

Connections



in Marriage and Family Therapy

www.MiddleAtlanticAAMFT.org

Spring, 2009

President's Report Spring 2009

Many of you are aware that the President and President Elect, along with other interested board members, regularly attend AAMFT's annual Leadership Conference, which is held each spring in Alexandria, Virginia. The leadership conference includes an MFT lobbying day on Capitol Hill, division management training sessions, and the opportunity for people from diverse regions to dialogue about our respective experiences.

This year, representatives from several divisions commented, both formally and informally, that they were dissatisfied with several issues regarding AAMFT Central's operations. Some complaints addressed the belief that AAMFT has not been active enough in establishing a national marketing plan. Others felt that the materials given to us by AAMFT with which to lobby federal lawmakers left us looking unpolished. In the end, many of those who made public comments felt unheard by AAMFT's Executive Director and staff. In response, some division leaders began to voice concern that the bureaucracy of AAMFT is too rigid and lacking in transparency and collaboration to allow for the enactment of any meaningful change.

Several weeks after the conclusion of the conference, the New Jersey Division published a letter on the division leaders' listserv which called for the resignation of AAMFT's Executive Director, Michael Bowers, a change in AAMFT's organizational structure, and enactment of the other changes which were discussed at the Leadership Conference. As one might guess, the New Jersey letter has sparked much conversation and debate.

A significant portion of the May 1 Middle Atlantic Division board meeting was spent discussing these recent events and deciding what course of action seemed most appropriate. We agreed that many of the points made by the New Jersey Division were valid and that we would post a response on the divlist outlining our own ideas for change. The response that

we drafted emphasized the need for increased collaboration and transparency. We also outlined specific areas of concern, including: 1) the development of a comprehensive, professionally-developed marketing plan by AAMFT Central; 2) increased AAMFT Central leadership with regard to positioning us for inclusion in plans for a national health care system; 3) more division inclusion in AAMFT board meetings; 4) increased frequency of AAMFT board meetings; and 5) promotion of an easily accessible platform for dialogue between divisions, as well as between the divisions and AAMFT board members.

Additionally, we remarked on some achievements of the current AAMFT leadership, such as effective financial management. We chose not to comment on the New Jersey Division's request for the Executive Director's resignation. Finally, we agreed that, in the interest of the collaboration that we are calling for, that we will actively solicit our members' opinions about both the New Jersey requests and about our initial response.

Other divisions are beginning to submit their thoughts to the listserv as well. We will keep you informed of events as they unfold.

So, how do all of these happenings affect you? It is my belief that open dialogue will only help our organization become stronger and more effective. However, the need for your active participation is greater now than ever. I would like you to take this great opportunity and let both your division and your national organization know more of what you want from your AAMFT. We have the potential to gain from this discussion, but only if we participate. Our next board meeting is Friday, July 10. Please attend (or call, write, or e-mail us) and join the conversation.

*Wendy Wilcox, LCMFT
President*

Maryland SPH's Dr. Ned Gaylin Presented Workshop in Lisbon, Portugal

Dr. Ned Gaylin of the University of Maryland School of Public Health presented a two-day workshop on Family-Centered Therapy in Lisbon, Portugal on March 13 and 14.



Dr. Gaylin, a Professor Emeritus in the School of Public Health's Department of Family Science, was invited to conduct the workshop by the faculty of the *Universidade Autonoma de Lisboa*.

The workshop focused on all aspects of family-centered therapy, including philosophy and methods of practice, according to Dr. Gaylin. While preparing for the workshop in early March, he said that he would give particular attention to the "similarities and differences in working with individuals versus working with families."

While this was Dr. Gaylin's first workshop in Portugal, he has traveled to Europe many times to present on family therapy. In fact, Dr. Gaylin will conduct a similar workshop on June 24-28 in Athens, Greece, for the Institute of Counseling and Psychological Studies.

Dr. Gaylin said that he finds the audiences abroad very receptive, even when communicating across language barriers—for the Lisbon workshop, he worked with a translator.

"I find working with a translator to be particularly interesting, although a bit arduous, when one is doing therapy," Dr. Gaylin said. "It's both a powerful and edifying experience."

Dr. Ned L. Gaylin is the author of *Family, Self, and Psychotherapy: A Person-Centered Perspective*, which was published in 2001. A noted expert in family therapy, he earned his Ph.D. in Human Development/Clinical Child Psychology from the University of Chicago.

Thanks to all who attended the fundraiser for Delegate Jim Hubbard of Maryland on Tuesday, May 5th. Checks are still trickling in, so we do not yet have a final tally. The event was a great success! We appreciate your willingness to contribute to our division's advocacy efforts in such a generous way! In addition, our silent auction earned more than \$600.00 which will be donated to fund mental health treatment for local military families in need.

Special thanks to Stephanie Chupein, Christina Guidorizzi, Lindsey Hoskins, Linda Stone, and Carol Werlinich for their wonderful work on this project!



- Alicia Dacey, MS, LCMFT, is introducing the Frederick Center for Marriage and Family Therapy, a private psychotherapy practice located in Frederick, Maryland
- Welcoming new client referrals for individual, couple/marital, and family therapy
- Relationship/marital problems, communication, conflict resolution, infidelity, loss of desire/connection, parenting, ADHD, step-family issues, separation/divorce, grief/loss, recovery from abuse/trauma, work-related stress, transition to parenthood, depression/post-partum, lack of motivation, anxiety, self-esteem, stress management, families affected by drug/alcohol addiction.
- **FREE** initial phone consultation, call 240-566-6484
- www.aliciadacey.com

A Warm Welcome

The Pro Bono Counseling Project is pleased to announce to the members of the Maryland Association of Marriage and Family Therapists that on all literature, educational and promotional documents printed in the future, the Maryland Association of Marriage and Family Therapists will be listed as a sponsoring organization. The Pro Bono Counseling Project will be a public service project of the Maryland Association of Marriage and Family Therapists.

The Pro Bono Counseling Project is in its 18th year, linking licensed mental health professionals with uninsured, under-insured low-income families, couples and individuals throughout Maryland. We ask all of the licensed mental health professionals in Maryland to take at least one case each year. Participating clinicians design their commitment according to their availability and special interests. In addition to working with families, couples and individuals of all ages, some clients are referred to the Pro Bono Counseling Project because we offer specialized training workshops for clinicians who will work with these cases: families of service men and women who are deployed to OIF and OEF, families diagnosed with cancer, victims of violence, caregivers, seniors, and single parent families. These workshops offer about fourteen hours of continuing education annually at no cost to participating clinicians.

Please consider completing the form on our website, www.probonocounseling.org or calling us at 1.877.323.5800.

MARRIAGE AND FAMILY THERAPISTS ARE JOINING IN SUPPORT OF THE PRO BONO COUNSELING PROJECT

As THE PRO BONO COUNSELING PROJECT begins its 19th year, we want to take this opportunity to acknowledge the wonderful contribution that licensed clinical marriage and family therapists have made toward eliminating disparities in access to mental health care this year. The following marriage and family therapists donated 34 hours of therapy for 7 families, couples and individuals during the past year. On behalf of these clients, THE PRO BONO COUNSELING PROJECT expresses gratitude to:

Susan Bregman, PHD, LCMFT
Patricia Esborg, PHD, APRN/PHM, LCMFT
Israella Meyerstein, LCSW-C, LCMFT
Douglas Murphy, LCPC, PRN, LCMFT
Elizabeth Vanden Heuvel, LCMFT

During the past eighteen years, more than 12,500 families, couples and individuals have received in excess of 55,000 hours of therapy from 1,428 licensed clinical marriage and family therapists, clinical professional counselors, clinical social workers, psychologists, psychiatrists, and psychiatric advance practice nurses. THE PRO BONO COUNSELING PROJECT requests licensed and insured therapists take just one carefully screened referral per year. Please call for more information: 410-323-5800, 301-805-8191, 1-877-323-5800 or e-mail: Ellen@probonocounseling.org

What is the Maryland Chapter of the Middle Atlantic Division of AAMFT?

The Maryland Chapter of the Middle Atlantic Association of Marriage and Family Therapist is made up of the members of the Middle Atlantic Division who live or work in Maryland. Members are interested in improving the profession and promoting the services and concerns of Marriage and Family Therapists in the Division. The Maryland Chapter is divided into Regions in a manner convenient to its members. A Regional Representative is a member of the Division who has

agreed to take a leadership role and provide organizational support to Regional meetings and projects. Each Region identifies regional projects that serve the needs of professionals in that Region. Each Region establishes meeting times and locations convenient to members. All Regions are currently recruiting members, regional representatives, and Division involvement.

Maryland Chapter Update

The Maryland Chapter continues to grow. It is gratifying to witness the connections that colleagues have made on behalf of our expanding professional community. Prince George's and Montgomery County have begun the community building process. Thanks to the efforts of very dedicated and determined volunteer members, vital conversations are underway. As they continue to reach out, I hope that other members will lend their strengths and talents to the collaborative efforts that aim to enhance and enrich our professional community throughout Maryland.

One way Regions have begun to collaborate is at networking coffees, brunches or luncheons. Often these gatherings have aimed to provide opportunities to get to know colleagues, to discuss concerns unique to each Region, to share practice information, to exchange expertise and wisdom, and to simply enjoy interesting and fun people.

This year the Maryland Chapter has a goal to expand collaborative conversations throughout the State. These networking get-togethers are simple to organize. Just pick out a local coffee shop in your area and contact me about your interest. We will work together to advertise to members and to help with logistics and possible topic ideas. Member volunteers Venus Masselam (Masselam@comcast.net) and Linda Allen Benton (allenbenton@usa.net) have already begun trail blazing in Montgomery and Prince George's Counties. If you would like to join colleagues in those Regions, contact Venus or Linda for more information about their Regional meetings and how to join with them. If you would like to coordinate a networking event that is more convenient to your Region, contact me (symonecolquitt@gmail.com). I will help you get started. This is a great year to connect in creative and new ways.

Symone Colquitt, LCMFT

Region 1

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

Region 2

- *Cecil County
- *Hartford County

Region 3

- *Howard County
- *Montgomery County

Region 4

- *Baltimore City
- *Baltimore County

Region 5

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

Region 6

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

Region 7

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

Region 8

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

Region 9

- *Carroll County
- *Frederick County

Interview with Sue Johnson, author of *Hold Me Tight*

Jim Thomas, Clinical Member and Approved Supervisor had the honor of interviewing Sue Johnson, Ph.D. regarding Emotionally-Focused Therapy and her new book, Hold Me Tight on February 18, 2009 for the CAMFT Newsletter. Dr. Johnson's enthusiasm for this subjects is infectious.

Your work with Emotionally-Focused Therapy (EFT) and the new book, *Hold Me Tight*, have been getting a lot of attention in the press, such as *Psychology Today* and *Psychotherapy Networker*, why is the interest so high in difficult times?

Interest is very high, I just received a call that the book is being published in China. When I wrote *hold me tight*, I wrote it because things have changed so much in the last 15 years. We have an actual science of love now, and it needs to be presented to the public. Our love relationships are an incredibly important part of our lives. But people are wary of the clichés and hype in the media about love. They lack real depth. Romantic comedies do not provide useful models or understanding either. These clichés leave many with a sense of despair about adult love. We really do know a huge amount about love and loving. With this understanding, we can really shape our relationships with intentionality. People are hungry to understand love and how to take it out of this magical, Hollywood land of chance. In that universe, we find “soul mates,” but those soul mates can disappear as fast as the weather can change in Colorado.

You are very concerned about how adult love and relationships are presented to the public by the media or our profession.

Most of the time, the new science has not been presented to the public. In the supermarket, I saw an article about the “Secret of Good Sex”. It was so disheartening to me as a couple’s therapist. It was ideas like turn the dryer on and do it on the dryer. Just techniques, it is funny on one hand. They were perfectly fine sex techniques, but they miss the point. As a couple’s therapist, I see the terrible pain people get into and it brings up hopelessness for couples. Because the article is so empty, such empty stuff, it actually discourages people from real connection. Instead, they try these tricks. So much of these articles foster a general message that love comes and goes. It can be a message of despair. The new sciences of love points to real actions people can take that make a difference in their relationships.

How do we counter that image of disposable relationships and hit-or-miss love?

In *Hold Me Tight*, I say, “hey guys, we really do know a lot about what love is about, and it doesn’t have to be about luck and chance, or a mystery.” I quote Marilyn Yalom, who in her scholarly book about the history of wife, admitted defeat saying “love is just a mysterious mixture of sex and sentiment that no one can define.” For couple’s therapist, that is a death knell. Can we really have a discipline with that vague sense of adult relationships? No, it is time to give people new information and give people some understanding about how love goes wrong, how they get disconnected, and that they can do something about it...that is the central message of *Hold Me Tight*.

This sounds exciting for couples and family therapists?

Yes, particularly if as systems therapists we see that we are relational therapists. The science of love, the brain research, it gives us the information we need to create a map for the field. It is a map that the research in EFT is showing works across cultures, across economic-class, with gay couples; it works because it addresses some universal needs of our clients. When I refer to adult couples, I am including all couples of all types who are in adult love relationships.

How can this information help therapists and their clients?

Therapist can foster connection. They can help clients learn to connect. In couple’s therapy, we often aim too low, we don’t understand the territory. So we try to make the fights a bit bitter, improve their communication, make a behavioral intervention, or give them problem solving strategies. The trouble is that when emotions get hot, people generally cannot use those strategies. It does not go to the heart which is people’s need for a felt sense of emotional connection. The dance that therapists see in their office, or only hear one side of in individual therapy, is the dance around these emotional and attachment needs.

This seems to me to be central to the future of couple’s therapy as a discipline.

Absolutely, the field can now offer more than insights or turning down the conflict. Instead we have to help them get that felt sense of emotional connection. To be a discipline, couples therapy needs to do this.

Couples therapy for a long time was on the edge, real therapy was individual, or for systems therapists, it was family therapy in the beginning. In the MFT pioneer's early books they say the real basis of the family is the couple, but then they left it the couple out after that. From my point of view, we never had a systemic overview, a theory of love. What if I said to you, go be an individual therapist, but you need to know that we have no idea what a person is. The intelligent person would say that makes no sense. If I say go be a couple's therapist, but without an idea of what love is, then we are very limited, we are stuck. We have to move beyond being a set of techniques in search of a theory.

Some ideas about love that are implicit in what we do, is troubling. Such as focusing on negotiating implies that couple hood is a negotiated arrangement. When do people usually start bargaining in a committed relationship? People start bargaining at divorce. The science is showing that attachment is not negotiated. Thus, negotiating techniques without a more secure attachment in place end up being off target.

I have heard you say that you did not really see the connection between attachment theory and EFT in the beginning, and that some of the roots are in Structural Family Therapy.

From Structural Family Therapy, we borrowed the process of enactment of the relational dance right in the therapy room. I learned EFT from my couples, by watching video tapes of my struggles with them and what worked for them. Initially, the structural idea of enactment and providing some direction for the interaction was essential. When I first put it together, I did not really understand that what was working was we were creating secure attachment and adult bonding. It was an epiphany, my only one perhaps except the epiphany that I would marry my husband even though I was terrified at the time. The epiphany for me was seeing that we were creating this bond that Bowlby wrote about. Literally months later the first article by Phil Shaffer about adult attachment as a bond came out in the beginning of the 90's.

What has emerged since the early 1990's regarding emotions and attachment?

Enormous research by social scientists about adult attachment that is totally relevant to the couple's therapist. When people don't know how to connect emotionally, we try to up the ante and push for connection. This is often perceived as criticism and a threat to the other person. Conversely, we might shut down and dampen our needs for connection, which will be experienced as some level of abandonment or

rejection. We can see this in children, now we see the withdraw-demand dances and other relational patterns in adults and they are rooted in our brains, in our wiring for connection. Jeff Richmond's research showed that people who are really avoidant don't avoid all the time. They can be charming and seductive, like James Bond, even in the therapist office. Their response is specific when they feel vulnerable or their partner feels vulnerable. That is when they shut down. This is the kind of research that we are talking about, it provides depth to our understanding and gives you a map to people's emotions.

This is the logic of emotions that you and other social scientists talk about?

Yes, emotions within an attachment frame. Psychology used to look at emotions as a hindrance or something to control and manage. There is an exquisite logic to people's emotions. There is a primacy to the affect system in people. You begin to see the inner logic of emotions. The messages of couples start to be clear, people in therapy are talking about panic, frustrated longing, the terrible fear that the other person will walk away. If you listen to withdrawers, underneath the apparent coldness, what you hear is deep hurt at being criticized, feeling a failure, or "I don't have what it takes." So they might try to argue the other out of her feelings, like a client who just said to me, "I can't get past this strong upset feeling I get." I ask him, what is that feeling, and he says, "You know what I am, I am just the big disappointment." You feel the panic and the shame with this new map and understanding.

You are so passionate about couple's therapy.

Couples therapy has to be the most fascinating form of therapy in the world. In couples therapy people play out this powerful drama where their deepest longings, fears, and sense of self are right in front of you. It all unfolds very quickly with intensity. For clinicians, sometimes it can be very difficult and overwhelming. Supervisors can tell you that most often after seeing their first couple, new clinician's often talk about the need to do some individual work with the couple. It is daunting. With EFT and the science of love, we have a map. With a map, it is the most amazing arena for change. How people regulate emotions and deal with fears and longing, engage with others, is right in front of you. It is a wonderful medium to generate real and lasting change. I love this work.

Now we have a science of love, the couples therapist has a wonderful array of ways in to people's lives. You can create so much change in couple's therapy. It is no surprise that it is being used to help with individual

depression and trauma for example. And of course those problems affect the relationship. Such a rich arena for change.

What about telling couples whether to divorce or not, or being neutral on this?

I don't see it as a therapist's role to tell people to divorce. Rather, our job is to be the consultant for the relationship, work with the relationship, show where they get stuck, and help them look at that and help them struggle with their dance. If they choose to do so, create a healthier connection and dance. It is their right to separate, but is not our job to say break up. It is not our place or job to say it. Our job is to help people plug in to their reality inside and out and see how they help shape it. Then I support them in shaping a new reality if they want to do so.

What about violence and abuse?

You never support violent relationships. Also, we have to create safety in the sessions to do good work. And be open and supportive in creating a smooth, safe place to do the work. If a couple or individual keep engaging in behaviors that hinder that safety, like going out on a bender for the weekend, that needs to be addressed. We do not support abuse or violence in EFT.

You seem fascinated by adult relationships and the dance of adult love. Where did that come from?

I grew up in an English Pub raised by working class parents. They sent me to school to have my accent removed to allow me more opportunities in life than they had. That gave me an interest in class consciousness and differences. Then growing up in an English Pub, I was intrigued by the dance of adult attachment. It was also a time when drinking heavily was normative, so I observed early on how adults can turn to other things to soothe themselves and the consequences of those choices in relationships.

A colleague of mine said to me the other day, "That EFT sounds good for the worried well, but what about people who are really distressed?"

People want help, they desperately want help. The science of love puts couples therapy on a whole new level. We work with firefighters in New York, with the military, with trauma experts, and in other countries. 15 years ago I might have said I don't know how to help firefighters or veterans with PTSD. Now, I would never say that. Now when people bring up these huge attachment injuries, we are at the point we know how to help people with that. We know the difference between

an apology that makes a difference and one that does not. We understand the central importance of connection in people's lives. Working with PTSD within couples therapy, I predict, will become the treatment of choice over time.

The research that Jim Cohen did putting women in an MRI machine is an example of what social science and neuroscience is uncovering. They shocked them in their feet. To make it worse, they told the women when the shock might be coming. To no one's surprise, when they did this the brain goes in to panic. Now, if you let a stranger hold their hand, the fear response is less in the brain. Our brains are built to experience human contact as safety. Extreme isolation is danger. That is how we are built. Then their husband held their hands, their brains did not go in to panic, and the shock no longer hurt. This affect was in direct proportion to how happy they are with their partner. This directly supports Bowlby's thesis that love and attachment are survival codes wired in to our biology more basic than sex and aggression. We are small beings and life is bigger than all of us, when we have a safe sense with another, it calms the neurons in our brain.

But in psychology we seem to still privilege individuality over relationship, even in our diagnostic system which is individually based. Plus we talk about being overly-dependent or co-dependent? When Minuchin was asked about Co-Dependence at the 2007 DFI Relational Conference, he said, "I do not have much use for this word. My wife and I have been in a beautifully co-dependent relationship for 50 years. I would not trade that for anything."

(Laughter) Bless Dr. Minuchin's heart. Our field for many years did say that there was something wrong with their dependency needs. People often come to my office being ashamed of their needs. They say men and women, gay and straight, across cultures, things about those dependency needs makes them weak pathetic or co-dependent. When they learn that the needs are normal, functional, maybe even wired in to our brains, it is a great relief. When they accept the needs, then they can be asking to get them met, and meeting them in their partner, their children, and other loved ones.

Does EFT Work with GLBT and non-nuclear families?

Yes, we apply EFT with gay couples routinely. Of course, as marginalized people, they have special challenges because they are on the edges of society, more on the outside often. Our clinical experience says that gay couples, step-families, bi-racial families, adoptive families, etc. have the same attachment needs.

And gay couples end up in the same dances as heterosexual couples. But clinicians have to deal with special issues with gay couples. Such as one partner wants the other to come out, but it would affect that person's career. One says, "If you loved me you would come out." The partner says, "If you loved me you would not expect me to come out." This creates disconnect and attachment injuries. It is a place for EFT work to be done. Couple's work is about helping people access and talk about their emotional needs.

You mention EFT being applied in various cultures:

Yes, for example, we do EFT all over the Orient; people said you cannot do this in Asia; culturally they are not comfortable with emotions. You have to adapt to the couple, every couple is its own culture. I believe there are two huge universals. One is emotions and that we have certain emotions wired in to our brains across all cultures. They may express differently across cultures, but the basic emotions are wired in to each of us. The other is attachment is a part of our biology. EFT plugs in to both of those universals which gives it cross-cultural validity. Some of my post-modern colleagues give me a hard time about this. The idea is not to diminish the richness of diversity in our world, or the real life experience of discrimination or oppression. It is to acknowledge what we know about love and emotions in adult relationships that seems to be universal.

How about EFT with Families:

It applies so well with families too. The new work with oxytocin shows that it gives us this sense of calm, well-being, and confidence. We used to think you could only get it from sex, or nursing a baby, other rare situations. Now we see that it comes with that sense of secure attachment. Even when you think about your partner, you get a boost of oxytocin. We are understanding the chemistry of love. Bowlby would have loved this stuff, and therapists will also. It can help parents and caregivers understand the needs of their children better, and how to foster safe attachment. Research is showing us that isolation is more dangerous for you health than lack of exercise or obesity. It is good for a family to understand this. I think as a profession we have a responsibility to spread this news and these skills to the larger community.

Tell me about the success rate and research with EFT?

We have research with different populations, depressed populations, trauma, cancer, 7 out of 10 couples move from distress in to recovery with very low relapse rates. The relapse rates are significantly lower than with behavioral approaches. We also have research on how change occurs through the EFT steps. And we know what therapists do in key sessions that allow this to occur. We have done research in to impasses in the process. These are times where people hit an attachment injury but won't go further because of trust. Usually a moment of abandonment or an unhealed wound, and now we know how to lead people through that. There are ways to create apologies that count rather than bounce off the wound. There is a substantive amount of research; it is from a variety of researchers.

Why is the relapse rate so low?

If you know that when a dragon comes for you that you can take your partner's hand you can deal with the dragon and your relationship gets stronger. It is when the dragon appears and you sense you are alone that the person and the relationship suffer. Our whole society likely suffers from this sense. After successful EFT, the couple have this felt sense of being there for each other. It is mutually reinforcing over time; I think that is the source of the low relapse rates. We have a roadmap and we are treating a very real problem and meeting very real needs for couples and families.

Is this a cookbook approach, like a formula making the therapist robotic?

No, EFT requires therapists to be fully present and emotionally accessible. EFT provides a map, steps, and a way of thinking, but every couple is a unique culture with a unique joining dance needed by the therapist. There is the art of therapy still involved with EFT.

What can therapists take from your book Hold Me Tight to use with couples and families?

Part of the new map, is how we use attachment in EFT to help therapists understand people's basic needs, why they move their feet in their relational dance, help them understand and express their needs, and provide the safe place to create a healthy attachment. The book provides a great deal of information and language about this. The book is also a great companion to couples work, and it can provide a shared language for the couple and the therapist.

Executive Board, 2009

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Schedule of Division Board Meetings

July 10
September 4
November 6

All Division Board meetings are open to the membership of the Division. Meetings are held at 9:00 a.m. at the Loyola Graduate Center in Columbia, Maryland at 8890 McGaw Road Columbia, MD 21045. Telephone: (410) 617-7600.

Call for Articles

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

Advertising Rate

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

¼ page, \$40

½ page, \$75

Full page, \$90

Web advertising, \$75 per month

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

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