAFT Equity of $206,100, income of $339,500, AAFT is now about 60% Equity/expenditure ratio, and can use some of its equity preferably for capital items but also for once of running costs. Recurring running costs need to be funded from cash flow and income.

**INCOME**

Clarifications: Royalties is the income paid by publisher to AAFT from articles downloaded and other uses of materials. ANZJFT Cal is the payment from previous years for articles used and/or downloaded and this income is divided between 50% to the author and 50% to the association. A few authors have generously donated their 50% to AAFT for the specific use of the ANZJFT. I wish to acknowledge Pam Rycroft and Jeff Young in particular for their most generous donations.

**EXPENDITURE**

AAFT fixed expenses are quite straightforward. Administration includes our website, office expenses, space rental, phone and legal advice. Legal advice has been an important essential expenditure in the last 3-4 years for reasons previously explained. Wages are indexed and will go up, while the PACFA fee has been substantially reduced and have been agreed at $15,000 for 2015.

The Newsletter is likely to continue at about the same cost each year, with some small reduction possible as we trial an E-edition later this year. Travel and accommodation is likely to increase as we move the COM meeting around the country, and the member subscription to the ANZJFT, which the association is required to purchase from Wiley is likely to increase. The entire publishing field is changing very rapidly with new funding and profit making models emerging. We are fortunate to have a good relationship with Wiley and both the treasurer and publications committee need to keep up to date. In future years, the publishing expense structures will likely change substantially.

The annual conference is both a fixed expense and a source of income, and needs to be understood as a separate entity. The profit from the conference has been somewhere between $10,000-18,000, and this can continue in the future so long as the other parameters such as venue selection, AV, and disposables remains approximately the same. The one discretionary expenditure for the conference is the secretariat and the professional conference organiser (PCO) contract, which ranges in cost from $20,000 to $30,000. Noting that this large expenditure is paid to an outsourced independent contractor, and also that we now run a full time office with 1.3-1.4 EFT staff, for 2015 we decided to train up our staff to provide the conference secretariat while allocating a smaller expenditure of $10,000 to conference management. So Mandy Bromlow has been contracted ($10,000) to manage the conference, using our staff and AAFT administrative and direct payment facilities. This will provide both continuity in the management of conference, and as an additional benefit, members can get to know Dani and Mia, our AAFT office staff.

**MANAGEMENT OF THE SURPLUS**

Net surplus is best consider over a number of years. Expenditures greater than we may like can be spread over a number of years. In 2013 the net loss was due to the cost of transition to a national association and the acquisition of the ANZJFT. The bulk of the monies needed to be paid in 2013 but some expenditure was also spread into 2014. Viewed over several years, AAFT has a pattern of healthy small surpluses.
## EXPENDITURE SUMMARY

| Category                  | Amount
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Staff &amp; Office</td>
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<tr>
<td>Conference (80) &amp; PD (2k)</td>
<td>$82k</td>
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<tr>
<td>Publications (ANZ/FT 60k), Website (6k), Newsletter (12k)</td>
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<td>PACFA</td>
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<td>Ethics, Membership TAD</td>
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<td><strong>Expenses TOTAL</strong></td>
<td><strong>$280K</strong></td>
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</tbody>
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### AAFExpenditures 2014

Expenditure—including monies owing to Wiley—rounded off.

- Publication shortfall 2013-14: $24k
- COM & Branches: $80k
- Newsletter: $12k
- Membership: $12k
- Conference & PD: $40k
- ANZIFT SOBS: $60k
- PACFA: $15k

### Highlights 2014-2015

- Need to cover the annual 12k shortfall
  - Publishing contract with Wiley
  - Now $24k
  - Possible renegotiation with Wiley
- Need to build members equity to:
  1. Maintain full time office
  2. Contractual agreement with Wiley
  3. COM costs
  4. Members services

### PACFA FEE 2009-2015

- 2009/10 - $48,987 VAFT
- 2010/11 - $45,761 VAFT
- 2011/12 - $68,156 VAFT
- 2012/13 - $69,738 VAFT
- 2013/14 - $81,719 AAFT fee (VAFT+ QLD)
- 2014/15 - was $84,000 now 15,000

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The 2009 – 2010 AAFT lost members due to the PACFA fees increase, resulting in a net reduction of the payment to PACFA. However in 2010 – 2011 PACFA increased fees and again some members withdrew from AAFT but this time it was a net increase in fees.

The 2012 – 2013 figure includes the previous fee owed by the Queensland association, who transferred their funds to AAFT when they became an AAFT branch. Some QAFT members dropped off while others transferred as a group.

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Sophie Holmes

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It has been a matter of some personal achievement and satisfaction serving as VAFT and the AAFT Treasurer. Being a Treasurer of a professional association is not a one-year job and I am pleased to have had the support, appreciation and confidence in my knowledge, from the COM and the AAFT membership over so many years. I could name many people who stood by me, and understood that difficult financial decisions do need to be made by someone, and it is not personal when I have asked probing questions, or held a line on what needs to be done. Being a treasurer is one of the most challenging and provocative positions on the COM.

I wish the new treasurer Ben Asan, all the best and I have confidence that he can also make the necessary unpopular calls and hold steady the financial management of the AAFT vision. I am sure that AAFT is now well-placed to grow and support many fine practitioners, and I hope to significantly contribute to the quality of mental health practice, community services, organisational development and mental health policy making in Australia.

Sophie Holmes
Attachment-Based Family Therapy for Adolescent Depression & Suicide Level 1

Presenter: Gary M. Diamond, PhD. Professor and Chair of the Department of Psychology at Ben-Gurion University, is one of the primary developers of Attachment Based Family Therapy. He is a clinical psychologist and family therapist. His research examines change mechanisms in family-based treatments, including the role of emotional processing, the therapeutic alliance and changes in parental behaviors. His primary focus today is on developing family-based treatments for sexual minority individuals and their non-accepting parents.

PLACES ARE LIMITED, RESERVE YOURS EARLY!

MELBOURNE: 7th, 8th, 9th August 2015
Williamsroad Family Therapy Centre, 9AM to 4PM
Email: info@williamsroad.vic.edu.au

BRISBANE: 17th, 18th, 19th August 2015
Email: i.wagner@qut.edu.au

EARLY BIRD RATES BY 30TH MAY 2015:

FIRST DAY ONLY:
- $360 inc. GST (Melbourne only)

ALL 3 DAYS + CERTIFICATION IN ABFT LEVEL 1:
- $1000 inc. GST

FULL RATES:

FIRST DAY ONLY:
- $440 inc. GST (Melbourne only)

ALL 3 DAYS + CERTIFICATION IN ABFT LEVEL 1:
- $1200 inc. GST

ABFT is the only manualized, empirically informed family therapy model specifically designed to target family and individual processes associated with adolescent suicide and depression. ABFT emerges from interpersonal theories that suggest adolescent depression and suicide can be precipitated, exacerbated or buffered against by the quality of interpersonal relationships in families. It is a trust-based, emotion-focused psychotherapy model that aims to repair interpersonal ruptures and rebuild an emotionally protective, secure-based parent-child relationship.

A number of studies have demonstrated that ABFT can be more effective at reducing adolescent suicide and/or depression than controls or standard treatments; that it is effective for more severely depressed adolescents and those with a history of sexual abuse, and that it is effective for use with suicidal GLB adolescents. A large clinical trial comparing ABFT to a non-directive supportive therapy for suicidal adolescents is currently in progress. Several process studies have explored the proposed mechanisms of change, and the outcomes have further refined the detailed clinical guidelines of ABFT treatment.

ABFT is a flexible yet programmatic intervention structure. Although not prescriptive the treatment manual provides a clear ‘road map’ of how to accomplish a “shuttle diplomacy” which allows the critical conversations to occur quickly in therapy. Therapists are taught to focus on core family conflicts, relational failure, vulnerable emotions, and the instinctual desire for giving and receiving attachment security.
W e have been fortunate in that AAFT has had very few complaints to date. In fact since AAFT was formed we have had one significant complaint, which is currently being investigated.

I envisage that with the National association AAFT may well get more complaints though I have no basis for making this prediction.

During the transition from state organisations to the national association we AAFT was fortunate to have Sue Gavan and Nada Miocevic with support from VAFT Ethics committee members held the committee together. AAFT would like to thank the VAFT Ethics committee for their contribution and dedication in this. In addition Sue and her committee were kind enough to peruse the VAFT Ethics document for its suitability and applicability for AAFT. Thank again to Sue and your very hard working band of workers.

Unfortunately after many years of contributing to VAFT and AAFT the Ethics committee retired and as there was no one willing to step into these large shoes, I took on the role of Chair of the Ethics committee. I wish to thank Nada Miocevic for volunteering to support me in this role should I need this. George Giuliani past VAFT president has also been willing to be available to consult. I was unable to take on the Chair of Ethics until late last year (2014) and Ian Goldsmith as Vice President kindly stepped into this role in the interim.

Currently the Ethics committee has one member with two co-opted members to manage the current complaint. Thank you Greg U’Ren and Lynne Datnow for being willing to give up your time. As you can imagine it’s a task that requires many hours of work and much clear, systemic thinking to manage this process well.

The ethics committee has been available for consultation for clinical members whenever they have been uncertain and I am pleased to say that our members are generally very responsible and proactive in getting information regarding the complex issues involved in family therapy. Most mistakes and breaches of ethical principles happen when we work in isolation and do not take the time or do not have the humility to consult our colleagues regarding the grey areas in our practice.

As I will be taking on the role of secretary I welcome anyone who has the time or the inclination to nominate for the Chair of Ethics or indeed to be a member of the Ethics committee. You do need to be a clinical member for this role.

Thank you

Banu Moloney

T hroughout 2014/15 year 27 new Accreditations were processed along with 104 Associate Members coming on board.

The number of Accreditations is comparable to the number for the previous year however we have clearly identified a significant increase in both Interstate Family Therapists becoming Clinical Members and Interstate Members taking up Supervisory Status.

Of the 27 Accreditations the distribution is as follows:

- 10 new Clinical members from Victoria – (1 Reinstatement)
- 2 new Clinical members from N.S.W.
- No new Clinical members from S.A.
- 5 new Clinical members from W.A.
- 1 new Clinical member from N.T.
- 1 new Clinical member from Qld.
- 1 new Supervisor from New Zealand
- 3 new Supervisors from Victoria
- 1 new Supervisor from N.S.W.
- 2 new Supervisors from Qld.
- 1 new Supervisor from W.A.

The Grandfathering Clause allowing for special consideration for applicants who have had previous involvement with State Associations has accounted for many of the above gaining Accreditation. The Grandfathering option will continue until the end of 2015.

This year saw the commencement of the revision of the current Requirements for Clinical Membership of AAFT to be brought in line with the recent amendments and ratification to the Supervisors Accreditation document (2013). The current Clinical Membership guidelines are significantly out-of-date having not been revised since 2003.

It has been a busy and consistent year with enquiries almost daily arriving on the AAFT email system from therapists/counselors both within and external to Australia enquiring about processes, eligibility, training, supervision and work avenues, to name a few. There have been degrees of complexity and controversy that have been capably handled by many within the AAFT COM family, my thanks to them for their clear thinking and wisdom in the decision making process.

My very special thanks are once again are extended to George Giuliani who has continued to support me in the role of Chair of this portfolio and who has willingly and consistently provided his time to assess, discuss and evaluate the many applicants that come our way. His thoughtful and considered views are greatly appreciated and for this I wholeheartedly thank him.

The year ahead will no doubt bring more of our Interstate colleagues becoming formally accredited further extending the umbrella of the AAFT family and its recognition.

Finally, I thank you for the opportunity of having had many fruitful and healthy discussions around the advancement of AAFT.

Margaret Hodge
WEBSITE:
A new blog section was added to the website during 2015 to create an opportunity for direct dialogue with the committee and the rest of the membership on pertinent topics. The membership is encouraged to participate in these open conversations to increase level of involvement with events or policies that may affect them.

The “Find a supervisor” section has been equipped with a separate search field so that therapists can prioritise “Accredited Supervisors.” This is both of benefit to those that have gone through the process of accreditation and to the therapist looking for an experienced and professionally accredited supervisor.

2014 was the first year by which members could pay by credit card online through our new payment portal which has been very successful and has created a much easier direct banking option for members and a more efficient guide for book keeping purposes.

There are many additions planned for the future including a new conference registration page and a new page for each state chapter for members to be informed about the developments and events specific to their region.

FEES AND FINANCIALS:
As stated above, the new credit card facility on the website has been very helpful for book keeping purposes as there are compulsory fields to enter the name and invoice number. When members pay via internet banking or cash by deposit their member information is sometimes omitted. This is why we ask for email confirmation and if we don’t get the email confirmation, we are unable to identify the payment. This is something that has been an ongoing issue but has become less of an issue since the office has been putting this reminder regularly into the newsletter.

In 2015 we have introduced a new offer of free membership to students of 2 year family therapy courses and to date we have received 25 new applicants as a result of this offer.

AAFT is also aware that some of our valued clinical members have not renewed or paid their membership due to hardship reasons. Clinical members are encouraged to contact the office if they are having any problems with payment to discuss options.

ADMINISTRATION:
The office is now staffed 5 days a week with either Mia, or myself, present to receive calls or enquiries. Mia and I have been working together to strive for a more efficient administration and have been working with the committee to create more beneficial services to the membership. I would like to thank Mia Trujillo for her hard work, dedication and efficiency with all tasks assigned to her. I would also like to thank the executive committee for all their support and prompt response to all issues at the office. I would especially like to thank Livia Jackson for her tireless efforts and leadership as president of AAFT in its formative years and having the sensitivity and nous to keep large committee functioning; Sophie Holmes for her remarkable efforts as treasurer, navigating the contracts, financials and legalities of forming a national association and acquiring the ANZIFT; Banu Moloney for all her assistance in the office and for being a very grounded and supportive influence as past president. I look forward to working with the new executive committee with its fresh new outlook and approach.

Danielle Anderson
AAFT Office Manager
Minutes of AGM

Held on Thursday 27 of March 2014 at 7.30pm at
Williams road Family therapy centre, 298 hawthorn road Caulfield Vic 3162

Our concerns and proposal were communicated to Marie Brett who will present these at the PACFA board meeting. We will wait for a response.

COM Meetings
There were three face to face meeting of the committee of management
These helped to foster and improve relationship between state members.
Management meetings: monthly executive meeting and quarterly COM meeting. AAFT will bear the cost of ensuring face to face contact for these meetings.
COM members participated in a three hour training session on governance to ensure compliance with new legal requirement pertaining to “not for profit” organisations.
Reorganisation of the office is taking place to improve services to members.

Professional development:
Videotaped sessions will be uploaded on the member’s only portal of the website

Conference:
Successful conference in Queensland with excellent presentations stimulating lots of discussion.

The next conference in Sydney is on track with Lyndal and Julie working hard to fascinate the travel of the key note speaker, Fiona True.

5.2 Treasurers Report; Summary (full reports tabled)
Membership: 480 clinical members of 880 total membership.
- Deficit for the year were related to
  - Extra cost in setting up the office.
  - Extra legal fees related to acquisition of journal and constitutional changes
  - COM expenses increase
  - Increasing PACFA fees
- Improvement in the cost of running the newsletter
- ANZFT shortfall of $10,000
- Possible actions to reduce cost include review of stipend for ANZFT editor and other expenses.

5.3 Secretary’s Report: tabled
5.4 Clinical Membership Report: tabled
5.5 Training and Accreditation Development Report: tabled
5.6 Ethics Committee Report: tabled
5.7 Research Committee Report: tabled
5.8 Professional Development Report: tabled
5.9 Newsletter Report: tabled
5.10 Children’s Book Award Report: tabled
5.11 PACFA Report: tabled

6. NOMINATED MEMBERS FOR COM:
Livia Jackson - President
Ilan Goldsmith - Vice President
Sophie Holmes - Treasurer
Ben Assan - Secretary
Banu Moloney - Immediate Past President
Catherine Sanders - Ordinary Member (Clinical)
Peter Cantwell - PACFA representative
Lyndal Power - Ordinary Member (Associate)
Colleen Cousins - Ordinary Member (Clinical)
Sue Clapton - Ordinary Member (Clinical)
San Leenstra - Rural Representative (VIC)
Glen Barnes - Professional Development Convener
Jacqui Perkins - Rural Representative (NSW)
Flora Pearce - TAD Convener
Margaret Hodge - Acc. Com Convener, Book Award Convener
Michelle Hall - Ordinary Member (Associate)
Leanne Haslam - Ordinary Member (Associate)

Meeting closed at 10pm
TAD Report 2014/15

It is with excitement and pleasure to announce that we have received a submission for accreditation from the University of Queensland for their 2 year Master of Mental Health (Family Therapy Field of Study) MMHFT course.

We are in the process of working through this submission but its arrival means that we now have accredited 2 course from WA, one from SA together with the 4 courses in Vic.

We have accredited the Gilead Downs Family Therapy Course now operating from Newcastle in NSW but we await news of a new course that is being developed in Sydney.

This coverage of Australian Family Therapy training only leaves the Northern Territory and Tasmania which currently do not offer 2 year training program in their areas.

So it's exciting to recognise that we are making progress in establishing uniform training standards throughout Australia.

The main task ahead of the TAD Committee this year is to re-assess the 4 training programs in Melbourne as the accreditation process operates on a 5 year cycle. These courses are offered at Bouverie Family Therapy Centre, Williams Road Family Therapy Centre, Alma Family Therapy Centre and the course operated by Claire Miran-Khan.

I am indebted to the other members of the TAD sub-committee, Peter Cantwell, Robyn Elliott and Clare Lincoln for their support and consistency throughout the year. As always we encourage members to join us on the committee. We are efficient and operate with a minimum of meetings.

Flora Pearce
March 2015
The elder introduces her story and everyone sits down to listen.

“I am …… and my clan is ….. and my skin is ….. This story is about ….. And I can tell this story to you because it is about a mountain close to where my father was born, and I belong to this land.”

As I listened, I was struck by the realisation that I could not re-tell this story. I did not own this story. Even if I remembered every single detail, it would be theft to re-tell this story to anyone because I had no claim on it.

In our community we rarely, if ever, talk about or acknowledge the ownership of a story in explicit terms. In certain fields we do have specific vocabulary: structures exist to protect authors and academics from plagiarism, inventors from patent breach, public figures from slander, and lawyers’ clients from misrepresentation. All of these fields have ways of recording who owns the story, and under what circumstances another can pass it on. A literary fragment or quote from someone else can be used in your work, if you reference it. A patented design can be used or copied with a licensing agreement and associated fee.

But the stories from your life can be hijacked and colonised and climbed-into and claimed by someone else, and there is no way to explain how much this can hurt, how awful, unfair, and destructive it is in a family or community. The worst of it, is that people who claim to be on your side; your immediate family, closest friends and those with whom you spend time most easily do the hijacking.

Georgia’s paternal grandfather is most a flagrant and recidivist story-hijacker. In my imagination he wears a balaclava, holds up the mail coach, waves a pair of six-shooters, and threatens the family with “Your stories or your life!” Georgia and her brother Alan joke, when he is not around, “…if you listen to him, everything good we do was only possible because he taught us, coached us, or else he knew it first and did it better, and then we copied him. And naturally, everything bad we do, would have been immediately obvious and quite fixable, if we had just listened to his advice”.

Having their stories regularly stolen has left palpable marks, on all the members of the family, and the communication in he family. As victims of repeated theft, they learned to cache their most precious stories, defend them quite viciously, throw up decoys and develop acting skills, cultivate an attitude of not-caring, or particularly as children and adolescents, they just stopped telling her any stories about their day-to-day lives or achievements. Now at the age of 81, alert, smart, articulate and very engaging with strangers, this grandfather wonders why he knows so very little of his children’s or grandchildren’s lives. He grasps onto any tittlebit of information and put 2 and 2 together and comes up with 22. The pain in the family feels indigestible.

Dan McAdams (2015, 2004 1997) published the idea of the ‘Storied Self’, that is at the core of developing and understanding of our identity. Our day-to-day stories build the meaningful themes of our life, and to tell a story about it, to our self and to others who will listen, and to refine and recirculate the story as we adapt to life, is essential to our existence.

Narrative therapy provides a framework on how changing the themes and structures of a person’s story can enable a person to re-form and rebuild emotional, relational, and practical aspects of their life.

Lynne E. Angus “Working with Narrative in Emotion-Focused Therapy” has a really useful list of ways in which a person’s stories can be fractured, incomplete; “Same Old Story”, “Empty Story”, “Unstoried Emotions” and “Broken Stories”. Lynne describes her research findings on ‘narrative markers’ and how principles of Narrative Therapy and Emotion Focused Therapy can work together, taking account of such markers, to work with clients to re-shape their story. But even if the story is in fragments, the fragments belong to the client, and together with the therapist they can re-assemble the fragments and rebuild the life.

So here is another fabulous thing about family therapy, and having multiple members of the family in the room at the same time. The therapist can be there, recognise, witness and acknowledge the theft and consequent pain. Then using the tools and vocabulary of Family and Systemic Therapy, bring it to light the impact on all the members in the family. At times, a Family Therapist wears the shiny star, and can be the good Sheriff, and point to the bag of stolen stories, declare it theft, and find a way to return them to their rightful owners.


Alex McGrath
PD Manager,
Williamsroad Family Therapy Centre
In this issue we celebrate the life of Luigi Boscolo, 1932 – 2015, with an international collection of obituaries written exclusively for the journal by seven key contributors in family therapy: Max Cornell, Katriina Kuusi, Paolo Bertrando, Eia Asen, Maurizio Andolfi, Laura Fruggeri and Robin Routledge. Each in their own way had an intimate relationship with Luigi and his work and the memoirs provide highly informative and moving accounts of their experience. I attended Luigi’s Sydney workshop in the 1980’s, which together with reading his writings had a profound influence on my understanding and approach to family therapy. I suspect this is true for many readers who learnt their trade through Milan and Post-Milan and still like to call themselves ‘systemic’. Our thanks to Max Cornell, former editor of ANZJFT and a close friend and colleague of Luigi, for organising this special collection, which is intended as a personal tribute to Luigi, the man, rather than as documenting the evolution of his work and ideas.

Julia Jude, Engaging feelings in the body in systemic family therapy, highlights conversations about emotions and the body in contemporary systemic theory and practice. Adopting a social constructionist and cultural perspective, the article discusses ideas of embodiment as they are applied in narrative, dialogical and systemic family therapy. Drawing upon personal stories about her therapy experience and cultural identity, Julia provides an intimate and body-centered account of her thinking and work as a systemic family therapist. The paper argues for talk about the body and emotions to be given equal attention to a focus on relationships and dialogue in family therapy. How feelings in the body, reflexivity and dialogue can be integrated is illustrated by stories from life and therapy practice.

In Rearranging the puzzle: working systematically with stepfamilies when parents re-partner, Sarah Wood offers a systemically informed tool-kit of therapeutic ideas for working with stepfamilies. Comparing the systemic and stepfamily literature, the paper proposes an integrative approach to help stepfamilies to address a range of complex puzzle pieces. These include: inter-parental conflict, identity and transition issues, grief and relational hurts and new roles and boundaries. Here it is suggested that Bowenian, solution-focused, and narrative approaches help inter-parental conflict in stepfamilies especially during low-heat conflict. Stepfamily adjustment and identity is aided by building realistic expectations through psycho-education and strengthening subjugated stories in narrative therapy. Grief and impasse can be helped by an emotionally-focused approach, while structural family therapy develops appropriate stepfamily boundaries. All this is illustrated by a fictional clinical vignette as the paper argues the need for flexibility and creativity in integrating theory.

Systemic Consultation in Intellectual Disability Case Management is a collaborative study by Kate Fennessy, Paul Rhodes and eight other colleagues. According to the authors, case management has been under-represented in research and evidence-based training and supervision models together with a lack of theorizing. The article describes systemic consultation as a form of tertiary case supervision through the experiences of case managers working with people who have an intellectual disability. The former were invited to discuss a complex case with a team of consultants and attend a follow up session four to six weeks later. Compared to those receiving regular supervision, systemic consultation helped case managers to reflect on their practice, feel less stuck, become an agent of change and take perspective. They also reported lower levels of stress, more efficient communication networks and an improved perception of workplace functioning. In this way systemic consultation helps case managers to manage stressful and complex cases in intellectual disability and augments their training and practice.

The next paper is Establishing a Parenting Program for Fathers in Substance Abuse Treatment by Marianne Torres, Rebecca Sng and Frank Deane. It describes a systemic, trauma and attachment model for developing a parenting program for fathers in residential substance abuse treatment. The authors note the neglect of research and treatment in this area together with the limitations of behavioural parenting programs. They make a strong argument for recognizing the powerful role of trauma and attachment difficulties in parenting as well as the benefits of a systemic treatment approach. The paper highlights recurring emotional themes for fathers attending a residential group-parenting program and notes the importance of therapist factors and engaging the wider system. Guidelines for a systemic parenting program in this residential treatment context are provided, which include creating opportunities for dialogue with staff, facilitating the reflective capacity of fathers and scaffolding a therapeutic and father-child play sessions into the program. Practice guidelines for organisations and practitioners working with this clinical population are discussed.

The final paper is Exploring Cultural Issues for Constellation Work in South Africa by Claude-Hélène Mayer and Rian Viviers. Family constellation is a therapeutic intervention that integrates aspects of systems family therapy, existential phenomenology and ancestral beliefs. It has been practiced in Germany and other European countries since the 1970’s and was previously discussed in this journal by Ingeborg Stiefel and colleagues in 2002. This study examines the unique influence of culture on constellation work in a multicultural, post-apartheid South Africa. Using a qualitative research approach, it reports the results of interviews with six constellation facilitators and summarises field notes of participative observations of constellation workshops. The authors
suggest that family constellation is particularly suitable for culturally sensitive work and healing trans-generational trauma and legacies including indigenous approaches to therapy.

We have recently appointed Research and In-Practice Associate Editors and look forward to their special contribution to ANZJFT in the future. As Research Associate Editor we are delighted to welcome Dr Jeanette Neden who was recent past Chair of AFT and has returned to Australia after two decades of practicing and teaching family therapy in the UK. We are equally delighted to welcome Elisabeth Shaw as the In-Practice Associate Editor who brings a wealth of experience in publication, teaching, practice and supervision in family therapy and is guest editor for a forthcoming ethics issue.

The September issue will include another unique collection of papers including an interview with Ron Perry and look out for a forthcoming special issue on Attachment Based Family Therapy from Guy Diamond, Suzanne Levy and Ingrid Wagner. In the meantime please send your papers to the email address below and remember that mentors are available to help with the challenges of writing and publication.

Glen Larner
Editor, ANZJFT
glarner@aapt.net.au

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Professional Development

New Professional Development Events 2015

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<th>Date/Time</th>
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| Tuesday June 2nd    | Life on Mars: Supporting families where a family member experiences Borderline Personality Disorder | Dr Peter McKenzie
                    | 7.00-9.00pm                                                          | Bouverie Centre, Brunswick                            |
| Tuesday June 16th   | Understanding the role of substance use & abuse in families: A Bowen family systems perspective | Dr Anne McKnight
                    | 5.00-7.00pm                                                          | Bouverie Centre, Brunswick                            |
| Wednesday August 5th| Supporting Families where a parent has a mental illness             | Rose Cuff & Hanna Jewell, Bouverie Centre, Brunswick |
| 7.00-9.00pm         |                                                                     |                                                      |
| Wednesday 5th -     | Applied Systemic Therapy: Working on Emotion in the Systemic Therapeutic Session | Grand Chancellor Hotel, 23 Leichhardt St, Brisbane  |
| Thursday 6th August  |                                                                     |                                                      |
| Thursday September 10th | Imagining parenthood: the possibilities and experiences of parenthood among transgender people | Henry von Doussa & TBC*
|                      |                                                                     | Williams Road Family Therapy Centre                  |
| Friday 6th –        | The 36th Australian Family Therapy Conference                        | Jasper Hotel                                          |
| Saturday 7th November|                                                                     | 489 Elizabeth Street, Melbourne                      |
The Family Systems Institute presents...

2015 Conference: Addictions and the Family System

9 – 5pm, Fri 19th & Sat 20th June 2015 | Venue: Mary MacKillop Conference Centre, North Sydney

Key Note Speaker - Dr Anne McKnight: Bowen theory understanding of symptoms of addiction; Plus Prof John Saunders (biology of addictions), Dr Dan Papero (systems thinking and science) & Louise Rauseo (social context of addiction – research from Mexico-US border). ***Early bird & student rates available


Melbourne pre conference workshop with Dr Anne McKnight

Director of the Bowen Centre for the Study of the Family Washington DC
Tuesday June 16th 2015. 9am – 4:30pm | Venue: Whitley College Parkville, Melbourne

Perspectives on Variation in Grief Reactions: Differentiation of Self in the Process of Death and Dying

“The observations of Freud, the DSM V, & neuroscientists about those who become mired in grief is contrasted with the level of differentiation in which an individual’s grief reaction is seen as the outcome of emotional functioning of the family over generations.”


Workshops with Dan Papero PhD, MSW

Faculty from the Bowen centre for the Study of the Family Washington DC.

Couples – Understanding and Working with a Two Person System: A Bowen theory application to couple therapy.

Sydney – Tuesday, 2nd June, @ FSI, Neutral Bay; Melbourne – Thursday, 16th July, @ Whitley College, Parkville; Brisbane – Friday 4th September, @ Tattersall’s Club, city. Newcastle – Monday 12th October.

Additional workshop available in Brisbane: Thurs 3rd Sept:

Differentiation of Self – the challenge to be a self in relationships: Explores this

Workshops: Cost: $275 incl GST; Conference: 1 day $ 286.00 2 Day Ticket $473.00

A range of other seminars and groups with Dan Papero are being run in Sydney from May till October visit www.thefsi.com.au for details. (Plus workshops in New Zealand in August) ***CP & Grad Discounts available
Editing the newsletter is a most interesting and engaging task. Each issue continues to have more unsolicited material than the one before. The focus for 2014 the newsletter was to have regular sections and writers on specific themes.

The response to my call for informal pieces from members has been good and more reader now write, a short case study, or case story for the newsletter. The ‘Must read’ which is a personal response to reading material is going well but ‘A Biased Biography’ has not had many willing writers. People are still shy about such writing. I have replaced it with The Rant by Max Cornwell. If any open else wishes to have a regular or irregular say about something relevant to Family and Systemic Therapy, please feel free to send in your material.

Hurdles in publishing and writing are a part of life and this year our long standing layout house ‘Dogsbody’ finally shut up shop and on very short notice, we had to find a new layout house. Thankfully Inkyfingus stepped into the breach. They have been wonderful and are producing the newsletter at a lower cost.

Producing an interesting newsletter, I am pleased to say is a pleasure. Dani and Mia at the AAFT office are very helpful and efficient in getting material and advertising together. Dani always has very useful suggestions as to how to manage the snags and delays and we look forward to doing and even better job in 2015.

Dr Sophie Holmes
Newsletter Editor

WILLIAMSRoad FAMILY THERAPY CENTRE
PROFESSIONAL DEVELOPMENT PROGRAM 2015

Doing the Best Possible in Family Therapy: Research Informed Practice

A challenge for busy practicing family therapists is to integrate research results into day-to-day practice. There is now incontrovertible evidence from treatment outcome research that ‘family therapy works’. It is effective for a very wide range of child and adult-focused problems. There is also growing evidence that certain processes underpin effective family therapy. This research has identified effective practices for engaging families in therapy, establishing a therapeutic alliance, and using specific techniques to address particular problems.

In this workshop you will have an opportunity to reflect on how to integrate these findings from family therapy research into your daily practice.

DATE: MONDAY 9 NOVEMBER 2015

Presenter: Professor Alan Carr: 
University College Dublin, Ireland

Professor of Clinical Psychology and Director of the Doctoral Programme in Clinical Psychology at University College Dublin. He is also a couple and family therapist at Clanwilliam Institute, Dublin. He has practiced in Canada, the UK and Ireland.

Professor Carr has written over 20 books and 200 papers and presentations in the fields of clinical psychology and family therapy. His work has been translated into a number of languages including Portuguese, Polish, Korean and Chinese. His bestselling family therapy textbook – *Family Therapy: Concepts Process and Practice* – in now in its third edition. He has received a number of honours including a special award for his contribution to family therapy research from the European Family Therapy Association.
Greetings from Perth, Western Australia! The WA Family Therapy Association continues to be active in providing practitioners a diverse range of family therapy ways of working. Perth is of course privileged to have Professor Maurizio Andolfi as a member of our family therapy community.

RECENT PRESENTATION

March 9 2015 - WAFTA approached Dr Andolfi to present a tribute to Luigi Boscolo, a Milan Associate who recently passed away.

In the presentation Dr Maurizio Andolfi, a Master family therapist acknowledged and honoured a peer Master family therapist Luigi Boscolo the person, and the family therapist.

Maurizio began by saying that there is a need to honour people who have been an influence on family therapy "...even though we may have different views..." Luigi Boscolo was an associate of the original Milan Group together with Mara Selvini Palazzoli, Gianfranco Cecchin and Giuliana Prata. In 1980 Luigi Boscolo and Gianfranco Cecchin split from the original Milan Family Therapy Group and continued to have a strong influence in Family Therapy.

As individuals are contextually located and influenced by time, space, economics, gender etc., so are body of knowledge and theories. So, in Maurizio great story telling way, he gave us a geographic tour of countries and cities of significance for the people behind the Milan theory/model.

Luigi Boscolo and Gianfranco Cecchin studied medicine in Vicenza in the North of Italy, where great economic prosperity is still present today. They then studied psychiatry in New York and then returned to Milan in 1967 to join Mara Selvini Palazzoli, forming the first pioneering group in systemic therapy in Italy.

During the tour Maurizio also reported the metaphor used by Boscolo to describe the difference between the two Schools of family therapy. The Milan therapeutic model seems more like movies directed by Antonioni, and the Rome model seems more like movies directed by Fellini: for those of you who don’t know, Antonioni’s movies were more introspective and detached, while Fellini’s were more creative and imaginative.

Milan Family Therapy model began with early psychoanalysis influences, followed by systemic influences and Bateson ideas. The book "Paradox and Counter-paradox" and the historic article "Hypothesising, circularity and neutrality" include some of the main family therapy concepts developed by the Milan group and embraced by family therapy.

After the split from the original four, Luigi Boscolo and Gianfranco Cecchin continued to review and reflect on ‘the doing of therapy and the theory informing therapy’. With Lynn Hoffman and Peggy Papp they published the book ‘Milan Systemic Therapy’ which spread the Milan Approach all over the world. They both embraced ideas from Heinz von Foester and Humberto Maturana, followed by social constructivism and post-modernism.

Within this reflexive stance they adopted new ideas and concept around curiosity, irreverence and inter-subjectivity. And as recent as four years ago, in an interview with Luigi Boscolo, he mentioned that he had re-discovered the power of emotions as being “the golden gate to change” and of family resources.

Dr Maurizio Andolfi concluded the presentation with two reminders: “The importance of our biography influencing theories”, and to be watchful “When theories are more important than people”.

Boscolo and Cecchin were also mindful of the bias and prejudice and assumptions of the therapist and theories. In this and probably other respects, the Masters share a commonality.

AAFT COMMITTEE MEETINGS & AGM

Anne Holloway has been representing the WA Family Therapy Committee at the last two AFFT Committee Meetings. Sue Clapton had previously attended meetings from WA and will continue to be a member of the AAFT Committee. Anne informs us that as a result of the last two strategic meetings that AAFT are clarifying the structure of the Executive, position descriptions of roles of the Executive and Committee Members. Currently Anne is working with the new Branch Convener and other State Committee members in clarifying the role of the State Representatives and the relationship between the State branches and AAFT. This continues to be a work in progress and will continue to be discussed at future Committee meetings in 2015. Also, Aldo Gurgone (Chair WAFTA) presented a talk at the recent AAFT AGM entitled: "FAMILY THERAPY: Where have all the Children gone"

UPCOMING PRESENTATION – JUNE 2015

Integrating brief family intervention (MBT-F) with other therapeutic ideas for inpatient work with emotionally and behaviourally disturbed children & families.

Barry Jones is a UK trained Psychiatrist in Psychotherapy & Child & Adolescent Psychiatry, as well as a psychoanalyst. He has designed and is currently setting up a psychotherapy day service for adolescents that self-harm.
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**Notes on how to give us your advertisement (grayscale or black & white only):**
The best format depends on the nature of your advertisement.
For clarification please contact the AAFI Administration Office
Tel: 03 9429 9938 or email admin@aaft.asn.au

AAFT Inc. (ABN 44 698 290 795) These prices are GST inclusive.

Please submit this form to:

AAFT Administration
PO BOX 2351 RICHMOND VIC 3121
Fax: 03 9429 9948
"AAFTNews"

AAFT Inc. NEWSLETTER 2015

SUBSCRIBER APPLICATION FORM

The AAFT newsletter and other website based resources helpful to working with families.

*SUBSCRIBER LEVEL 1: Individuals, institutions and organisations, not otherwise being members, may subscribe to the association to receive the AAFT newsletter

*SUBSCRIBER LEVELS 2 & 3: INDIVIDUALS (only), not otherwise being members, may subscribe to the AAFT newsletter as well as the ANZJFT. Please note that subscriber levels 2 and 3 are not available to institutions or organisations.

*INSTITUTIONS AND ORGANISATIONS can contact Wiley-Blackwell publishing to subscribe to the ANZJFT – http://ordering.onlinelibrary.wiley.com

SUBSCRIBER LEVEL 1:

*INDIVIDUAL AND INSTITUTIONAL
Subscription to the AAFTnews (4 issues annually)
$59.50 Annual Fee (initial application will also incur a once off $12.00 admin fee)

SUBSCRIBER LEVEL 2:

*INDIVIDUAL ONLY
Subscription to the Online Copy of the ANZJFT and complimentary hard copy issues of the AAFTnews (4 issues of each publication annually)
$100.00 Annual Fee (initial application will also incur a once off $12.00 admin fee)
*Subscription Fees cover the period of a calendar year (Jan – Dec) If you subscribed after the first issue of AAFTNews you will receive all previous issues for that calendar year, you will also be able to access all the ANZJFT back issues online.

SUBSCRIBER LEVEL 3:

*INDIVIDUAL ONLY
Subscription to the Hard Copy of the ANZJFT and complimentary hard copy issues of the AAFTnews (4 issues of each publication annually)
$140.00 Annual Fee (initial application will also incur a once off $12.00 admin fee)
*Subscription Fees cover the period of a calendar year (Jan – Dec) If you subscribed after the first issue of ANZJFT and AAFTNews, you will receive all previous issues for that calendar year.

CONTACT DETAILS

Name of Company or Institute:

Contact Person:

Postal Address:

Phone Number: Mobile:

Email (print clearly):

Purpose of Subscription:

Signed: Date:

Please send this application to:

AAFT Office Manager, PO BOX 2351 RICHMOND VIC 3121

Upon receipt of this application, an invoice will be issued to you with internet banking instructions
Alternatively, you can attach a cheque or money order made out to AAFT Inc. (Annual Fee + $12 Once-off Admin Fee)

RENEWALS ARE DUE ON THE 1ST JANUARY.

(You will be sent an invoice annually.)
AAFT Membership

Associate Membership

Associate Membership is open to any person who is actively interested in family therapy and is involved in an appropriate field of study or work, as determined by the committee.

Annual Fee: $192.35

* Application forms available from the AAFT website www.aaft.asn.au or AAFT administration Ph: 03 9429 9938 Email: admin@aaft.asn.au

Clinical Membership is open to Associate Members who are practising family therapists who have demonstrated sufficient commitment to and competence in the practice of family therapy and have satisfied the Committee of their qualifications for membership determined by members from time to time at a General Meeting.

Annual Fee: $351.10

* Application forms available from the AAFT website www.aaft.asn.au or AAFT administration Ph: 03 9429 9938 Email: admin@aaft.asn.au

Life Membership

Life Membership may be granted to a Clinical Member only who has given outstanding service to the Association for an extended period of time. The appointment of a life member shall be by resolution at a General Meeting of Members on the recommendation of the Committee as the Committee sees fit.

The Australian Association of Family Therapy Inc. is committed to the development and advancement of leadership and excellence in Family Therapy through fostering professional competency and integrity.

RENEWALS ARE DUE ON THE 1st OF JANUARY.

(You will be sent an invoice annually)

AAFT News Copy Deadlines — 2015 (Volume 37)

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<th>Edition</th>
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All correspondence to AAFT Editor:
Position currently vacant—please contact the AAFT Administration (details above). Computer file submission of articles required. Please ensure files are virus scanned by an up to date anti-virus program prior to submission. Articles saved in any popular program format acceptable. Please note: only italic and bold formatting maintained.

Advertisement Booking Form on page 23

Special Note:
If an advertisement is accepted by the Editor of the AAFT Newsletter, every effort will be made to ensure its inclusion, but no guarantee is given.

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SAVE THE DATE

The 36th Australian Family Therapy Conference,
Melbourne

Friday 30th October to Sunday 1st November 2015
Jasper Hotel
489 Elizabeth Street, Melbourne

The Australian Association of Family Therapy Inc. is proud to host the 2015 Australian Family Therapy Conference in Melbourne.