

AMCAP NETWORKER



ASSOCIATION OF MORMON COUNSELORS
AND PSYCHOTHERAPISTS

AMCAP supports the principles and standards of the Church of Jesus Christ of Latter-day Saints, however, it is an independent professional organization which is not sponsored by, nor does it speak for, the Church or its leaders.



President's Message

AMCAP President, Rebecca Jorgensen, Ph.D.

It's been a tumultuous past year for Latter-day Saints. With an L.D.S. Presidential candidate and attacks on family values on many ballots in America, anti-Mormon sentiment has been discovered all too alive and well. Most AMCAP members, no matter what part of the world we are in, live and work among those who misjudge and misunderstand our theology. Surely it's a time we need to know how to act and respond.

I was warmed by Elder Hales' April 2008 conference talk. It was a message full of good advice and preparation for facing religious persecution. He talked about Christian courage and gave four examples of how Christ responded to different situations of attack. I hope you each heard or read it.

I've been thinking about how Elder Hales' talk relates to AMCAP. He mentioned how, as L.D.S., we have a great work to do. We've heard similar words directed specifically to AMCAP members in regards to our careers as mental health workers numerous times, most recently by President Monson in 2007. We do have a great work to do and our work makes a great difference. AMCAP is a place where we can discuss how to implement Elder Hales' advice, and AMCAP is a place where we can find refuge with each other.

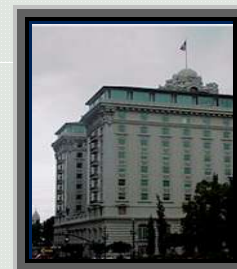
I'm grateful we have an organization where we can, as L.D.S. mental health professionals, gather to learn and gather to share. I'm glad AMCAP addresses the need to explore ways to practice Christian courage in our specific workplace. AMCAP provides an "opportunity in the midst of opposition" (Hales, 2008) to band together and be fortified so we can utilize our faith and strength to respond to difficult situations with meekness, forgiveness, silence, or by bearing humble testimony. As AMCAP continues to move forward on initiatives for growth and change you will find even more opportunities for professional solace and strength in your active membership. For example, in the very near future AMCAP's website development leader will unveil our new association website. It's beautifully constructed and its potential is breathtaking! I can hardly wait for it to be available to you as a vehicle for participation and professional development. Additionally our upcoming convention, "Helping All in God's Garden to Grow," will give you additional opportunities to learn how others practice Christian courage.

In these times, where being L.D.S. can feel threatening, our faith brings us together to AMCAP to help us be strong so we can continue to serve others. Thank you for your membership and participation.

Rebecca Jorgensen, Ph.D.

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SPRING CONVENTION 2009

April 2-3, 2009*

Joseph Smith Memorial Building
15 E. South Temple, SLC, Utah

*Pre-Convention Workshop, April 1, 2009. Location TBA.

Positive Psychology, Much Ado About Nothing?

Vaughn Worthen, Ph.D.
Brigham Young University



Vaughn Worthen, Ph.D.

I recall an experience I had in an assessment class in graduate school. It was common practice to take the instruments we were learning about. I had taken the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1982). I remember the frustration I experienced in answering items. There seemed to be few healthy responses to choose from. I recall examining my scores and realizing that the MCMI was weighted heavily on the evaluation of pathology, with little room for any identification of strengths. There was no way to identify healthy personality traits, behaviors, or attitudes; you could only be assessed as possessing non-pathology. I experienced something similar with the MMPI. It has stuck with me all these years that in the field of psychology we generally make the assumption – thus orienting our assessment and conceptualization – that our clients bring problems that need fixed. With this perspective, we automatically focus on what's wrong, while frequently overlooking or minimizing personal strengths. Perhaps this orientation is natural and warranted in many cases, since those who arrive in our offices are almost always experiencing distress and difficulty. We, and perhaps they, presume that if we just

relieve their distress, reduce or eliminate depression and anxiety, that therapy has succeeded. Indeed, such outcome measures as the SCL-90 or OQ-45 generally measure effective therapy outcome as reduction in distress, depression, and anxiety. Both we and our clients likely assume that reducing distress naturally leads to increased well-being. Although this is true to some degree, evidence indicates that reducing distress and increasing life satisfaction often proceed as two different processes. Traditional efforts at reducing distress are not always successful in enhancing well-being and life satisfaction. In one study, well-being was assessed in 20 patients who were in remission from mood and anxiety disorders (Rafanelli et al., 2000). Even though they were experiencing current remission, their well-being scores were significantly lower on all six dimensions of the Psychological Well-Being Scale (Ryff & Singer, 1996) compared to a group of healthy control subjects. So what should therapy outcome goals include: Correcting distorted and faulty thinking? Changing unhealthy emotional regulation and responding? Exploring and ridding ones clients of ineffective and unhelpful relationship practices? The obvious answer is yes. But, perhaps there is more. Some advocate for the role of

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positive psychology as a relapse prevention strategy (Fava, Rafanelli, Cazzaro, Conti, & Grandi, 1998; Fava, 1999), others suggest that it can inoculate against potential mental health issues (Blair-Broeker, Ernst, & Myers, 2007), some contend that positive practices, emotions, and beliefs “buffer” against the effects of negative experiences and emotions (Kok, Catalino, & Frederickson, 2008), others argue for positive psychology’s additive value to traditional treatment strategies (Seligman 2002), and evidence will be cited that positive psychology interventions can, in and of themselves, be helpful in reducing distress and increase well-being.

A focus on the positive is consistent with L.D.S. religious values. President Hinckley taught “Subdue the negative and emphasize the positive” (Hinckley, 1985, p. 86). He further counseled “[I] believe [the Lord] is saying to each of us, be happy. The gospel is a thing of joy. It provides us with a reason for gladness. Of course there are times of sorrow. Of course there are hours of concern and anxiety. We all worry. But the Lord has told us to lift our hearts and rejoice. I see so many people...who seem never to see the sunshine, but who constantly walk with storms under cloudy skies. Cultivate an attitude of happiness. Cultivate a spirit of optimism. Walk with faith, rejoicing in the beauties of nature, in the goodness of those you love, in the testimony which you carry in your heart concerning things divine” (Hinckley, 1984, pp. 91-92). Positive psychology aligns well with this charge. It adds empirical support and interventions for facilitating the cultivation of well-being, happiness, and a focus on the positive. It also provides an informed understanding of how to adaptively emphasize the positive.

This article will provide a brief overview of positive psychology and its relevance for therapy. This is not an endorsement or prescription for simple platitudes or just talking people into always being happy. It is not a panacea. There are complexities and nuances involved in working with people who are dealing with real hardship, unfavorable circumstances, factors beyond their control, troubled relationships, and abusive and problematic histories. Yet, finding ways to focus and then capitalize on the positive is an effective approach for creating lives of meaning and satisfaction.

What is Positive Psychology?

Positive psychology is an attempt to balance the focus of psychology. It was named and formally launched by Martin Seligman during his tenure as President of the American Psychological Association in 1998. This initiative brought together a collection of researchers and practitioners under a common umbrella. It has been defined as “the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions” (Gable & Haidt, 2005, p. 104), the “scientific study of ordinary human strengths and virtues” (Sheldon & King, 2001, p. 216), and the



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scientific study of “what makes life worth living” (Linley, Joseph, Harrington, and Wood, 2006, p. 5).

One expert has declared there are “Three broad domains, or ‘pillars,’ [of positive psychology] (a) positive subjective experience, (b) positive personal and interpersonal traits, and (c) positive institutions and communities.” (Emmons, 2003, p. 109). Thus, Positive Psychology is focused on the scientific examination of the positive side of human functioning. It attempts to explore what makes individuals, relationships, organizations, and societies flourish, function at their optimum, and understand the conditions and processes that bring this about. It investigates human strengths, virtues, and healthy environments.

There is abundant evidence for the power of positive characteristics or virtues in the lives of individuals. For example, in the 1930’s, young Catholic nuns were

asked to write short personal essays about their lives. A group of researchers (Danner, Snowdon, & Friesen, 2001) examined these essays (N=180) and coded them for positive emotional content; things like happiness, hope, interest, and love. Nuns who expressed the most positive emotions lived an average of 6.9 years longer than those who expressed the fewest. The effect of positive emotions on longevity was considerably larger than the gains achieved by quitting smoking.

In a longitudinal study of Harvard graduates (Peterson, Seligman, & Valiant, 1988), researchers found that young men who had more optimistic explanations of bad events had better health outcomes decades later.

The benefits and outcomes deriving from virtues and positive action

Research is confirming experience and common sense; positive emotions have many beneficial effects. In an article entitled “*The Benefit of Frequent Positive Affect: Does Happiness Lead to Success?*”, the authors (Lyubomirsky, King, & Diener, 2005) made a compelling case for positive affect’s link to success. We generally conclude that success leads to happiness (i.e., earning money, obtaining a desired career position, getting married). These researchers explored the evidence for the causal effect going the other direction as well; positive affect leads to success and engagement with life. They examined cross-sectional, longitudinal, and experimental research that demonstrates positive affect frequently occurs before success and leads to success. They found that in domains such as marriage, friendship, income, performance, and health, that positive affect



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leads to significant benefits.

increased longevity

But positive psychology studies and promotes more than just developing positive feelings. Meaningful engagement in life, finding benefits in adversity, resilience in the face of difficulty, forgiveness, gratitude, hope, optimism, self-regulation, affective forecasting, positive communication, mindfulness, and other constructs are also being examined. Research is also taking place on how to foster healthy institutions and societies.

People who report experiencing positive emotions, subjective well-being, positive engagement, and a sense of meaning and purpose demonstrate the following outcomes:

Improved physical health

- Stronger immune systems, less sickness and quicker recovery, higher pain thresholds, and

Improved mental health

- Less mental health concerns, less likely to report substance abuse, and less likely to be involved in delinquent activity as an adolescent
- Less defensive and more accepting of life and on the other hand more active in changing things that can be changed
- Less likely to ruminate on problems, difficulties, or failures

Enhanced life satisfaction

- Select and commit to more challenging goals and focus more on approach versus avoidant goals
- Engage more actively with the environment
- Generally better at problem solving
- Feel better about themselves
- Experience greater sense of personal control and mastery in their life
- More likely to enjoy close relationships
- Frame life circumstances in positive ways and expect and then help to bring about positive outcomes
- More optimistic and hopeful
- Enhanced satisfaction with life
- Motivated more by intrinsic values
- Volunteer at higher levels
- Demonstrate increased ability to self-regulate

Improved performance

- Improved employment performance
- More successful in the job search
- Higher salaries
- Greater academic success
- Prosocial orientation with more service and volunteerism



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Empirical support for potential interventions

Empirical support for positive psychology interventions is growing. The efficacy of 5 potential interventions and one plausible control exercise was assessed (Seligman, Steen, Parks, & Peterson, 2005). Interventions consisted of: “Early memories” (placebo) exercise (write about early memories every night for one week); “Gratitude Visit” that included writing and then delivering a gratitude letter to an individual; “Three good things in life” exercise that involved writing about three things that went well each day; “You at your best” writing assignment that asked participants to write about a time when they were at their best and then reflect on the personal strengths that were used in the story; “Using signature strengths in a new way” intervention that included taking the Values in Action survey (VIA) to identify an individual’s top strengths, then use one of the top identified strengths in a new way every day for a week; and “Identifying signature strengths,” which included

just identifying the top strengths from the VIA.

Participants in all conditions tended to be happier and less depressed at immediate posttest, but at one week follow-up the participants in the placebo condition were no different than pretest. The “Gratitude Visit” caused large positive changes for one month then the effect diminished. Two interventions had significant effects at the six month follow-up; “Using signature strengths in new ways” and “Three good things.” Interestingly these interventions did not show an effect until the one month follow-up but had significant effects at 6 month follow-up. These researchers noted that “the degree to which participants actively continued their assigned exercise on their own and beyond the prescribed one-week period mediated the long-term benefits” (p. 416). They also proposed that positive psychology interventions may, by their very nature, contain strategies that individuals are more likely to engage in over time.

In two studies testing the potential of “Positive psychotherapy,” Seligman, Rashid, and Parks (2006) examined the effect of a positive psychology group and an individual positive psychotherapy format. In the group study they examined the effect of a time-limited (six sessions) positive psychotherapy group on participants with mild-to-moderate depression. The PPT group focused on 6 interventions (using signature strengths, thinking of three blessings, writing a positive obituary, going on a gratitude visit, active-constructive responding, and savoring).

The PPT group produced considerable symptom relief that lasted through one-year follow-up. At

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one year follow-up the PPT group participant scores averaged in the non-depressed range, whereas participants in the control group remained in the mild-to-moderate range on depressive symptoms. Clients in the PPT group experienced significant decreases in depressive symptoms (reduction of .96 points per week). They also reported significant increases in life satisfaction (.77 points per week).

Study 2 included a sample of 46 clients who met the criteria for a major depressive disorder. Participants were randomly assigned to either individual PPT or treatment as usual (TAU). They also compared a nonrandomized matched group of clients receiving TAU and antidepressant medications (TAUMED). The difference in dropout rates between the treatment groups is a point of interest (PPT = 13%; TAU = 40%; TAUMED = 29%).

They found that “Individual PPT with severely depressed clients led to more symptomatic improvement and to more remission from depressive disorder than did TAU and TAUMED. It also enhanced happiness” (p. 781). They used strict criteria for remission, including: a ZSRF scored below 50, HRSD score of 7 or below, 15 point reduction in the OQ-45 and a fall below a score of 63, a GAF score equal to or above 70. Using these remission criteria 7 or 11 (64%) of PPT clients were classified as experiencing remission, while 1 of 9 (11%) of TAU met criteria, and 1 of 12 (8%) of TAUMED clients met criteria. Therefore, empirical evidence is beginning to identify the potency of a variety of positive psychology interventions.



Theoretical developments

Theoretical developments are occurring to help explain the role of positive emotions, mental sets, relationship factors, and specific constructs and virtues that are hypothesized to contribute to well-being. The following gives just a few examples.

The Broaden and Build Theory of Positive Emotions (Frederickson, 2001) proposes how positive affect plays an adaptive role. Frederickson

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contends that positive affect helps build a repertoire of responses that help establish well-being and enhance the ability to deal with adverse and negative situations and emotions. She asserts that positive affect begets positive action and leads to upward cycles of continuing positive action and affect. She also posits an undoing effect, where positive affect helps people undo the effects of negative affect.

A model of “sustainable happiness” (Sheldon & Lyubomirsky, 2006) suggests that approximately 50% of our capacity for happiness is genetically predisposed, that 10% of happiness is determined by situational characteristics, but that 40% of happiness is within our control. These researchers propose that happiness can be enhanced over the long-term and are beginning to collect evidence for this postulate. This may sound like common sense, but it is contrary to a common belief that individuals have happiness

“set points” and that adaptation, genetics, and other factors make it difficult to modify levels of personal happiness.

Others have explored whether there are optimal levels of positivity for good health and subjective well-being. In one study, Frederickson and Losada (2005) found a ratio of 2.9:1 positives to negatives is ideal for flourishing individuals. This is similar to Gottman’s (1994) ratio of 5:1 positives for successful and happy marriages. A ratio denotes two things. More positive affect than negative affect is necessary for happiness and well-being. Secondly, wellness is not the absence of negatives.

A number of scholars have created theories or models for specific constructs. For example Rick Snyder (2000) developed “Hope Theory/Therapy.” His concept of hope contained three dimensions: goals, pathways, and agency. He suggested that hope is engendered when an individual possesses clear and attainable goals, when there are workable plans, strategies, or pathways to attain these goal as well as alternative paths around barriers, and when an individual believes they have the capacity to initiate and control their effort and motivation to achieve what they desire.

Just one more example; Baumeister and colleagues (Baumeister, Vohs, & Tice, 2007; Tangney, Baumeister, & Boone, 2004) have studied self-regulation and created a model of self control analogous to the way muscles work. They suggest and have data to support their contention that self-control is a resource that can be enhanced by use, depleted by overuse, and does not need to be activated as much when behavior is automated and



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habituation occurs. They have also found that generalized positive effects arise out of targeted efforts to control a specific domain, a so called “ripple” effect (e.g., regulating diet helps with other self-regulation efforts, or controlling spending may help with study habits as well).

So what positive psychology principles are emerging from research so far? There are elements of positive psychology that align well with traditional CBT approaches. For example CBT and Positive psychology both focus on a present orientation that is problem solving centered. Both acknowledge the importance of agency, self-efficacy, and active self-initiated efforts to control and modify behaviors, beliefs, and emotional responding. Both value a goal orientation and look more to what is wanted and desired rather than what has been. That is not to say that either devalues the impact of past experience, the role biology, the influence of genetics, environment, and troubled backgrounds. They are both action oriented. There also some unique features emphasized in positive psychology:

Principles of Operation and Intervention in Positive Psychology

Focus and capitalize on strengths (but don't ignore weaknesses). Identifying and taking advantage of personal strengths leads to effectual gains and often is more advantageous than focusing on correcting weaknesses. It is not that overcoming weaknesses is unimportant; it is just more helpful in many situations to identify and utilize strengths, often in new ways. Using strengths creates a greater chance of success by helping to increase investment and commitment to effort. Strengths are also frequently tied to core



values which lead to enhanced and intrinsic motivation. Identifying client strengths and then encouraging them to acknowledge, appreciate, and use them in dealing with problematic situations is an effective strategy for intervention.

- **Create an optimal balance of positives to negatives.** Positive psychology does not advocate denial and avoidance of difficulty and hardship. In fact, many argue that there is little chance for happiness, hope, optimism, gratitude, resilience, or meaning without its contrast. The goal of positive psychology is not to eliminate all negative feelings or thoughts. Researchers have claimed that “problems can occur with too much positivity...appropriate negativity may play an important role within the complex dynamics of human flourishing. Without appropriate negativity, behavior patterns calcify. We use the term appropriate negativity because we suspect that certain forms of negativity promote flourishing better than others” (Frederickson & Losada, 2005, p. 685). They also argue for a

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certain type of positivity, a “genuine positivity—meaningfully grounded in the reality of current circumstances—rather than feigned, forced, or trivial positivity” (p. 685). Frederickson and Losada (2005) articulate four dimensions involved in optimal positivity: “(a) *goodness*, indexed by happiness, satisfaction, and superior functioning; (b) *generativity*, indexed by broadened thought-action repertoires and behavioral flexibility; (c) *growth*, indexed by gains in enduring personal and social resources; and (d) *resilience*, indexed by survival and growth in the aftermath of adversity” (p. 685).

Although there are many reasons to foster “positivity,” one compelling reason comes from evidence that in many situations “Bad is stronger than good” (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001). Negative events and experiences typically play an inordinate role in our lives (they make a stronger impression and seem to persist longer in memory). In order to balance this effect, we must actively cultivate,

focus on, appreciate, and remember positive experiences. In short, it takes more positives to overcome the power of negatives. Fortunately, evidence suggests that most of us, over time, actually experience more positive feelings than negative ones (Frederickson, 2009), yet sometimes we find our focus stuck on the negatives, while undervaluing or overlooking the positives.

- **Meaning centered.** Positive psychology would be incomplete and shallow if it only focused on “feeling good.” Often what makes people feel good in the short term does not produce lasting happiness. Those who are good at finding positive meaning in everyday experiences will experience happiness more frequently and derive some benefit even from difficulty. They will also be able to decide when to put off immediate gratification for longer term benefits.

Seligman (2002) proposed three kinds of happiness: 1) the Pleasant Life full of good feelings and pleasurable experiences, 2) the Good Life – fully engaged with life, where strengths are maximized, and 3) the Meaningful Life – a life lived for a cause larger than self and facilitates the achievement of potential. Eudaimonia is a term used to describe a form of happiness where the focus is on engaging with life, fulfilling one’s potential or “calling,” living for causes that rise above personal needs, and require sacrifice and great effort to achieve. It is living a life of authenticity, purpose, and being aligned with deep personal values. Those who endorse a Positive Psychology orientation do not dismiss the natural instinct and desire to avoid pain and maximize pleasure (“hedonism”).

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In fact, most acknowledge a significant role for positive feelings. But, they also recognize a deeper and more holistic satisfaction that comes from a life that transcends mere pleasure and is situated in meeting important human needs, such as fulfilling relationships, belonging, purpose, competence, and autonomy (Deci & Ryan, 2000).

- **Approach versus avoidant goal striving.** The emphasis is on working towards the achievement of desirable goals rather than the avoidance of things we do not like. Although there are appropriate “promotion” and “prevention” goals (Higgins, 1997). The aim of therapy would be to engender a therapeutic dialogue of “what do you want,” “what is possible,” “how would you get there,” as well as “what do you have to offer others.” It attempts to change the focus from helplessness and avoidance of suffering to a future orientation that is hopeful and desirable.
- **Intrinsic versus extrinsic motivation.** Positive psychology asserts that happiness and meaning are best achieved when the motivation and goals are driven by intrinsic needs rather than extrinsic rewards (Deci & Ryan, 2000). Therefore a focus on helping clients understand personal strivings are generally attempts to meet fundamental human needs. A positive psychology orientation would emphasize how to do that effectively and directly and challenge ambitions, goals, and behaviors that may diminish wellness.
- **Benefit finding.** Although negative and difficult things occur in life, it is not the events themselves that play the largest role, but as the Roman philosopher Epictetus said two millennia ago: “Men are disturbed not by things, but by the view which

they take of them.” Therefore, creating healthy and adaptive perspectives regarding the difficult things we experience is emphasized. Those who can find lessons in adversity, see the silver lining, exhibit patience, continue to experience gratitude, and hold onto hope have increased chance of experiencing growth (Affleck & Tennen, 1996). Some are examining what they label post-traumatic growth (Calhoun & Tedeschi, 1998), stress-related growth (Park, Cohen, & Murch, 1996), and psychological thriving (O’Leary & Ickovics, 1995), that come as a result of benefit finding. Thus a positive psychology orientation would emphasize the positive exceptions to suffering, the strengths that have arisen from hardship and contributed to growth and development, the hard won lessons, the potential for increased compassion, the possibility for forgiveness, the sparks of hope, and the healing contributions of others.

Although much more could be said and many books and even entire journals are dedicated to the study of positive psychology, this serves as an introduction.



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Lest, I leave you with a sense that positive psychology is just repackaged religion, dressed up “wisdom,” common sense masquerading as a science, just sophisticated truisms, or another wave of pop psychology, let me share a few of the issues being tackled and the surprises and unexpected nuances being discovered in the research.

If all of this is common sense and quite obvious and simple, then why do people struggle to achieve enduring happiness and meaning? This is a prime thrust in positive psychology. Affective forecasting is one concept that provides some explanations. Affective forecasting is predicting our emotional reactions to future events. It has been stated that “people routinely mispredict how much pleasure or displeasure future events will bring and, as a result, sometimes work to bring about events that do not maximize their happiness” (Wilson & Gilbert, 2005, p. 131). Therefore, how can we use this understanding to help people make better choices about how to pursue things of value, be more accurate in their predictions, avoid under or over predicting either positive or negative events, and spend their time, resources, and energy effectively.

Let me provide just one more example of nuanced understandings of happiness. Let’s examine optimism.



Some might advocate optimism as always adaptive and pessimism to be completely avoided. Is pessimism actually adaptive in some situations? Can worrying that the worst might happen help us prepare effectively for potential problems? Referring to students and their approach to exams, some “actually do better on the exam than individuals who are not allowed to indulge their pessimism... These data also show that pessimism is not always dysfunctional: Its role depends on the context” (Peterson & Chang, 2003, p. 68). Can optimism interfere with appropriate decision making? Might someone take an unwarranted risk because they are “optimistic” or put off a doctor’s visit because they are too positive? Should we focus on decreasing pessimism or increasing optimism or both? Well it depends. There may be factors like gender or culture that influence this decision. In one study “lack of optimism—not the presence of pessimism—predicted subsequent depressive symptoms in Asian Americans” (Peterson & Chang, 2003, p. 72). Many other examples could be cited of the science that supports and transcends common sense thinking about positivity.

Positive Psychology is a science. It takes wisdom and common sense and subjects it to empirical evaluation. It also focuses on applications and how to improve lives, relationships, communities, and organizations. It is not a replacement for traditional psychology; rather it acts as a corrective balance. Included below are some resources for those who want to pursue the study of Positive Psychology.

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Vaughn Worthen, Ph.D., is a clinical professor and licensed psychologist in the Counseling and Career Center at Brigham Young University. He has a Ph.D. in Counseling Psychology from the University of Kansas. Dr. Worthen provides counseling to Brigham Young University students, supervises doctoral students, serves on doctoral committees, and participates in therapy outcome research, positive psychology research and applications. He also enjoys group work and co-leads a group titled, "The psychology of positive living" with Richard Isakson at the Brigham Young University Counseling and Career Center.

NEW AMCAP LEADERSHIP

Quality leadership continues to be an important part of AMCAP! As AMCAP grows, it is essential to navigate new waters! In the next couple pages we are pleased to introduce to you AMCAP's latest leadership additions and believe they will bring us essential expertise to help navigate these new waters. Join us in welcoming them to their new leadership positions!



NEW AMCAP TREASURER: Dean Bender, C.P.A., M.B.A., M.A., Intern- M.F.T., is a "Family Business Consultant" with Gallina LLP in Roseville, CA doing estate, retirement and succession planning. He is also a Marriage and Family Therapist Intern counseling part-time at the Sacramento Agency of L.D.S. Family Services. He has two master's degrees, one in Counseling Psychology from National University and one in Business Administration from Golden Gate University. Dean has worked as a Certified Public Accountant for many years in industry, public accounting, and consulting. He has also taught numerous graduate level courses in corporate finance and controllership. Dean is also a talented presenter and has given several professional presentations on couples therapy and personality testing. He has also presented numerous times at Relief Society enrichment nights, ward firesides, stake bishop's councils and preparedness fairs on depression, happiness, marriage, finances, and pornography. He has been involved with AMCAP for over two decades and is even a lifetime AMCAP member, serving faithfully in the past as a great treasurer and assistant treasurer. Dean has been married for 37 years and has five grown children and six grandchildren. He recently was released, after serving five years, as Bishop of the Rocklin Third Ward and now enjoys teaching Gospel Doctrine.



NEW ASSOCIATE JOURNAL EDITOR: Lane Fischer, Ph.D., completed his doctoral studies at the University of Minnesota. He is an associate professor in Counseling Psychology and Special Education at Brigham Young University. He is a former president of AMCAP and is currently serving as the Associate Editor of *Issues in Religion and Psychotherapy*. Lane is the co-editor with Aaron Jackson of *Turning Freud Upside Down* which is an ongoing project that began during Lane's tenure as president of AMCAP. He has published book reviews on Holocaust issues, genealogy research case studies and an ongoing series on how to involve children in genealogy research. Lane is a member of the Utah Jewish Genealogical Society and loves family history research. He is married to Rebecca and they are the parents of four children and three grandchildren. If he had a T-shirt that described his hobbies it would read, "***I'm a genealogist***" on the front and "***I free dead people***" on the back. (Think, *The Sixth Sense*, the movie... You know... I see dead people. I free dead people. Get it? Oh, brother, I crack myself up)!



NEW AMCAP BOARD MEMBER: Lisa M. Leavitt, Ph.D., is an Assistant Clinical Professor in the Counseling and Career Center at Brigham Young University. Lisa received a bachelor's degree in Human Development and Family Studies from University of Utah and a doctoral degree in Counseling Psychology from Brigham Young University. Her research interests are in the area of women's issues particularly as they relate to career choice, supervision, grief work and transition to college issue in indigenous populations. Along with providing personal counseling to students, Lisa teaches classes in life planning and decision making, career exploration and study skills. She also maintains a private practice in Springville, Utah where she works primarily with children, adolescents and women. Although a Canadian by birth, Lisa was raised in London, England.



NEW AMCAP BOARD MEMBER: J. Douglas LeCheminant, M.S.W., L.C.S.W., is a Licensed Clinical Social Worker and currently works as a Program Specialist with L.D.S. Family Services. Doug has 20 years of work experience in the field of mental health and social services. He has a bachelor's degree in University Studies from University of Utah and a master's degree in Social Work from Brigham Young University. He also serves as a board member for *Understanding Chemical Addiction Disease*, a Utah-based group seeking to educate key community and political leaders about the causes of and solutions to drug and alcohol addiction. Doug is married to the former Mary Louise Johnson and has two children. He enjoys landscape art, Asian history, and following college football and professional basketball.



NEW AMCAP CONVENTION CHAIR: Ed Martinelli, Jr. Ph.D., is no stranger to AMCAP. Ed's most recent service with AMCAP has been as an AMCAP Board Member, AV specialist and Co-Chair for the AMCAP Fall Convention 2009. We are grateful to have Ed back, but this time as our New Convention Chair. Ed is a licensed psychologist and currently works as the Director of Accessibility Services and ADA Coordinator at Utah Valley University.

Ed has a bachelor's degree in Psychology from Brigham Young University and a master's degree, also from Brigham Young University, in Educational Psychology with an emphasis in Counseling and Guidance. Ed graduated with his doctoral degree in Counseling Psychology from Auburn University in 2005. He enjoys cross-stitching, reading, and bike riding. He is married to the former Laurel Chamberlain and they have three children.



NEW AMCAP STUDENT REPRESENTATIVE: Matt Reiser, M.S., is a doctoral candidate in Counseling Psychology at Brigham Young University. He completed his undergraduate work at University of Utah in Psychology as well as in Family and Human Development. Matt also has a master's degree in from Utah State University in Family, Consumer, and Human Development. He is currently a practicum student at Brigham Young University's Counseling & Career Center and also enjoys working part-time in BYU's Biofeedback and Stress Management Lab. Matt's professional interests are individual and group psychotherapy with adolescents and college age students. Matt has been married for 5 years to his lovely wife JaNae, and enjoys going on vacations and adventures with her. Other personal interests and hobbies include singing, playing sports, and spending time with family and friends.



NEW WEBSITE DEVELOPMENT COORDINATOR: Carrie Maxwell Wrigley, L.C.S.W., is also no stranger to AMCAP and has been in this current position for some time now. In fact, Carrie has served in a variety of AMCAP positions from Board Member to Website Coordinator to Convention Chair to Associate Editor of the AMCAP Journal. Carrie has a bachelor's degree in Fine Arts from University of Utah and a master's degree in Social Work, also from University of Utah. She presently works as Program Development Director for Beacon Family Mental Health. Carrie has a passion for the arts, especially music, which she weaves into her therapy career. She is a popular teacher at B.Y.U. Education Week and her signature talk, *Christ-Centered Healing from Depression*, has aired numerous times on radio, television, and the Internet. She has written over 600 original songs and has directed many musical programs for church, theatre, and school events. In addition to music as her hobby, she loves spending time with her 5 beautiful children.

Welcome to our 2008 AMCAP Members!

We want to thank the 97 people who joined AMCAP in 2008. You are an asset to our organization, and we hope your experience with AMCAP is a rewarding one! It is a pleasure working with such wonderful AMCAP members and a fantastic leadership council. ~Andrea Davis, AMCAP Executive Secretary

Patricia Aanderud, L.C.S.W.	Shawn A. Gillies, L.M.F.T.	Daniel G. Oakes, M.Ed., L.P.C.
David D. Allred, M.S. M.F.T.I.	Elizabeth Green, L.C.S.W.	Lori J. Olsen, L.P.C.
Benedict P. Antonucci, Student	DeborahGuy Skriloff, C.F.L.C.	Terri Olson, Student
Jacki M. Beecher, L.C.S.W.	Kristina W. Hansen, Student	John B. Paul, Student
Joseph Belingheri, M.F.T.	Paul R. Hanson, Student	LeNae Peavy-Onstead, M.A.P.M.
Julie Blair, L.C.S.W.	Sharon S. Harris, M.S., L.M.F.T.	Karie G. Peel
Thomas R. Bore, Student	Tamara F. Harris, Chaplain	Gisele M. Peixoto
Alicia J. Bott, B.S.W.	Bonnie Hatch, C.S.W.	Kirti A. Potkar, Student
Kraig Boyd, Student	Dana L. Hill, M.Ed., L.P.C.	Lisa L. Randall, Intern
Norma Boyd, Student	Douglas R. Hoffman	Jacqueline A. Ransom, M.A.
Kimberly S. Buck, L.A.C.	Heather L. Howard, M.F.T.I., M.A.	Jose Orlando Rodriguez
Carol Buffi, L.C.S.W.	Jeffery R. James	Samantha Rushton, M.S., M.F.T.
Brandon M. Buhler, Student	Eric D. Jensen, Student	Liza Sanderson, Ed.S.
Annahir N. Cariello, Student	Margie E. Johnson, M.Ed.	G. Lucinda Schaffner, Student
Brian C. Carl, Student	Louise B. Jorgensen, Student	Chad T. Schaugaard, L.I.S.W.
Kellie M. Chapman, L.P.C.	Jay E. Lambert, L.C.S.W.	Sandra B. Smith, L.C.S.W.
Hokule'a D. Conklin, Student	C.A. Larson, L.A.C.	JeaNette Smith, M.A., L.M.F.T.
Cami Covey-Doucet, L.A.C.	Lisa M. Leavitt, Ph.D.	Jared A. Smout, Student
Robert E. Davis, Student	Gary L. Leavitt, B.A.	Randall J. Soland, Ph.D.
Collette Dawson-Loveless, S.S.W.	Larry W. Lewis, L.P.C.	Roger W. Start, C.D.P.
Jeffery M. Dire, Ph.D., M.F.T.	Barbara P. Lovell	Amy R. Stoddard
Rulon D. Eames, M.A.	Robert S. Mackay, S.W. Intern	Laurel D. Stouffer, Student
Jeffery L. Elder, Student	Tania K. Mahoney, Student	Richard T. Sullivan, L.I.S.W.
Susan Farrelly, M.S.	Ty R. Mansfield, Student	Molly Summers, Ph.D.
Kevin S. Figuerres, Student	Rachel E. McKay, M.F.T.I	Keely M. Swanson, Student
Jennifer Finlayson-Fife, Ph.D.	Lisa A. McNeas, Student	Nancy Holle Taylor, C.P.C.I.
LouAnn Fitzgerald, Student	Deborah A. McPharland	Marilee G. Tuifua
Lisa J. Fox, Student	Rick I. Meridith, Student	Anne F. Vanderlaan, M.F.A.
Carolyn Frances, Student	Colton D. Miller, Student	Cindy R. White, Student
Aimee L. Francom, M.A., M.S.	William W. morgan, A.A.L.	Lawrence J. Winn, L.M.F.T.
Karen Gardner, M.S.W., C.S.W.	John R. Murdock, L.C.S.W.	
Jacqui Gerritsen, M.A., L.M.F.T.	Candilyn J. Newell, Student	
Laura Gillas, L.C.S.W.	Geoff, J. Nugent, M.A.	
		Please notify AMCAP of any changes in contact information.

Member Spotlights



**Cheryl McBride
(and Family)**

Licensed Clinical Social Worker

Cheryl has a private practice in Orem, Utah and works in conjunction with The Center For Change. Cheryl graduated from the University of Utah with a bachelor's degree in Communications, and a master's degree in social work, also from the University of Utah. She currently specializes in eating disorder treatment, women's issues, and marriage counseling and presently facilitates a therapy group for emotional eating, and also often speaks in community settings on eating disorders.

Cheryl has had experience in a number of settings in the social work field such as youth treatment centers, home health, crisis/trauma, community mental health, private mental health and others. She was the Clinical Director of a girl's residential treatment center and had many young women live in her home with her family.

Cheryl is married and loves being a mother to four wonderful children ages 17, 13, 7 and 4. She enjoys biking, camping, a clean home, traveling, and family time. She also loves girl's camp and her calling working with the young women. Cheryl has followed in her father's footsteps as a social worker. Her father, Kent Pulsipher is a well-respected social worker. Although he and his wife Joan, have raised 11 children and fostered over 15 children, she commented that she does not plan to follow in his footsteps in this area.



Karen Child Ogden
Marriage and Family
Therapist

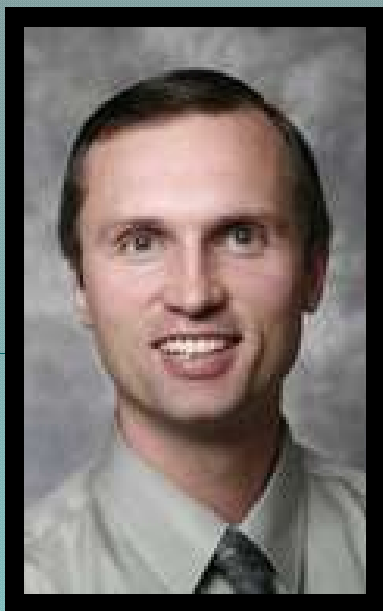
Karen Child Ogden, M.A., L.M.F.T., is a licensed marriage and family therapist and the creator/contributor to the *Temptation of a Generation* children's book series. She is a frequent speaker on issues of technology and children. She initiated and contributed to the first children's book series to tackle the tough topics related to technology and tweens such as Internet pornography, cell phone use and abuse, and cyber-bullying. She is actively involved in educating parents about the effects of technology on children, and is a frequent contributor to parenting publications.

Karen has a bachelor's degree in Communication from University of Utah, a master's degree in Marriage and Family Therapy from the University of San Diego, and is completing a Psy.D. in Marriage and Family Therapy from Alliant International University. She is presently in private practice in Costa Mesa, California and specializes in working with women in relationships, premarital couples, and those struggling with compulsive addictions.

Karen has also served on the Board of Directors for The Children's Center in Salt Lake City, and the University of Utah Young Alumni Association. She most recently served as a Co-Executive Director for *LifeSTAR* Los Angeles. She is married and the mother of two boys and a girl due this spring.

On a more personal note, Karen lives with her family in Newport Beach, California, has been a dancer for more than 25 years, and enjoys traveling and continuous learning. For more information on Karen or her book, check out her websites at: www.temptationseries.com and www.karenchildogdenmft.com.

Member Spotlights (Continued)



Tim Smith
Psychologist

Timothy B. Smith, Ph.D., is an associate professor in Counseling Psychology at Brigham Young University (BYU) in Provo, Utah. Tim enjoys B.Y.U. and considers it a privilege to work with great students and colleagues at Brigham Young University. His areas of research include multicultural psychology and the association of spirituality/religiousness with wellbeing. In 2007, Tim was the first Caucasian to be awarded the *Emerging Professional Award* for "outstanding contributions in the promotion of ethnic minority issues" by *The Psychological Study of Ethnic Minority Issues*, a division of the American Psychological Association. Tim has also served as editor of the *Journal of College Counseling*, *Journal of Counseling Psychology* and has published over 55 articles and book chapters.

Tim has an extensive educational background with a bachelor's degree in Psychology, three master's degrees – one in Counseling Psychology, one in Research Psychology and one in Sociology, and a Ph.D. in Professional-Scientific Psychology.

Tim has greatly enjoyed his association with members of AMCAP over 15 years. The bi-annual convention feels like a reunion of friends. He is impressed with how the fundamental aims of AMCAP and its reliance upon the gospel of Jesus Christ have remained consistent, despite growth and changes in leadership.

Tim is married to Cindy Hyde; they have five children ages 5-17. His hobbies include spending time with family, skiing and going on vacations of various sorts. He loves living close to the Provo temple, and he enjoys serving in the Church.



Brent A. Taylor
Marriage and
Family Therapist

Brent A. Taylor, Ph.D., L.M.F.T., currently serves as Director of the Marriage and Family Therapy Program at San Diego State University (SDSU). He earned his bachelor's degree in Psychology from Brigham Young University, a master's degree in Counseling Psychology at Northwestern University, and a doctoral degree in Sociology with a clinical emphasis in Marriage and Family Therapy at University of Southern California (USC). Brent was very grateful to be a part of the last cohort at U.S.C. to work under the renowned L.D.S. therapist and author, Dr. Carlfred Broderick, who was program director at that time.

Upon completing his doctoral degree at U.S.C., Brent took a tenure-track position in the Marriage and Family Therapy program at S.D.S.U. which has a strong focus on multicultural issues in family therapy. He utilizes his Spanish-speaking skills, which he developed on his mission, to conduct therapy and engage in research with Latino families. He has been invited several times to give keynote addresses at family therapy conferences in Mexico.

Brent's research agenda focuses primarily in the areas of fatherhood, multicultural and men's issues in training, and postmodern perspectives in therapy and training. His clinical practice focuses on Latino children and youth in the foster care system and adoptive families, as well as marital and family counseling. Brent has many publications, including ten refereed journal articles and four book chapters in edited books. He has also given over twenty peer-reviewed and invited presentations at various national professional conferences.

Brent has been married for 17 years and has two sons and one daughter, ages 15, 9, and 2 ½ years old, whom he loves to spend time with every spare moment. In addition to his busy schedule as program director, university senator, tenured professor, supervisor, area coordinator, researcher, and practitioner, he truly enjoys teaching early morning seminary to freshmen and sophomores in the Murrieta, California Stake.

Fall Convention 2008 Photos



Left, Larry Crenshaw with L.D.S. Family Services, Shane Adamson, AMCAP Vice President, and Kris Plummer, AMCAP Convention Consultant

Below, Julie de Azevedo passionately entertains AMCAP members



Right, AMCAP Keynote Speaker, Terry Warner at work



Right, Brent Scharman with L.D.S. Family Services



Above, Shane Adamson, AMCAP Vice President with musician, Paden Smith

Right, Andrea Davis, AMCAP's new Executive Secretary



Above, Ed Martinelli, AMCAP Fall Convention 2008 Co-Chair

Clinician's Corner

The "Clinician's Corner" is a section of the *Networker* where AMCAP members share ideas they find helpful in their own clinical practice. AMCAP members are invited to submit their clinical ideas for inclusion in future issues of the *Networker*. This particular "Clinician's Corner" is devoted to a handout exchange submitted by various AMCAP members. Please feel free to copy and use with your clients as appropriate. In future issues, a separate column will be created, called "Handout Exchange."

Please send submissions to Kristin Douglas, Editor, at kdouglas@lccc.wy.edu or kdouglas@uwyo.edu. See www.amcap.net for additional ideas from past AMCAP publications.

Note that the opinions expressed in "Clinician's Corner," or any other section in the *Networker*, do not necessarily reflect the view of AMCAP members, officers, AMCAP *Networker* editorial staff, or officers of the Church of Jesus Christ of Latter-day Saints.

Answers to Life's Challenges Are Found in the Scriptures

Dean Bender, C.P.A., M.B.A., M.A., Intern- M.F.T.
L.D.S. Family Services – Sacramento, CA

The basis for the following thoughts are from Church teachings, personal inspiration, great writers and research.

Consider the following:

We have been taught that the answers to life's challenges can be found in the Scriptures, and;

I personally have been repeatedly reminded of this recently, and;

The Holy Spirit has whispered to me that I did not yet know how to do it, and;

If I have challenges with how to apply scriptures to life's challenges - probably some others will also, and;

The words of Apostles and Prophets can be very much like scripture and can certainly be used to supplement scriptures when used carefully, and;

Elder Bednar has instructed us as to how to study the scriptures by topic and by theme, and;

After hearing certain conference talks during the October 2008 general conference, and;

Remembering scientific research has shown a correlation (not causation) of forgiveness and gratitude to increased happiness, and;

Reading parts of Martin Seligman's book, *Authentic Happiness* concerning forgiveness and gratitude, "Gratitude amplifies the savoring and appreciation of the good events gone by, and rewriting history by forgiveness loosens the power of the bad events to embitter (and actually can transform bad memories into good ones), and;

While reviewing my new 2 volume copy of *We Believe* (*We Believe* has only quotes from the scriptures and

Prophets and Apostles sorted by topic) I felt the answer was at hand, and;

Recalling that certain therapy clients and acquaintances have expressed feelings of embitterment about the past and sadness because of "the hand that life has dealt them" and similar complaints and feelings.

From those points I concluded that ...

One application to finding answers to life's challenges for those embittered about the past or sad because of what they have or have not accomplished thus far in life, is for those people to:

- Follow the instructions from Chapter 6 in *Preach My Gospel* on "How to Develop Christlike Attributes" to increase ones gratitude to God and others and additionally to become more forgiving.
- Study the topics of *Gratitude and Forgiveness* in the scriptures and conference talks using the topical guide, triple combination index, guide to the scriptures, *Ensign* indexes, *Ensign* computer searches on the internet or the CD, etc. Study them carefully, take notes and ponder the things learned. Also, some revere other articles and speeches written by Apostles and Prophets and published in the *Ensign*; as well as books such as *Preach My Gospel*, *True to the Faith*, and *Gospel Principles*. There are also other good books if you want or need additional perspectives: *We Believe*, *Encyclopedia of Mormonism*, current and past Priesthood and Relief Society manuals, and similar materials.

Clinician's Corner (Continued)

- Pray unto the Father and plead with Him for understanding, insight, change, help, guidance, etc. to increase your gratitude and become more forgiving. Fast as appropriate.
- Work to learn, embrace, apply and ingrain those principles into your very being and your daily thoughts and actions.

A person will know when they are freed from the chains of these depressive thoughts when:

1. They can pray about all of the things they are thankful for and become spiritually overwhelmed by feelings of gratitude as Nephi did in the Psalm of Nephi, 2 Nephi 4:20-25.
2. When they can think about the people who they have shared life experiences with and can truly harbor no ill feelings towards them but think of them with loving patience and understanding without malice or vengeance.

Application to other areas:

For those not happy in their present circumstances, they could follow the same pattern by studying the concepts of: *Joy, Happiness, Service, Obedience, Cheerfulness, and Charity* - and others.

For those who are anxious or in despair about the future:

Faith, Hope, Trust (Trusting in God), Peace, Confidence, Optimism - and others.

For those unhappy in personal relationships: *Unity, Love, Kindness, Charity, Service, Neighbor, Family, parenthood, Marriage* - and others.

For those overcome by sin: *Repentance, Forgiveness, Sanctification, Sin, Judgment, Adversity, Justice and Mercy, Grace, Temptation* - and others.

For those suffering from anger, pride, selfishness and controlling ways: *Self-mastery, Pride, Humility, Selflessness, Agency* - and others.

Comments and suggestions are encouraged and welcomed, whether positive or not. Please email them to --
benderd@ldsmail.net

Dean Bender, C.P.A., M.B.A., M.A., Intern- M.F.T., is a "Family Business Consultant" with Gallina LLP in Roseville, CA doing estate, retirement and succession planning. He is also a Marriage and Family Therapist Intern counseling part-time at the Sacramento Agency of L.D.S. Family Services. He has two master's degrees, one in Counseling Psychology from National University and one in Business Administration from Golden Gate University. Dean has worked as a Certified Public Accountant for many years in industry, public accounting, and consulting. He has also taught numerous graduate level courses in corporate finance and controllership. Dean is also a talented presenter and has given several professional presentations on couples therapy and personality testing. He has also presented numerous times at Relief Society enrichment nights, ward firesides, stake bishop's councils and preparedness fairs on depression, happiness, marriage, finances, and pornography. He has been involved with AMCAP for over two decades and is even a lifetime AMCAP member, serving faithfully in the past as a great treasurer and assistant treasurer.



Clinician's Corner (Continued)

POWER TOOL OF COMMUNICATING

Barbara Gearig, L.C.S.W., C.T.L.C., P.C.
Private Practice, South Jordan, UT

Practice using this tool in verbal communications or, if the subject is too toxic or emotional, use it by writing. Fold paper into quarters so you write only in the space that the square allots. This encourages individuals to clarify feelings and get to the main point. This may also be used to express something that is liked about the other person's behavior.

Statement of subject:

"When you (state what was said, or done..."

or "From my perspective, there is a problem about"

Statement of feelings and effect:

I felt..."

"As a result (the effect on you)"

Statement of what is wanted or alternatives and options:

[In some cases there will be a bottom line-no choice].

"Some alternatives I see are..."

"Next time I will expect....."

"I see the options as"

"I want"

"I would like"

The other person's statement of their point of view or alternative solution.

[When it applies]

Clinician's Corner (Continued)

The Antidepressant Lifestyle: How to Become and Remain Well

Simple choices, made day by day, consciously or unconsciously, influence mood. Learn to choose wisely!

Carrie Wrigley, L.C.S.W.

Beacon Family Mental Health, Sandy, UT

HOW TO BE DEPRESSED

Dimension 1: Thoughts

Focus on the negative: disappointments, losses, deprivations, injustices, etc.

All-or-nothing thinking: e.g., "If I'm not perfect, I'm worthless." Even more effectively destructive with **labeling** ("dumb, failure," etc.)

Always/never thinking: build broad, permanent, negative interpretations from brief, specific events or circumstances.

Blame yourself or others: Inappropriately and excessively - "It's all my fault" or "It's all their fault."

Let the critical inner voice chatter: unperceived, uninterrupted, unchallenged. Internalize and act on that negative input.

Dimension 2: Behavior

Act badly: Say and do things you know are wrong, that you know you'll regret later. Hurt yourself and others, go against your values.

Be defensive and stubborn: esp. about damaging behavior and its impact.

Stay stuck in old, destructive, or ineffective ways of doing things (parenting, housework, communication, socializing, etc.)

Act depressed: Withdraw, isolate yourself, do nothing. This will push others even farther away, and leave you even more depressed.

Ingest poison and avoid nourishment: to body, mind, and spirit. (junk food - esp. sugar; junk TV; negative music/books/websites; etc.)

Ignore your physical needs: for food, water, rest, exercise, sunlight, fresh air.

Neglect your living space: Let junk, dishes, and clutter collect; allow things to fall into disorder/disrepair. This will depress anyone!

Try to do everything perfectly: This almost guarantees procrastination & despair.

HOW TO CHOOSE JOY INSTEAD

Dimension 1: Thoughts

Focus on the positive: uplifting; funny; lessons learned; compensatory blessings.

Continuum thinking: Give yourself and others credit for the good you all do - even if it's not completely perfect or flawless.

Think specific: regard setbacks and disappointments as temporary, specific, and surmountable.

Share responsibility and accountability: Which part is mine, which is yours? Correct your part; let them be in charge of their part.

Keep track of your thoughts on paper; notice patterns. Consciously find satisfying replacements for negative items.

Dimension 2: Behavior

Act well: Say and do positive, kind things that can bring satisfaction later - even if you "don't feel like it" now.

Be humble and repentant: willing to change and grow with feedback.

Learn and apply new skills to replace old patterns. Read, attend classes or therapy, seek counsel from friends, family, leaders.

Act "as if": Do things you normally enjoy doing, or know you should do. Act "as if" you weren't depressed (mastery and pleasure ex.)

Ingest nourishment and avoid poison: to body, mind, and spirit. (Positive, wholesome food, input, entertainment.)

Meet your physical needs in an effective and consistent way.

Dejunk, clean, and organize your living space. This effort will return far more energy to you than you put into it!

Do a little at a time: Rather than everything or nothing, just do "something" meaningful.

Clinician's Corner (Continued)

Dimension 3: Spirituality

Stop praying: Or just pray prettily, superficially, w/o really opening your heart to God.

Avoid the words of Christ: scriptures, words of the prophets, spiritual talks/lessons, etc.

Offend and repel the Spirit: through negative thinking and behavior, leaving yourself alone and vulnerable to attack.

Don't believe Christ: Find reasons to suppose that the Gospel and the Atonement don't relate to you and your challenges. Don't believe that He can heal you.

Stop going to the temple: Even better, lose your temple recommend. Best of all, go instead to places of worldly "comforts."

Focus on yourself and your problems: (self-pity.) Or - try to fix others instead of yourself (codependence.) Get out of balance.

Dimension 3: Spirituality

Pray always: over everything, including (especially!) your trials and afflictions.

Feast on the words of Christ: If needed, also request a blessing, or take a personal retreat.

Invite and follow the Spirit: So you have a constant companion, guide, and teacher, through everything you experience.

Believe Christ: Trust and apply His atonement to your challenges. Know that He understands and accompanies you through everything, and can and will heal your pains.

Immerse yourself in temple worship: Drink in the healing, comforting, sanctifying, revelatory impact of the holy temple.

Find meaningful ways to serve and comfort others, while still meeting your own basic needs. "Love thy neighbor as thyself."

Dimension 4: Relationships

Have media on constantly: especially negative TV music, movies, etc. Crowd out opportunities for meaningful interaction.

Trust too little, or too much: Guard and close your heart to everyone; or throw it wide open to everyone, inviting betrayal & abuse.

Have too-thick or too-thin boundaries: Apply the same rules to everyone.

Be too dependent or too independent:

Cling; or find ways not to need anyone.

Complain and criticize: This drives others from you faster than almost anything else.

Be selfish, or self-effacing: Care too much - or too little - for yourself.

Hold on to old hurts, mistakes, and grudges. Stay stuck in the past; focus on the negative.

Demand or passively wait for change

(aggressiveness or passivity).

Try to be someone you're not. Spend your time in environments/activities that go against your natural grain; compare w/others.

Dimension 3: Relationships

Minimize your media use: Give your focus to real relationships with real people. Make careful, positive choices when you use media.

Build incremental trust: Open your heart to people to the extent that they have proven themselves trustworthy over time.

Have appropriate boundaries, balancing intimacy with independence.

Be interdependent. Use your own good gifts in effective cooperation with others.

Appreciate and praise: Sending out positive energy draws others to you.

Love thy neighbor as thyself: Balance your needs and desires with those of others.

Forgive and move on: Free yourself from old pain, to embrace a happy present & future.

Clearly and kindly express your needs, and work positively for change (assertiveness).

Develop a clear sense of identity: Then structure a meaningful life and mission around it, and don't compare yourself with others.

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Several presenters have offered to summarize their workshops or plenary addresses for AMCAP members to enjoy. If you want to know more, consider purchasing a CD of the actual workshop. An order form of all presentations offered on CD can be found on pages 60-61. A special thanks to those who have contributed summaries.

The Shame Matrix: Shame, Grief & Hope in Psychotherapy*

Lane Fischer, Ph.D.

Counseling Psychology & Special Education, Brigham Young University

* See Page 35 for the Shame Matrix Grid and Corresponding Questions

Shame is differentiated from healthy guilt along several factors including (a) focus of evaluation, (b) degree of distress, (c) phenomenological experience, (d) operation of "self", (e) impact on "self", (f) concern vis-à-vis the "other", (g) counterfactual processes and (h) motivational features (Tangey, 1998).

I have defined shame as a corruption of the Light of Christ in early development. The Light of Christ provides both positive and negative affective signals in response to behavior which confirm or disconfirm the appropriateness of behavior. The negative affective signals, while painful, are nonetheless healthy as they lead to correction or repair in the relationship with God and others. Such is the process of guilt.

Shame, on the other hand, is a corruption of the Light of Christ that is painful, yet does not lead toward correction and repair. Shame leads toward cynicism, isolation, humiliation and abuse. Because the experience of the Light of Christ is primarily affective, interpretation is highly dependent on the family experience. The family gives "language" and interpretation to the affect the child experiences.

Building on the work of Alan Anderson (1983), I have refined his Shame Matrix as a guiding template in psychotherapy. The Shame Matrix is a model that predicts expression of, and recovery from, shame in early development. Recovery from shame in this model depends on experiencing grief and reclaiming hope. Health and hope come as a positive answer

to the fundamental question, "Can I go on and thrive even though there were some important thing missing or wrong in my childhood?"

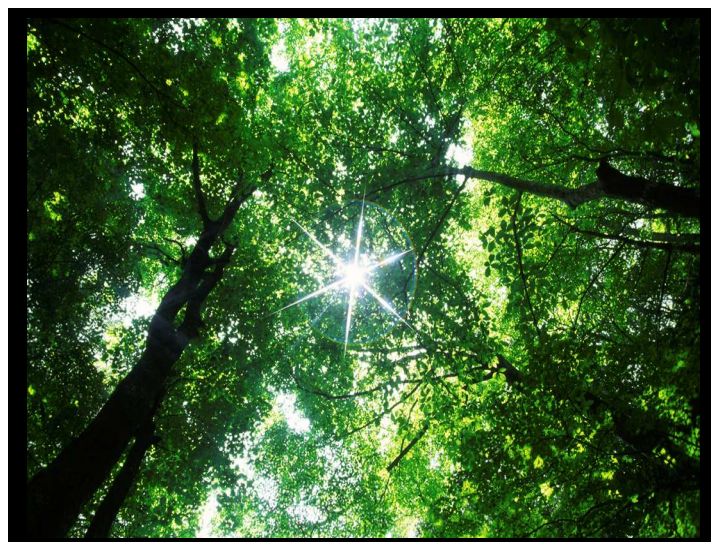
In Anderson's Shame Matrix there is a consistent connection among the issues that clients struggle with, the feelings that they tend to experience, the content of their sessions, the behaviors that are manifested (syntonically or dystonically) and the existential questions that they need to resolve.

Clients that have been shamed in childhood around issues of *intimacy* tend to experience widespread hostility. The content in sessions tends to revolve around *insufficiency*. They tend to behave *cynically* (syntonic) and/or *reclusively* (dystonic). The existential question that they must resolve is "Can I be close to someone, even though I have weaknesses?"

Clients that have been shamed in childhood around issues of *productivity* tend to experience periods of intense anger. The content in sessions tends to revolve around *rejection*. They tend to behave *passive-aggressively* (syntonic) and/or with *immobility* (dystonic). The existential question that they must resolve is "Am I equivalent to the work that I do?"

Clients that have been shamed in childhood around issues of *dependency* tend to experience frequent *humiliation*. The content in sessions tends to revolve around *worthlessness*. They tend to behave with *powerlessness* (syntonic) and/or with *abusiveness* (dystonic). The existential question that they must resolve is "Am I worth having resources expended on my behalf?"

Clients that have been shamed in childhood around issues of *sense & order* tend to frequent *fear*. The content in sessions tends to revolve around *abandonment*. They tend to behave with *helplessness* (syntonic) and/or *chemical dependence* (dystonic). The existential question that they must resolve is "Can I predict and count on other people?"



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Clients that have been shamed in childhood around issues of *uniqueness* tend to periods of *terror*. The content in sessions tends to revolve around *emptiness and isolation*. They tend to behave with *hopelessness* (syntonic) and/or *suicidality* (dystonic). The existential question that they must resolve is "Can I find a place in this ecology even though I am unique?"

As clients engage in the therapeutic relationship, they will experience a different response from the therapist than they did as a child. For example, as the therapist invites them to be vulnerable (weak) and intimate, they will first experience shame. They will tend to be cynical or reclusive. They will feel hostile. As the therapist notes this in the immediate process and relationship as well as in their history and extended relationships, clients will grieve, allow themselves to be vulnerable and learn the paradox that intimacy in a relationship depends on vulnerability.

The answer to the existential question, "Can I be close to someone, even though I have weaknesses?" is "There is no other way to be intimate." For L.D.S. clients, a quick reference to Ether 12:27 supports the principle. "And if men come unto me I will show unto them their weakness. I give unto men weakness that they may be humble; and my grace is sufficient for all men that humble themselves before me." Intimacy with God depends on our weaknesses. In fact, to enhance the relationship, God gives unto us weaknesses. If we will share our weakness with Him, his tender grace will attend us. Humility trumps hostility. Vulnerability in an honest relationship supersedes self-sufficiency. It is a grievous lesson to learn and face a lifetime of relationships damaged by hostility and a childhood lacking intimacy.

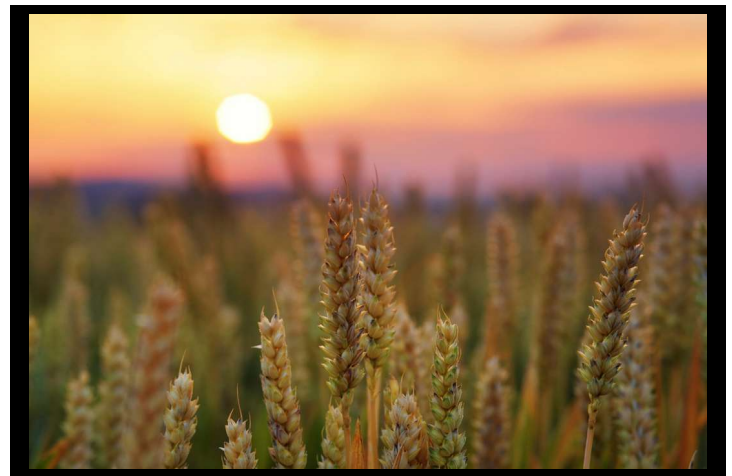
Each stage of triad in the shame matrix is accompanied by a similar process of gentle confrontation of shame, grief, resolution of the associated existential question, and healing. The consistent question in each triad is, "Can I go on, have hope and thrive, even though there were some things missing or very wrong in my childhood?" As one of my clients very aptly stated at a turning point in therapy, "They owned by past, but I own my future."

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Fostering Hope in Couples Dealing with Infidelity and Sexual Addiction

Michael D. Howard Ed.D.
Chaplain, U.S. Navy

Kyle and Amber

Kyle and Amber are both in their late thirties and have been married for ten years. Kyle is a mid-level corporate executive and Amber is a stay-at-home mother. The couple have three children (ages 6, 4, and 2). Kyle complains that Amber is preoccupied with the children and that she doesn't have time left over for him. Ironically enough, Amber complains that Kyle is obsessed with his career and that they spend little to no quality time together as a result of the long hours that he "chooses" to work. The lack of time together has put a significant strain on the marriage. Amber recently confronted Kyle about some unexplained credit card purchases, following which he confessed to having an eight-month affair with a female co-worker.

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Infidelity

When an affair is discovered, the couple experiences a wide variety of emotions and thoughts (Brown, 2001; Peluso, 2007). In the case just presented, Amber is likely to be in a state of shock, wondering who this man that she has been married to for ten years is or has become. She may also question the wedding vows that were made, now perceiving her husband to be a liar, and the relationship and even the marriage as fake. Anger will become a common theme for Amber. She will be angry at Kyle for cheating on her, as well as the female co-worker for her role in the affair. She will also be angry at herself for not seeing the affair coming, and for not recognizing the signs that she feels certain must have been present all along. Finally, she may even be angry at God for allowing something as horrible as this to happen, for the hurt she is experiencing, and for allowing her marriage to be ruined.

In addition to the shock and the anger, Amber will be faced with fear of what to do next. She is likely to feel terribly alone, embarrassed, and afraid to confide in others. She may throw Kyle out of the house, or at least ask him to leave. She may take the kids and leave herself, or she may decide to let him stay, possibly sleeping in different rooms. These decisions will likely depend on how angry she is; her personality; and what experiences she has had in this relationship, past relationships, or with other people regarding infidelity. Critical factors in what ultimately happens are whether Kyle is remorseful and whether the affair is still on-going, or if he plans on continuing the affair. Kyle is likely to leave on his own if the affair is still on-going, especially if he has no intention of ending the affair.

Couples have affairs for many different reasons (Peluso, 2007). Some researchers and therapists believe that affairs are simply symptoms of other problems within the relationship (Brown, 2001). Affairs can also be used as a way to exit the marriage. In some instances, affairs can be the result of a sexual addiction. Finally, affairs can be a way to get even (especially if the other partner has had an affair as well) or to be noticed and gain attention (Peluso, 2007; Brown, 2001).

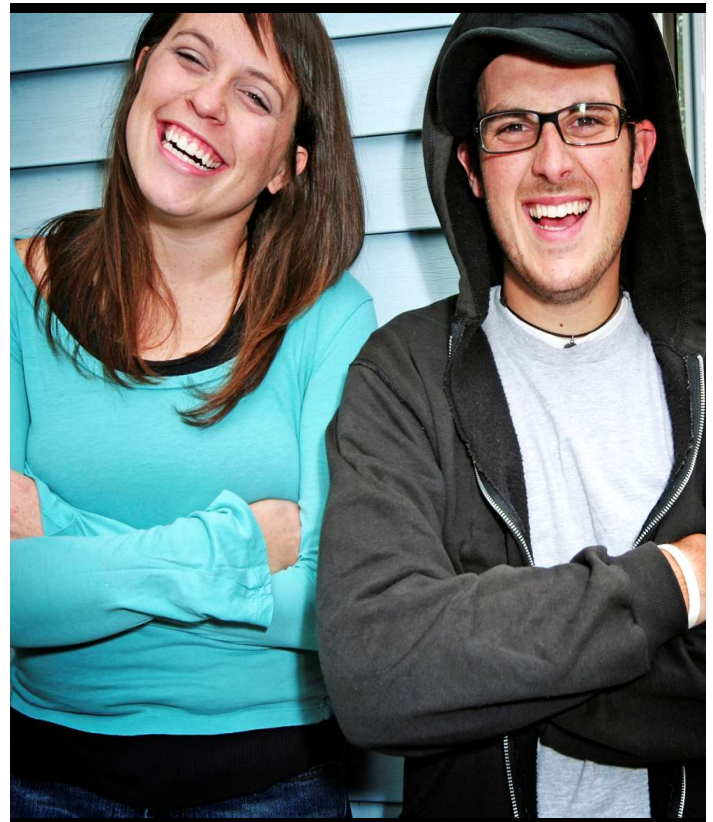
In Kyle and Amber's situation, it is likely that Kyle had the affair because he and Amber were not connecting emotionally and he subsequently wasn't getting his emotional and physical needs met with Amber. This is not an unusual situation in couples where

children, work, church callings, and social and community obligations become constraints or barriers, keeping the couple from spending time together and connecting in a meaningful and intimate way. This is not to mean that the affair is Amber's fault. Quite the contrary, Kyle chose to have the affair and must be accountable for his actions. Affairs are best viewed as a relational issue wherein both spouses contribute to what happens or doesn't happen within the relationship.

Hope

There are several different ways to define hope. One possible definition is "to cherish a desire with anticipation." Another definition is "to desire with expectation of obtainment." Finally, a third definition of hope is "to expect with confidence" (Hubble, Duncan, & Miller, 1999). In relatively simplistic way, hope may be understood in terms of how people think about goals. According to Hubble, Duncan, and Miller (1999), an individual must experience what they refer to as both pathways thinking and agency thinking for hope to be present.

Pathways thinking refers to an individual's thoughts about their ability to produce one or more workable routes to their goals (Hubble, Duncan, & Miller, 1999). In other words, this is the ability of the person to produce a workable plan that has the potential to get them from point A to point B. Agency thinking, on the other hand, refers to the individual's ability to begin and continue movement on selected pathways toward those goals (Hubble, Duncan, & Miller, 1999). In other words, this is the ability of the individual to work the plan that has been selected. Stress, negative emotions, and difficulties in coping are considered a result of being unable to envision a pathway or make movement toward a desired goal (Hubble, Duncan, & Miller, 1999).



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Fostering Hope in Couples Dealing with Infidelity

One of the most difficult aspects of treating couples struggling with infidelity is the lack of hopefulness that normally comes with them and the situation they are in. As therapists, it is important to foster hope without coming across as insincere or excessively optimistic. It may be helpful to keep in mind that research has consistently shown that a substantial portion of client improvement occurs within the first three to four weeks of treatment (Hubble, Duncan, & Miller, 1999). It may prove helpful to point out statistics like these as well as client stories where couples recovered from an affair, typically building a relationship much stronger than that in existence prior to the affair. In some cases, the marriage following counseling may be viewed by the couple as being better or stronger than it ever has been.

Another important statistic is that 40-66% of clients report positive, treatment-related improvement before attending their first session (Hubble, Duncan, & Miller, 1999). It may therefore be wise to give the couple some time before the first session to calm themselves emotionally, to process internally some of what they have experienced, and to actively engage their support system. Therapists must also consider that the very act of deciding to enter counseling or treatment represents a determination to achieve a specific goal of getting better (Hubble, Duncan, & Miller, 1999). Therapists must be cautious however, since couples dealing with infidelity may come to counseling for a wide variety of reasons, including termination of the relationship or to explore ambivalence about staying.

When couples feel that they have invested time, effort, and love into a marriage, they may be very apprehensive in seeing that relationship dissolve. Couples may also feel obligated to work on the relationship and stay together for the sake of the children. Staying together for the children is typically not a wise thing and therapists should consider sharing relevant research with their clients on this topic. A useful question to ask the couple in session is whether they would stay to work on the relationship if they did not have children. This question has the value of assessing motivation and perhaps exploring what their relational goals might be. Another useful tool is to help the couple to experience what their relationship was like when it was really good (assuming that there has been a time like this), when they were focused on each other, and when they were there for each other. Bringing these positive images of the relationship into awareness allows the couple to relive those moments and to feel a sense of hope as they see what may be

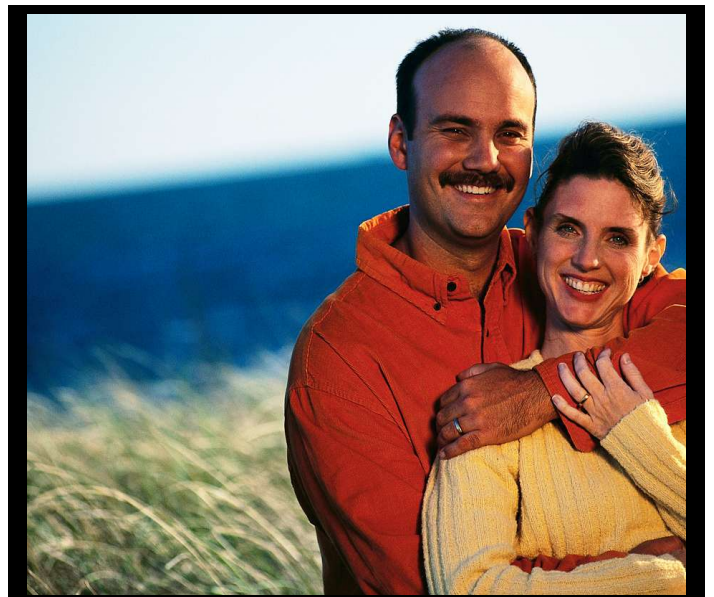
possible again if they commit themselves to the process of healing.

It is important for therapists to help their clients understand that healing from infidelity takes time and they must therefore be patient with themselves, each other, the therapist, and the process as a whole. They must also understand that the recovery process is a dynamic one and that it will consist of some very large ups and downs. If the couple is ambivalent about counseling or working on the marriage, it may be helpful for the therapist to negotiate a certain number of sessions (typically 6-8) and an attitude of neutrality or openness with both spouses. The reason is that in many cases, one spouse will deeply want counseling while the other will be resistant to it. This may be the product of power and control, as well as deeply rooted feelings of hurt and betrayal. To agree to counseling, the betrayed spouse may feel that he or she is giving in, that the other spouse has won or is getting what they want, or that it somehow signals to the other spouse that the affair was justified or excusable.

Emotion-focused therapy is an outstanding model for treating couples dealing with infidelity (Johnson, 2004, Johnson, 2002). This model helps to establish a secure attachment within the marital relationship by effectively processing the attachment injury that the affair represents and helping the couple learn to turn towards and to be there for each other. This model enables the couple to experience the event and even the relationship from the perspective of the other, to more clearly communicate to one another their fears, desires, and longings. It accomplishes these things while also bringing about a sense of hopefulness.

Compulsive Sexuality and Sexual Addiction

An affair or infidelity occurring within the context of compulsive or addictive sexuality presents an incredible challenge for all concerned. Trust is deeply impacted in this situation due to the repeated and perhaps progressive or diverse nature of the behaviors involved. The betrayed spouse may feel that his or her spouse will never change and that like other types of



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addictions, the person will remain a sex addict forever.

Sex addiction, like other addictions, is a disease of the brain that manifests itself in compulsive behavior. Sex addiction is difficult to treat due to the enormous shame that typically accompanies it, the fact that sex is part of healthy relationships and physical existence, and because there are so many myths and stereotypes regarding sexuality and sexual addiction throughout our society (Carnes, 2001). Shame and hopelessness can be seen as one examines the following core beliefs typically seen in sex addicts: (1) I am a flawed and unworthy person; (2) If people knew me, they wouldn't love me; (3) If I have to count on others, my needs will never be met; and (4) Sex is my most important need (Carnes, 2001).

It is important for therapists to educate the couple about sex addiction and the associated concept that although addiction isn't curable, it is treatable. This can generate hope in the couple as they learn to view recovery from addiction as a shift towards healthy living and making better choices. One of the most critical elements involved in treating couples impacted by sexual addiction is involvement in self-help groups and group therapy. Groups like Sex Addicts Anonymous (SAA) and Sexaholics Anonymous (SA) help the addict to see that he or she is not alone, that there are others with similar experiences, and that by trusting in a higher power and in supportive others, they can stay sober and discover all the positive things that healthy recovery has to offer. Co-dependency groups also enable the spouse to see how his or her attempts to control the acting-out spouse are only robbing themselves of freedom, are damaging the relationship, and are hurting efforts to rebuild trust.

Conclusion

Infidelity is extremely hurtful to individuals as well the marital relationship itself. Betrayal runs deep and the restoration of trust, the process of forgiveness, and the journey of healing can take considerable time and effort. It is important for couples to define infidelity early in the relationship, and to discuss with each other what behaviors would be considered hurtful. Although there may be large differences with regards to how infidelity is defined, most couples regard the secrecy and deceit as most harmful. One good guideline for individuals and couples to follow is that doing anything you would not do with your spouse present is probably not a good idea and is likely to be considered cheating. One area that presents significant implications regarding infidelity, betrayal, and cheating is

the internet and the dynamic of emotional affairs, viewing of online pornography, and other forms of cybersex. Emotional infidelity is experienced by many people as more hurtful than physical or offline infidelity (Henline, Lamke, & Howard, 2007).

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The Twelve Steps of Alcoholics Anonymous and the Restored Gospel of Jesus Christ: A Formula for Peace and Hope

J. Douglas LeCheminant, L.C.S.W.
L.D.S. Family Services – S.L.C., UT

During the past 50 years, many members of The Church of Jesus Christ of Latter-day Saints (L.D.S.) have sought recovery from addiction by applying principles and practices found in the popular worldwide spiritual recovery movement known as Alcoholics Anonymous (A.A.). During roughly the past two decades, many L.D.S. Church members in multiple locations, simultaneously yet independent of one another, have consciously sought to integrate and/or adapt these principles and practices with their own personal L.D.S. beliefs and practices. These efforts became widespread enough to constitute what some have accurately labeled the “L.D.S. Recovery Movement.”

As this movement gained strength and the number of recovery meetings held in L.D.S. Churches grew, L.D.S. Family Services was assigned in the early 1990s to provide uniform direction and guidelines to ensure these groups remained compatible with accepted church doctrines and practices. By 2005, The Church of Jesus Christ of Latter-day Saints had published a workbook based on an adapted version of the original Twelve Steps (with permission of Alcoholics Anonymous World Services, Inc. in 2005) as part of what had become a formal and church sanctioned approach to addiction recovery.

This presentation intends to provide some added perspective to the “L.D.S. Recovery Movement” and the role of the L.D.S. Church in that movement by briefly describing the effectiveness of A.A. and further exploring the needs for an L.D.S. adapted version of the original Twelve Steps.

The original Twelve Steps are generally traced back to the 1930s when William Wilson (a.k.a. Bill W.) and Dr. Robert Smith (a.k.a.

Dr. Bob) and other pioneers of A.A. began to formally develop an approach to help the hopeless alcoholic. As “fellowship meetings” (which often started with prayer, focused on scripture reading, and encouraged self disclosure of one’s faults) grew, so did the efforts and desire to state the principles that made these meetings different from other evangelical ministries. Bill W. wrote:

“I well remember the evening [in 1939] on which the Twelve Steps was written. I was lying in bed quite dejected and suffering from one of my imaginary ulcer attacks. Four chapters of the book, *Alcoholics Anonymous*, had been roughed out and read in meetings at Akron and New York. We quickly found that everybody wanted to be an author. The hassles as to what should go into our new book were terrific. For example, some wanted a purely psychological book which would draw in alcoholics without scaring them. We could tell them about the “God business” afterwards. A few, led by our wonderful southern friend, Fitz M., wanted a fairly religious book infused with some of the dogma we had picked up from the churches and missions which had tried to help us. The louder the arguments, the more I felt in the middle. It appeared that I wasn’t going to be the author at all. I was only going to be an umpire who would decide the contents of the book. This didn’t mean, though, that there wasn’t terrific enthusiasm for the undertaking. Every one of us was wildly excited at the possibility of getting our message before all those countless alcoholics who still didn’t know.” (Wilson, 1953, p. 1).

The founders of A.A. came up with a remarkable process of recovery in the form of the Twelve Steps that has deservedly garnered greater attention from the academic community during the past decade. Of course, the academic question is “does it work?” A growing body of evidence suggests that indeed it does. Consider the following:

- “...there is no doubt that membership in AA...has now been undertaken by millions of people with addictions who credit the program for their addiction recovery.” (Galanter, 2006, 308).



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- “Individuals who attend spiritually-based support programs, such as 12-Step programs of Alcoholics Anonymous and Narcotics Anonymous, in addition to receiving treatment are more likely to maintain sobriety” (National Center on Addiction and Substance Abuse, 2005, p. 3).
- “Research has repeatedly confirmed that alcoholics who participate in A.A. do better than those who do not.” (Harvard Mental Health Newsletter, 2007, p.5).

Given A.A. is clearly a spiritual approach, though decidedly non-denominational in nature, and assuming that the application of the Twelve Steps as developed by A.A. is effective in leading one towards recovery from addiction, why the need for a different or added religious specific model of recovery? In 1952, L.D.S. Apostle Elder Matthew Cowley noted his support of A.A.:

“Brother Lee referred this morning to the Alcoholics Anonymous. That is my organization, brothers and sisters. Only recently, as I attended one of their meetings, I heard a man stand up and bear his testimony. Members of all religious denominations were there, but these men and women are all of one mind, and that’s to stay aboard the raft of sobriety by helping one another.” (Cowley, 1952, p.26).



Bill W. and Dr. Bob got it right in so many ways. They developed something truly inspired. As a stand-alone document it is overwhelmingly good and true. The original Twelve Steps have withstood the test of time and the rigors of academic examination. At the same time, in 2002, President Gordon B. Hinckley (1910-2008), once said: “...bring with you all that you have of good and truth which you have received from whatever source, and come and let us see if we may add to it” (p. 78). This seems to fit exactly the case of the original Twelve Steps as L.D.S. Church members have felt something could be added to those good and true steps.

A side-by-side comparison (see chart below) of the original Twelve Steps and the L.D.S. adapted version reveals what some might consider surprisingly few substantive changes or additions. Nonetheless, the additions made are worth considering.

The L.D.S. adapted version includes changes to tense (past to present) and a change to a direct address of the reader (we to you). However, these are merely publishing preferences and not doctrinally driven. There were also some limited changes to terminology designed to bring the point of the step more closely in line with language more compatible to commonly used L.D.S. terms such as:

- Changing “sanity” to “complete spiritual health” (see step 2).
- Changing “defects of character” to “character weaknesses” (see step 6).
- Changing “amends” to “restitution” (see steps 8 and 9).

Some additions were also made to strengthen the steps based on L.D.S. beliefs. These include:

- Adding “of yourself, are” before the term “powerless” (see step 1).
- Changing “Power” to “power of God” (see step 2).
- Adding “written” before “moral inventory” (see step 4).

The three most substantive changes made based on an L.D.S. perspective include:

- Changing the words “God as we understood Him” to “God the Eternal Father and His Son, Jesus Christ” (see step 3).
- Introducing the concept of “proper priesthood authority” as part of the disclosure process (see step 5).
- Adding the “Atonement of Jesus Christ” as the credited source of the “spiritual awakening” (see step 12).

There are some other changes but these are the most noteworthy. Any student of A.A. will recognize the core intent of the original Twelve Steps were maintained in the L.D.S. adapted version. Likewise, any student of L.D.S. theology will easily recognize the rationale behind the substantive changes and additions in the adapted version.

A.A. works because it prescribes a systematic application of

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scripture-based doctrines and principles that are discussed and reinforced in a supportive environment. A.A. is not only about sobriety but it is about a life of hope and peace. The Addiction Recovery Program of the L.D.S. Church is not only about sobriety but it is about a particular kind of eternal hope and peace found only in full church participation and by making and keeping sacred temple covenants. The Church of Jesus Christ of Latter-day Saints has taken something good and true (the original Twelve Steps of A.A.) and added to it an eternal perspective.

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J. Douglas LeCheminant, M.S.W., L.C.S.W., is a Licensed Clinical Social Worker and currently works as a Program Specialist with L.D.S. Family Services. Doug has 20 years of work experience in the field of mental health and social services. He has a bachelor's degree in University Studies from University of Utah and a master's degree in Social Work from Brigham Young University. He also serves as a board member for *Understanding Chemical Addiction Disease*, a Utah-based group seeking to educate key community and political leaders about the causes of and solutions to drug and alcohol addiction. Doug is married to the former Mary Louise Johnson and has two children. He enjoys landscape art, Asian history, and following college football and professional basketball.

A COMPARISON OF THE TWELVE STEPS

STEP	THE ORIGINAL TWELVE STEPS OF ALCOHOLICS ANONYMOUS	DOCTRINAL FOUNDATION	THE ADAPTED TWELVE STEPS BASED ON THE RESTORED GOSPEL OF JESUS CHRIST
1	We admitted we were powerless over alcohol—that our lives had become unmanageable.	Honesty	Admit that you, of yourself, are powerless to overcome your addictions and that your life has become unmanageable.
2	Came to believe that a Power greater than ourselves could restore us to sanity.	Hope	Come to believe that the power of God can restore you to complete spiritual health.
3	Made a decision to turn our will and our lives over to the care of God as we understood Him.	Trust in God	Decide to turn your will and your life over to the care of God the Eternal Father and His Son, Jesus Christ.
4	Made a searching and fearless moral inventory of ourselves.	Truth	Make a searching and fearless written moral inventory of yourself.
5	Admitted to God, to ourselves and to another human being the exact nature of our wrongs.	Confession	Admit to yourself, to your Heavenly Father in the name of Jesus Christ, to proper priesthood authority, and to another person the exact nature of your wrongs.
6	Were entirely ready to have God remove all these defects of character.	Change of Heart	Become entirely ready to have God remove all your character weaknesses.
7	Humbly asked Him to remove our shortcomings.	Humility	Humbly ask Heavenly Father to remove your shortcomings.
8	Made a list of all persons we had harmed, and became willing to make amends to them all.	Seeking Forgiveness	Make a written list of all persons you have harmed and become willing to make restitution to them.
9	Made direct amends to such people wherever possible, except when to do so would injure them or others.	Restitution and Reconciliation	Wherever possible, make direct restitution to all persons you have harmed.
10	Continued to take personal inventory and when we were wrong promptly admitted it.	Daily Accountability	Continue to take personal inventory, and when you are wrong promptly admit it.
11	Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.	Personal Revelation	Seek through prayer and meditation to know the Lord's will and to have the power to carry it out.
12	Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.	Service	Having had a spiritual awakening as a result of the Atonement of Jesus Christ, share this message with others and practice these principles in all you do.

Presentation Summaries

Fall Convention 2008

(Continued)

Facilitating Young Adult Development: Taking Developmental Approaches from Chickering and Perry into Therapy and the College Classroom

James D. MacArthur, Ph.D.
Counseling and Career Center
Brigham Young University

Over the years I have developed a fascination with how various theories of human development have helped me in both my university teaching and therapy. I do not consider myself an expert on the subject of human development but I have found theories by Erik Erikson, Arthur Chickering, and William Perry to be of great help to me in classroom and therapeutic interventions. Let me tell you a little about how I use them.

In both therapy and university classroom teaching I find that how a person conceptualizes her/himself is significant in the learning process and in therapy outcomes. So, from time to time, I become a “teacher” even in individual therapy. Some therapists don’t go there feeling that may take the ball out of the client’s court. I have found quite the opposite to be my experience. From time to time I will “teach” my clients some aspect of developmental theory from one of these three theorists. An example from William Perry (1970) might illustrate. If I have a client who is a dualistic thinker (right/wrong, black/white, either/or), at some point I may just take out my well-known yellow pad of paper that I keep on my desk for such an occasion (☺) and draw them a picture of the stages of cognitive development Perry taught years ago. They see, on paper, Perry’s stages of cognitive development:

- 1) Dualism
- 2) Multiplicity
- 3) Relativism
- 4) Commitment in Relativism

I give them a five minute “lesson” on how dualistic black/white thinkers can move to the next stage which means they notice and allow for different opinions on a given subject to exist (multiplicity). Then the next stage (relativism) means that they not only notice different opinions but they seek to learn about

and understand each one. Finally, in the final stage (commitment in relativism), they sort through all they have learned and seek to establish their own stance on the question at hand. Sometimes that stance will last a long time but it can undergo shaping. After I run through that five minute overview of Perry’s stages of cognitive development, I ask them where they think they are and why. I pursue how the “stage” they are in might be influencing their views of themselves and how they tackle life challenges. What if they moved ahead from where they are in the four stages? What difference would that make in life problem solving for them? I have done that MANY times with great success.

One more example might help. This one is from Arthur Chickering, noted for his work in young adult development. This theory has helped me with both university students and clients and others outside of the university as the face validity of his theory is strong, in my opinion. Arthur Chickering began studying young adult development in the 60’s and published his first work on the “Seven Vectors of Young Adult Development” in 1969. He then did further research and published a later work in 1993. He determined that young adults have seven developmental “vectors” that they should consider and upon which they can do self-assessment. These “vectors” include:

- 1) Developing Competence
- 2) Managing Emotions
- 3) Moving through Autonomy toward Interdependence
- 4) Mature Interpersonal Relationships
- 5) Establishing Identity
- 6) Clarifying Purpose
- 7) Developing Integrity

In therapy I have often noted, particularly with young adults and adults that when a given client is describing depression, anxiety, high stress, or even things like eating disorders (just a few examples of many I could give) that the “roots” of their clinical symptoms often lie in the soil of having trouble with some of these young adult/adult developmental characteristics. So, a person may be depressed because of trouble with the Managing Emotions vector or due to identity confusion, as well as challenges in Clarifying Purpose. It is common for me to give my clients a little



Presentation Summaries

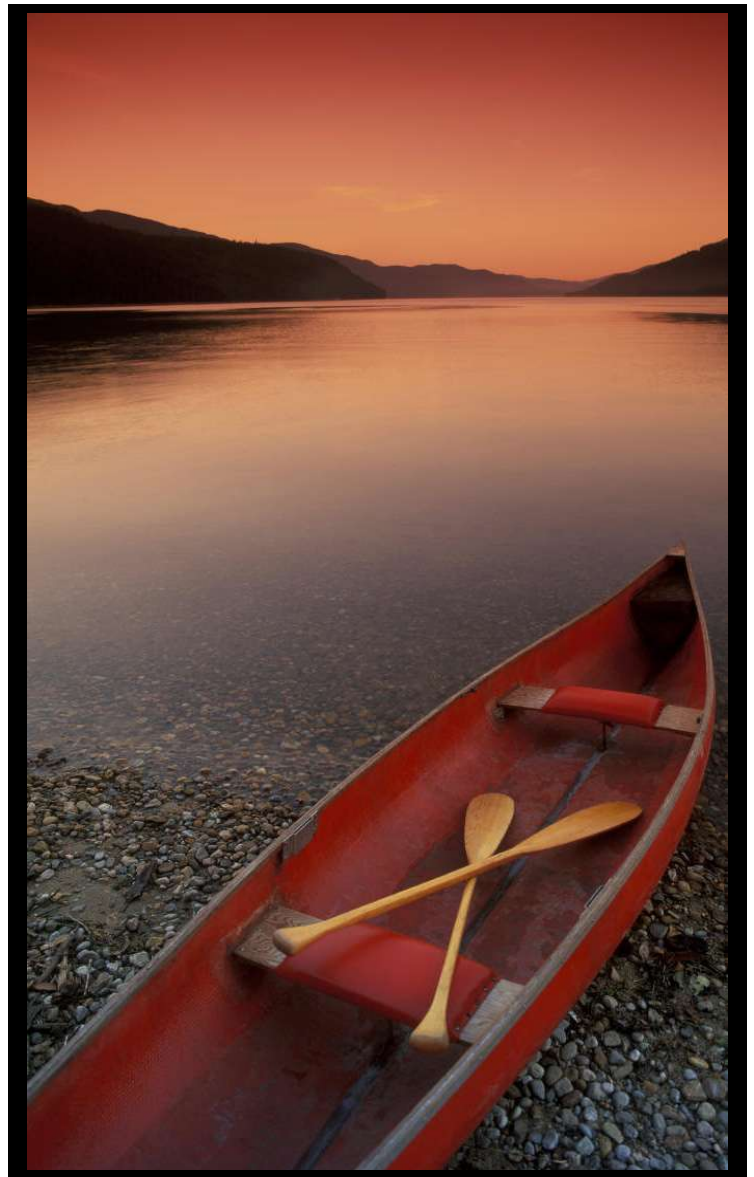
Fall Convention 2008

(Continued)

three page overview of the seven vectors by Chickering and have them go home and read it. I ask them to do a ten-scale on each vector (a number closer to 10 means they are strong in that vector and a number closer to 0 means they are struggling there). I have found that having them do that self-assessment gives both the client and me an good "picture" of how they stand developmentally and a chance to see if there might be link between a low score (like 3 or 4) on the Mature Interpersonal Relationships vector and some depression or anxiety they might be experiencing. That may give us a way to "travel" together in pursuing a therapeutic objective.

I teach all of this in university courses at Brigham Young University and have students do minor (one page) and major (10 to 20 pages) self-assessments on these developmental topics. They are also required to go meet with "mentors" of their choice to get feedback on how the mentor thinks they are doing in each developmental area. They then are asked to merge their own self-perception on each developmental characteristic with the views of their mentors and see what they can learn about themselves. This is classroom work, it is not therapy, but it often is very therapeutic in promoting the growth of my students.

That is a quick overview of how I use developmental theories in working with clients in therapy as well as with students in a university classroom. Sources you might want to study are: *Education and Identity* by Arthur Chickering, 1969, 1993; *Forms of Intellectual and Ethical Development in the College Years* by William Perry, 1970 and *Childhood and Society* by Erik Erikson, 1950. There are MANY other references on these three authors that you can get on-line. Also, there are many other developmental theorists you may prefer to use in your counseling and teaching. These are just three examples of some I have used.



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James MacArthur, Ph.D., is a licensed psychologist and clinical professor at Brigham Young University's Counseling and Career Center. He received a Ph.D. from Brigham Young University in Counseling/Educational Psychology in 1976. His professional interests include developmental approaches to counseling, adolescent and young adult treatment, group process in the classroom, and family process. He teaches courses in college student development. He is the author of *Everyday Parents Raising Great Kids*, a book about functional families.

Presentation Summaries

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(Continued)

The Shame Matrix (Continued from page 26).

Lane Fischer, Ph.D., Counseling Psychology & Special Education, Brigham Young University

BEHAVIOR		AFFECT					
Ego Dystonic	Ego Syntonic	Hostility	Anger	Humiliation	Fear	Terror	Sadness
INTIMACY							
Reclusiveness	Cynicism	INSUFFICIENCY					
PRODUCTIVITY							
Immobilized	Passive/ Aggressive		REJECTION				
DEPENDENCY							
Abusiveness	Powerlessness			WORTHLESSNESS			
SENSE AND ORDER							
Craziness							
Chem. Dep.	Helplessness				ABANDONMENT		
UNIQUENESS						EMPTINESS	
Suicide	Hopelessness					LOSTNESS	
						ISOLATION	
HEALTH							GRIEF
							ACCEPTANCE
							HOPE

Existential Questions Associated With Each Triad:

Intimacy: Can I be close to someone even though I have weaknesses?

Productivity: Am I equivalent to the work I do?

Dependency: Am I valuable enough to have resources expended on my behalf?

Sense and Order: Can I predict and count on the people in my life (parents most importantly)?

Uniqueness: Can I find a place in this ecology even though I am unique?

Health: Can I go on and thrive even though there were some important things missing or wrong?

Student Reflections

Hello Students!

My name is Matt Reiser and I am a Counseling Psychology doctoral candidate at Brigham Young University. I am excited for the opportunity to be a part of AMCAP and represent AMCAP students. This section of the Networker is completely devoted to students! We will be providing you with some information about what you can do to get involved with AMCAP as a student. For example, the semi-annual AMCAP convention is just around the corner on April 2-3, 2009 and a special early morning presentation is being offered just for students on **Friday morning, April 3rd, from 7:00 a.m. to 8:00 a.m.** This presentation will be given by the prominent Utah Psychologist, Dr. Dean Byrd, and is called: ***Diversity 101: Cultural Humility, a Practical Response to Diversity?*** Don't miss out! It's free but space is limited, so register early at mail@amcap.net.

Another great convention opportunity is serving in the bookstore at the convention. Those students who would be interested in volunteering for the bookstore either Thursday or Friday should contact me at my email: mattreiser@byu.edu. We are looking for three volunteers each day to work in the bookstore from 8:00 a.m. to 4:00 p.m. Volunteers will receive a free lunch the day they volunteer in the bookstore and have the opportunity to attend a few of sessions for free as well. Another great bonus for serving: Free one year membership to AMCAP!

AMCAP has a new fabulous mentoring program for students. The mentoring program connects students with AMCAP professionals. So far it has been a great success and we hope you will consider getting involved. If you are interested in the mentoring program or seeking more information on it, contact Lisa Leavitt, AMCAP board member at her email: lisa_leavitt@byu.edu.

If there is any information that you are seeking as a student or have any suggestions on how AMCAP can better serve you as a student please feel free to contact Matt Reiser or Lisa Leavitt.

Matt Reiser, AMCAP Student Representative

Questions: Ethics and Spiritual Interventions

Kraig Boyd
Graduate Student, Mental Health Counseling
Idaho State University

Based on my experience working with recovering addicts, I am absolutely sold on the efficacy of using spiritual interventions in mental health therapy programs. However, as a graduate student attending a secular university, I have struggled with the ethical implications of using such interventions in individual counseling sessions. Should I share personal spiritual experiences with a client? Quote scripture in session? Is it ever appropriate to pray with a client? Is it okay to encourage a client to practice Zen mindfulness meditations? Can I talk about the effects of sin,

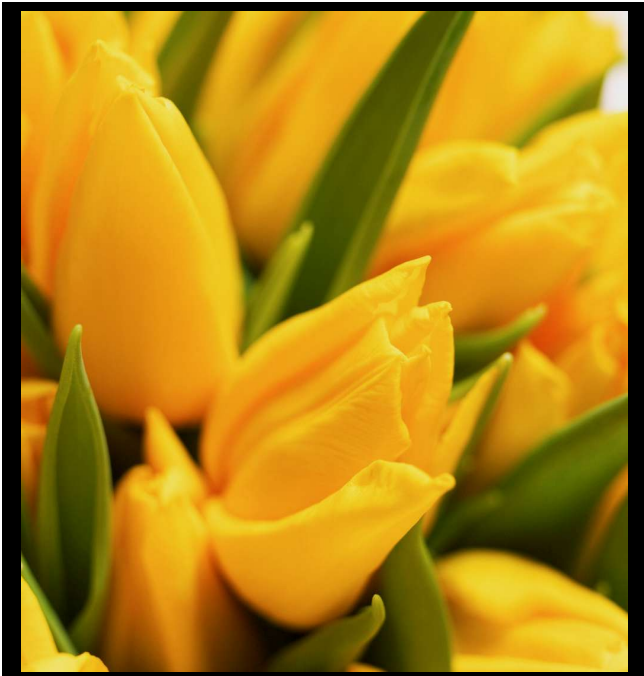
confession, repentance, forgiveness, and other gospel issues that I believe are impacting my client's wellness? If my client is L.D.S., does this change the rules? Of course, I have found no simple cut and dry answers to these ethically perplexing questions, but thankfully, I have found additional questions. Specifically, I have found four very helpful questions that I can ask myself when deciding if a particular spiritual intervention is appropriate.

The first question is, "How will this intervention affect the relationship between me and the client?" In order to have a healthy collaborative relationship, I want to keep the balance of power as egalitarian as possible. But if I, for example, start quoting scripture in session, will the client begin to view me as a spiritual advisor, or even worse, as an ecclesiastical authority? If this intervention will negatively impact the therapeutic relationship, I may want to curb my scriptorian urges.

Student Reflections (Continued)

The next question I can ask myself is, “Am I making assumptions?” Just because a client is L.D.S. and I am L.D.S. does not mean that our experience of growing up L.D.S. is similar. My L.D.S. family may have been warm and supportive, while my client’s L.D.S. family may have been obsessively strict and controlling. What if I assume that attending church is a positive experience when my client’s experience has been the opposite? If the client perceives me to be “churchy,” will this encourage transference of the client’s toxic religious perceptions onto me? Maybe I need to slow down and more thoroughly understand my client before leaping to conclusions about what will be helpful in therapy.

Another good question to ask is, “Am I imposing my values on this client?” Given the obvious power differential built into the counseling relationship, it would be unethical for me to make any authoritative pronouncements about God or religion to any client—especially a client who may not share my views. It is certainly not my role as a counselor to guide my client toward my own version of “the Truth.” This should not be problematic for practitioners who understand that their role is only to assist clients in discovering truth in the context of the client’s personal experiences. Disparate

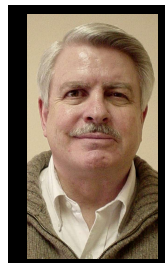


values and even opposing beliefs need not be an impediment to the counseling process as long as the counselor adheres to a few simple but imperative principles. Etezady pointed out that, “The principles of neutrality, empathetic attunement, and respect for our patients’ perspectives and subjective experience, guard against indoctrination or imposing values on our patients” (Akhtar & Parens, 2001, p. 318). This approach does not prevent counselors from helping clients to discover meaning in their own experiences, which is a decidedly spiritual endeavor. The key principle here is respect for the client and respect for the client’s view of the world.

Perhaps the most important question I can ask myself is “Why am I doing this?” Do I truly have my client’s best interests at heart, or is this really about me? Do I feel divinely inspired to do this, or is this just a formula that has worked for another (completely unique) client? My experience has been that when working under the unmistakable influence of the Holy Spirit, I have been empowered to be a catalyst for amazing personal transformations. When working by formula, however, I have often done more harm than good. Therefore, if I am going to use any type of intervention, I had better be sure that I am spiritually prepared and in tune with divine inspiration, in order to discern rightly the course to pursue. Herein, I believe, is the surest path to ethical safety!

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Kraig Boyd is in his third year of a Master’s in Counseling program at Idaho State University. He has worked as a Drug and Alcohol Rehabilitation Specialist at the Pocatello Women’s Correctional Center for the past eight years. Kraig recently retired from a 22 year military career, both as a fulltime Army active duty officer and as a soldier in the Idaho Army National Guard, serving two overseas assignments to Germany and one deployment to Iraq. He is most proud of his seven stellar children, their awesome spouses, and eight delightful grandchildren, who are now spread from Tempe, Arizona to Washington, D.C. to Lima, Peru. Kraig lives with his ever-faithful supporter and constant source of inspiration, Norma, in their home in Robin, Idaho.

Student Reflections (Continued)

Increasing Cultural Sensitivity

Norma Boyd

Graduate Student, Clinical Psychology
Idaho State University

I am currently taking a Cultural Diversity class, which has caused me to think a lot about my past experiences with people of color, my feelings about and interactions with them, mistakes I've made, and how I could be more culturally sensitive in the future. When I was a child half a century ago, the term "racial issues" strictly referred to prejudice against Blacks. There were plenty of Hispanics in my community, and we lived next door to a Native American family who often came to use our phone. Although abuses of members of these and other cultures were open and rampant, these issues were ignored and, seemingly, "nonexistent." Thus, today when I think of "racial," I automatically think of Blacks. I have to consciously remind myself that the term refers to other ethnic groups, as well.

My first memory associated with racial (Black) issues was hearing my father rail about "those Negroes." I was a young child, and I remember being shocked at the things he was saying. I had learned in church that we are all God's children; He loves us all the same; and we should love each other and treat one another with respect and kindness. I believed these teachings with all my heart, and I was very distressed to hear my father's heated words. I did not want to hear him talk like that, but I also knew that it was not safe to open my mouth and contradict anything he said. I just sat quietly and let my mind wander to other places that felt safer and more palatable than where I was.

Growing up in rural Idaho, issues of race (Black) did not come up frequently. I heard about Civil Rights demonstrations and the assassination of Martin Luther King, but they were in far away places, and since we did not have Blacks living in our area, they did not affect me and were not relevant to my life. Yet, I firmly believed that God would want me to treat everyone with respect. I already had Hispanic, Asian, British,

and Native American friends, and I was determined that neither verbal accent nor the color of someone's skin would deter me from getting to know him/her.

When I lived in Phoenix thirty years ago, I came into personal contact with a Black person for the first time. Her name was Mary, and I worked in a retail store with her. I felt a kinship with her from the moment I met her and was always glad when our lunch hours overlapped so I could visit with her. Mary and I became good friends, and she told me of struggles she'd had in her job. She had worked in the store for 17 years and repeatedly saw White workers hired and promoted, while she remained at an entry level position. I was appalled. Mary was a good worker. She was intelligent, dedicated, well organized, personable with customers, and never had a negative thing to say about anyone. I had thought that racial prejudice was a problem in the South; that it did not exist in the West, but I was wrong. (Since then, I've made friends in Idaho and elsewhere, who have shared similar accounts of limited educational and vocational opportunities due to skin color. Thus, I recognize that the issue is not limited to geographical area, but is pervasive).

While working in the store one day, a customer came in with a problem. She kept saying she wanted to speak with "that Black woman." We all wore name tags, and I thought she meant the salesperson's name was Black. I was dumbfounded. I could not think of anyone in the



Student Reflections (Continued)

store with the name of Black. Finally, in exasperation, she said, "You know. That Negro lady!" It had never occurred to me to identify Mary—or anyone else, for that matter—by the color of her skin. As the light dawned, I exclaimed, "Oh, you mean Mary!" She was relieved that I finally figured it out. In telling Mary of the incident later, her eyes filled with tears. She wrapped her arms around me and kept saying, "Thank you. Thank you." I had no idea at the time that relating the incident would mean so much to her.

I've tried to be sensitive to others, regardless of differences. However, I made a terrible error one day that will likely always haunt me to some degree. I was raised to be compliant, and it had only been in the few years prior to this incident that I'd learned to tell people no. As a volunteer in the local women's prison, I found that most of the inmates who attended our 12-step group were also unable to say no. I made up a phrase to put "no" in context. As a child, rather than saying swear words, we would say, "the D word" or "the H word." So, to emphasize the distastefulness of the word, "no," I asked them, "Do you think you could learn how to say the N word?" Then I said, "You know—no." It had shock value and made the women laugh each time I said it. Later, I would often receive reports of how my illustration had helped them recognize that no was not a bad word and that they had started to use

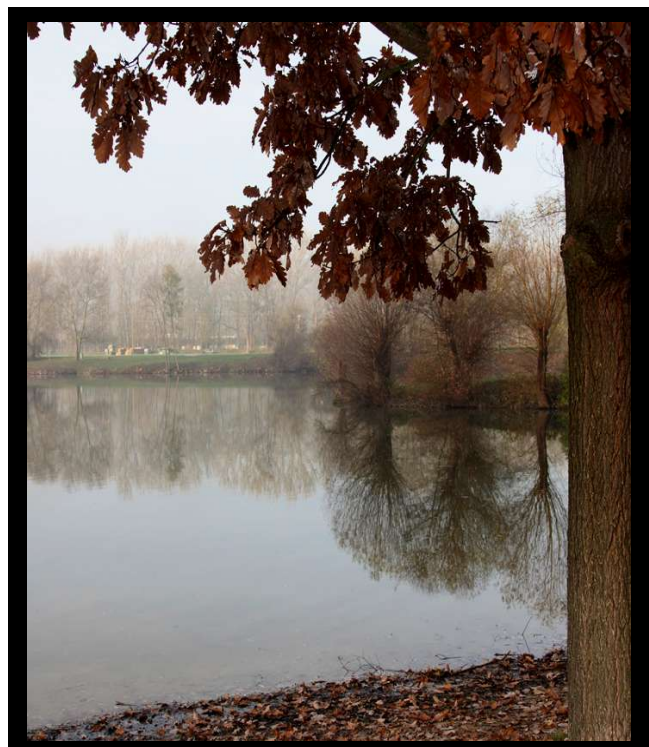
At one point, we had a Black lady who was regularly attending our meetings. One day, the subject of saying no came up and I asked my usual question. She never returned to the group, and when I would see her and speak to her on the unit, she seemed uncharacteristically cold. I thought I must have offended her in some way and racked my brain, trying to figure out what I'd said or done. Later, I learned for the first time that the phrase "the N word" is a common phrase meaning "Nigger." I had never heard that phrase before, and I was shocked and appalled at what I'd done in total ignorance. I couldn't stand the thought that I had unknowingly inflicted pain on her. I wanted to apologize for my blunder, but she had already been moved to another facility.

We talked in our class about inflicting hurt unintentionally by our ignorance, and I was reminded

of this incident. I realize it's important to learn as much as I can about different cultures and common stereotypes so I can be more sensitive to their vulnerabilities. I was not aware of many common stereotypes that were mentioned in class readings, such as Blacks being violent or Latinos being hot-tempered or involved in the drug culture. If I am not aware of these and other common stereotypes, I could inadvertently say something that a client of color could take as a personal slam. However, I also realize that I can't know everything, and because I am human, I am apt to make mistakes. When I do, I hope to have a strong enough alliance with my clients that we can talk about my errors, so I can apologize and continue to learn how to be more sensitive.

I don't want to hurt anyone's feelings. I know what it's like to be wrongly judged. I've lived with judgments my whole life, and they're painful. I don't want to inflict that kind of pain on anyone else. Because I know how it feels to be wrongly judged, I am, perhaps, more sensitive to others than I would otherwise have been.

While reading the material for this class, I've done a lot of self-examination. Unlike some Whites, I don't feel guilt over the slavery issue. I don't think it's necessary



Student Reflections (Continued)

or expedient to burden myself with shame over something that happened generations before I was born. I have no control over what happened then and had no part in it. I think a more appropriate issue to me, personally, is: how do I treat and talk about people of color today? I *can* do something about that. I became a bit angry when I read one of the chapters on White privilege and the way all Whites were stereotyped into one category. Research shows that there is actually more diversity among ethnic group members than between different groups, and I doubt that hunger feels any less threatening or uncomfortable to a White person than to a Black, Hispanic, Asian, or Native American.

I feel like I've experienced little privilege in my lifetime. For most of my life, I've literally had to scramble to survive physically and emotionally. I know what it's like to spend months at a time feeling the incessant, relentless pangs of hunger because there was not enough food for me and my children; I've been reduced to dumpster diving to find food to keep my family alive; my children have been beat up and thrown into garbage cans *at church* because they are "only trash." These experiences are not appropriate for any human being to experience—regardless of color. It isn't acceptable for a White person to refuse to hire a person because s/he is Black; nor is it permissible for a Black person to destroy someone's career because s/he is a "White Mormon." Still, both happen. I realize that the author was writing in generalities, not to my particular situation and experience. Yet, I can't read the book from any but my own perspective—which is based on my experience. It was hurtful to read accusations, to be once again "put into a box" and labeled simply because of my skin color. I feel sorry that



we, as people, do that to one another. I believe it's morally wrong to make judgments like that. Perhaps the racial situation would improve if we would accept one another as individuals, recognizing that while category plays a part in who we are, it is not us. As a therapist, it is imperative that I see clients as individuals; that I allow them to relate their experience rather than assuming what that experience is.



Norma Boyd is in her third year of the Clinical Psychology Ph.D. program at Idaho State University. In connection with her graduate program, she works at the Adult Mental Health division of the Department of Health & Welfare, where she conducts psychological assessments, forensics evaluations, intake assessments and psychotherapy sessions. In the past, she has facilitated 12-step and psychoeducational groups, conducted forensic evaluations, and provided psychotherapy at the local women's correctional facility. She is the mother of six sons and one daughter and has 8 — soon to be 9 — grandchildren. In her "spare" time, Norma enjoys writing, arranging, and performing inspirational music.

Finishing

Jason Katzenbach
Doctoral Candidate, Counseling Psychology
Brigham Young University

Clank.

The woman in front of me slammed the fee collection box and handed me a plastic name tag holder and a glossy paper square with a yellow sun ray boarder.

How cheery, I thought as I noticed the table decked out with sharpie pens to my right. I dutifully shuffled over. As I leaned over to scribble my name I wondered why we bother labeling ourselves at these conferences anyway. It's not as if anyone ever takes the time to decipher anyone else's handwriting in order to make use of them.

I finished my half-hearted attempt at calligraphy and quickly stumbled towards the main hall still trying to assemble my name tag. While I was thus fiddling with my latest useless accouterment I spotted the bagels. I gave up on the name tag, allowing it to lie crookedly against my chest, and got into the feeding line. I loaded up on my—and probably someone else's—share of bagels. Stuffing one in my face, I entered the big room where the important power point presentations of the day were to be given.

Student Reflections (Continued)



The room was filled with unfamiliar faces so I made my way to the back—where I am usually most comfortable—and anxiously grabbed a seat at a table by myself. I began to thumb through the folder in front of me, more or less pretending to look like I knew what I was supposed to be doing. I have decided that it is usually best to pretend that you know what is going on, mostly because everyone else around is usually pretending to do the same thing. I figure that by joining in on the charade we're at least unified in our collective pretentiousness.

The meeting began and I fiddled with my laptop waiting for the presentation I had come to see. Again, I found myself pretending—to be listening, or taking notes, or whatever it is that most people pretend to do with their laptops during the parts of meetings that don't really have anything to do with them.

Finally, a professor with whom I have worked for the last few years emerged from the front corner of the room and made his way towards the podium. After some technical difficulties, my professor friend began attempting explain the importance of collecting mental health vital signs for both patients and clinicians alike.

It's hard enough to extol measurement virtues to a room full of researchers let alone to a room full of NAMI members that have been poked, prodded, and tested so many times that they are libel to rip the next survey they see to shreds. That said, my professor friend was somehow managing to connect with his skeptical audience.

He began by relating the story of a conversation he had had with a consumer of mental health services that had greatly impacted his conceptualization of serious mental illness. Serious mental illness—that label has always struck me as odd. Are there mental illnesses that are not serious? You never hear about people that are just flippantly mentally ill.

My professor friend continued with the story of the woman who he had met in an inpatient clinic. "I'm not broken, I'm just unfinished," she had told him.

Unfinished . . .

"Hmm," I thought, unfinished certainly sounded better than sick, demented, psychotic, schizophrenic, or any of the myriad of other labels which have been forcibly foisted upon that group. This new conceptualization of mental illness brought a warm fuzzy feeling to my veins as I contemplated the implications of understanding people as unfinished rather than irreparable.

Soon, however, my warm fuzzy feeling cooled off into an icy lump in my stomach.

"Does that mean I'm supposed to be finished...?" I wondered.

I didn't feel finished. There's no way a finished person would spend 70 hours a week slaving away on course work and research all the while accumulating debt in place of income. Of course, then again, just choosing to engage in such an endeavor probably qualifies me for at least one DSM diagnosis, if not several.

I thought about my professor friend at the front of the room, is he finished?

He at least collects a pay check, I thought.

Is that what being finished is? Collecting a pay check?

I've collected pay checks before. Somehow, despite the paycheck, I didn't feel very finished when I was a probation officer. There was just something that seemed incomplete when a good part of my day consisted of watching other people pee into a cup.

The more I think about it, the more I think I don't really want to feel finished. If I felt finished, why would I want to get up in the morning?

Yalom likes to say that we are all fellow travelers, and I think he's right in a way. Life is sort of a journey, and we're all moving forward in one way or another. And I think that forward progress is sort of what makes life worth living. It's the times when we're not moving forward, when we feel stuck or stagnant that life stops making sense—when we're unable to connect to our fellow travelers, and when are unable to move forward in meaningful ways.

Student Reflections (Continued)

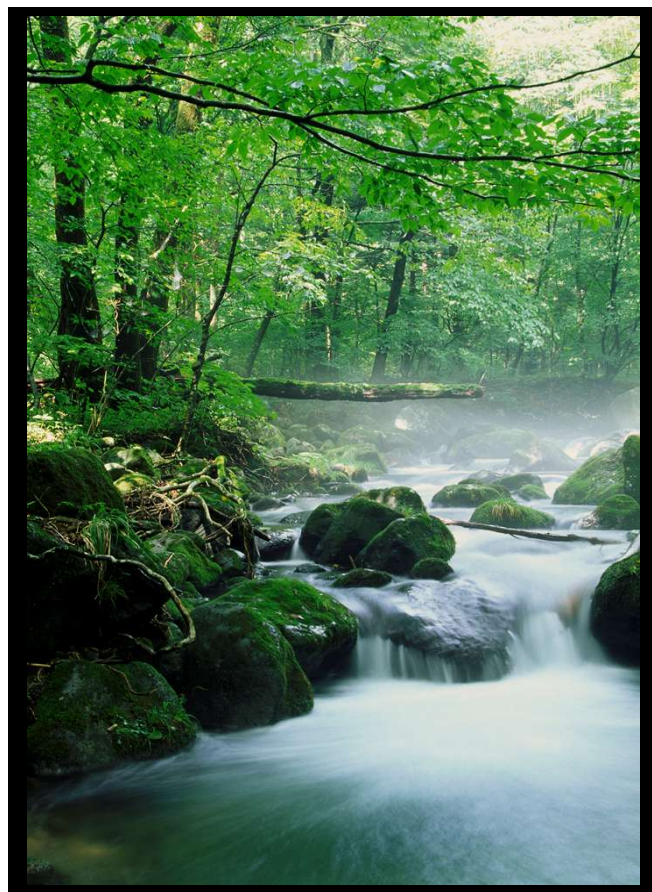
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Perhaps the experience of serious mental illness is less about being unfinished and more about being stifled in ones attempt to move forward in the ways that make life most meaningful.

A couple of months ago, a classmate of mine had stole a sign planted in the campus grass to help her introduce us to positive psychology. "Don't step on me, I'm trying to grow," read the sign. At the time I thought attention catching activity was a little cheesy . . . Ok I thought it was intensely cheesy. But now, as I thought back on it, it started to make more sense to me. I started to wonder if the most difficult part of struggling with a mental illness is to feel unable to grow.

I think the way the woman felt unfinished in the story my professor friend told was very different from the way that I felt unfinished. I think she probably felt unfinished, because no matter how hard she tried, something was keeping stuck on her journey. Something was getting in the way of her ability to connect with the people most important to her in life, and to move forward in the pursuit of the goals that mattered to her.

I think sometimes as practitioners it can be easy to get lost in an attempt to rid our clients of symptoms, but I think it's important to remember what makes us mentally healthy in addition to what makes us sick.



Groups spawned from the survivor movement—a movement consisting of consumers, former consumers, and their families—like NAMI have been lobbying for this kind of change for years. The consumers have recognized what's missing in their treatment and it's time we listened. The recovery movement championed by these groups isn't about eliminating the symptoms of mental illness it is about ensuring that consumers are helped to form meaningful relationships, pursue fulfilling work, and achieve independent living. Every consumer may not be able to achieve a total amelioration of their symptoms, but that doesn't mean that we as practitioners can't help them to realize a more meaningful and purposeful life.



Jason Katzenbach is Ph.D. candidate in Counseling Psychology at Brigham Young University. Jason is currently the principle researcher on a B.Y.U. mentoring environment grant studying the potential crossover between NAMI's recovery model and traditional outcome. He also works in the B.Y.U. Counseling and Career Center as a practicum student. His professional interests include psychotherapy outcome and consumer perspectives on treatment. Personally, he enjoys spending time

with his wife, literature, film, sports, and the occasional comic book. Jason also writes a left leaning political blog.

AMCAP Graduate Student and Professional Mentorship Program

FOR MEMBERS AND GRADUATE STUDENTS!

We have started a student mentoring program for AMCAP members and it is up and running. We hope you will sign up! The program pairs mentors with graduate students in counseling, psychology, social work or marriage and family therapy, to help provide students a place to ask questions of our AMCAP professionals. Many students struggle with how to practice in the mental health field with L.D.S. values. We believe mentoring relationships will help our graduate students learn from the experiences of their future colleagues.

Mentors - this is a great opportunity for you to teach the younger generation what you have learned about mental health practice as a Gospel-centered therapist. Please complete the form below to get involved!

WHAT IS IT?

- Personalized mentoring by professionals in the mental health field
- Pairing of graduate students and mentors based on information we receive from you

WHO SHOULD SIGN UP?

- Professionals wanting to help young L.D.S. professionals navigate their careers
- Graduate students in the mental health field wanting some guidance and direction for their future careers

WHAT'S THE COMMITMENT?

The commitment level will be up to each mentor and graduate student. Mentors contact each graduate student and make arrangements to meet by email, phone, and/or in-person meetings (twice/year if possible). Mentors can provide answers to questions students may have such as how to begin a clinical practice, how to present at professional conferences, how to publish, how to become more involved in the professional community, questions related to faith and practice, and any related questions students may have. Mentors and students are expected to respect the professional nature of the collaboration. Students or mentors that wish to end the relationship or change mentors/mentees can discuss this with each other and/or the program coordinators.

HOW TO GET INVOLVED:

Email the completed information below to **Lisa Leavitt** at lisa_leavitt@byu.edu or call (801) 425-3490 to sign up today!

Sign up now!

- ☐ Mentor ☐ Graduate Student

Contact Information (Name, Address, Email, Phone Numbers):

If you are a graduate student, please indicate preference to work with a professional who is:

- ☐ In your local area ☐ Anywhere ☐ Specific Location - Identify Location: _____

Mentors: What are your mentoring preferences? Graduate Students: What do you want mentoring in?

AMCAP Spring Convention 2009

Helping All in God's Garden to Grow: Diversity and Multiculturalism

April 2-3, 2009, Salt Lake City, Utah*

*Pre-Convention, April 1, 2009

"We must never forget that we live in a world of great diversity. The people of the earth are all our Father's children and are of many and varied religious persuasions. We must cultivate tolerance and appreciation and respect for one another." — Gordon B. Hinckley, Apr. 1999 General Conference

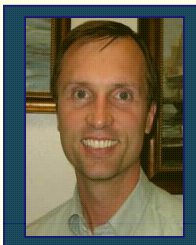
KEYNOTE SPEAKERS

JAMES FAULCONER, PH.D.

TIM SMITH, PH.D.



Jim Faulconer, Ph.D., is a Professor of Philosophy at Brigham Young University, and has previously served as Philosophy Department chair, Dean of General Education and Honors at Brigham Young University, and Associate Director of the Faculty Center. His academic specialty is 20th-century European philosophy, particularly the philosophy of Martin Heidegger and some of his French acolytes. He is married to Janice Allen, is the father of four children and eight grandchildren. His hobbies are playing with his grandchildren, cooking, traveling, and New Testament studies.



Tim Smith, Ph.D., is a Professor of Counseling Psychology at Brigham Young University. His areas of research include multicultural psychology and the association of spirituality/religiousness with wellbeing. In 2007, Tim was the first Caucasian to be awarded the *Emerging Professional Award* for "outstanding contributions in the promotion of ethnic minority issues" by *The Psychological Study of Ethnic Minority Issues*, a division of the American Psychological Association. Tim is married to Cindy Hyde and is the father of five children. Tim has many hobbies, but his favorite hobbies include spending time with family, skiing, and going on great vacations.

PLENARY SPEAKERS

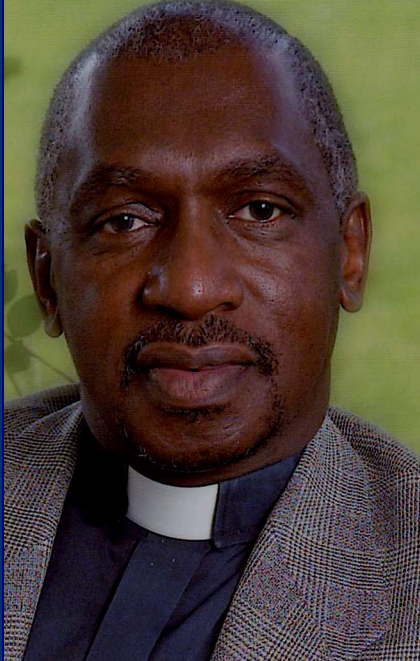
LYNNE BENNION, PH.D.

LILI ANDERSON, L.C.S.W., PH.D., AND CHRISTIAN ANDERSON, L.C.S.W.

----- CE Credits Available -----

Check out the AMCAP website at www.amcap.net for Convention Bulletin and Registration Forms

Distinguished Service to Humanity Award



**REVEREND
FRANCE A. DAVIS**

AMCAP is pleased to honor this year's
Distinguished Service to Humanity Award Recipient:

REVEREND FRANCE A. DAVIS

Reverend Davis has served for 35 years as the full-time pastor of the historic Calvary Baptist Church of Salt Lake City, Utah. Reverend Davis has an extensive educational background. He attended college at Tuskegee Institute and earned degrees in Afro-American Studies from Merritt College; Arts and Humanities from Laney College; Rhetoric from the University of California at Berkeley; Religion and Philosophy from Westminster College, Mass Communication from the University of Utah and a master's of Ministry from Northwest Nazarene University. Reverend Davis also received an honorary Doctor of Humane Letters Degree from the University of Utah.

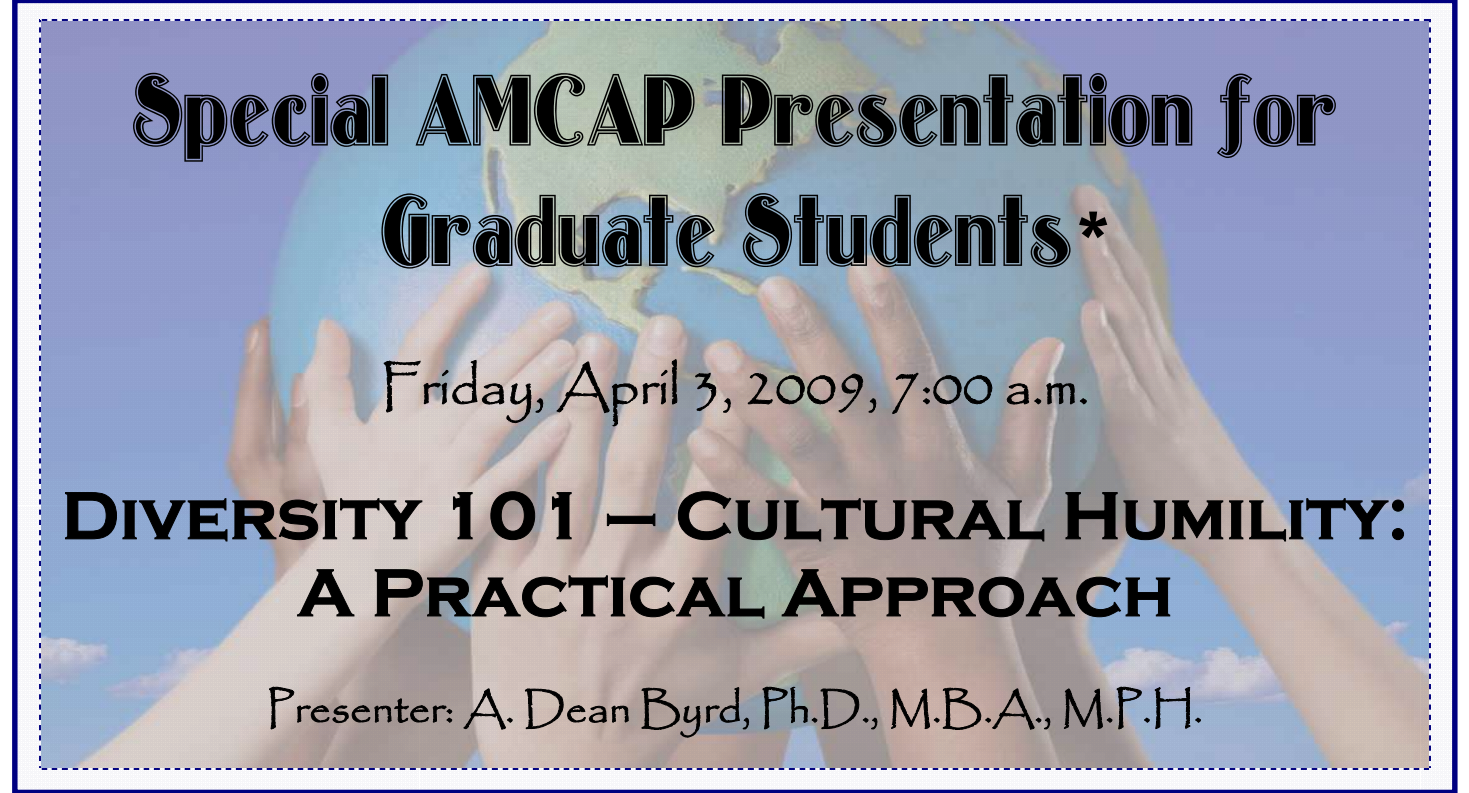
Reverend Davis is being honored for his great commitment to God, his extensive service and compassion to the community, and wonderful devotion to multiculturalism and diversity. Join us for a special social hour/awards presentation on **Thursday, April 2, 2009 at 5:15 p.m.** at the Joseph Smith Memorial Building 9th floor. Refreshments will be served.

----- Don't miss out on this great event! -----

Presenters for the AMCAP Spring Convention 2009

We look forward to hearing from the following presenters at this next convention (Listed in alphabetical order). Thank you for being willing to share your time, talents, experience and expertise!

Lili Anderson * Christian Anderson * Lynne Bennion * Xiomara Brown * Dana Chou * Bill Cook * Larry Crenshaw * LoriLee Critchfield * Rosalene Dalanhes * Reverend France Davis * Matthew Draper * James Faulconer * Barbara Gearig * Russell Gaede * Laurie Hamer * Kristin Hansen * Denia Ollerton * James Phillips * Allan Roe * Leni Quarnberg * Brent Scharman * JeaNette Goates Smith * Tim Smith * Roger Stark * Marleen Williams * Carrie Wrigley



Special AMCAP Presentation for Graduate Students*

Friday, April 3, 2009, 7:00 a.m.

DIVERSITY 101 – CULTURAL HUMILITY: A PRACTICAL APPROACH

Presenter: A. Dean Byrd, Ph.D., M.B.A., M.P.H.

Presentation Abstract: Diversity, tolerance, cultural competence, multiculturalism, sensitivity training...what's a budding professional to believe and do? This presentation is for graduate students and will focus on a practical approach to responding to diverse populations, cultural and religious differences.

Biosketch: Dr. A. Dean Byrd received his academic training at Spartanburg Methodist College, Brigham Young University, Virginia Commonwealth University and Medical College of Virginia, Loyola University and the University of Utah. He has had visiting professorships in Israel (University of Tel Aviv, Hebrew University and Bar Ilan University), the Democratic Republic of the Congo (Kinshasa University School of Medicine), Poland (University of Krakow School of Medicine), and Ivory Coast (School of Public Health). He has authored 5 books and more than 200 peer-reviewed journal articles, book chapters, book reviews and opinion editorials.

Currently, he is the President of Thrasher Research Fund and a Clinical Professor at the University of Utah, School of Medicine (with appointments in the Department of Family and Preventive Medicine and in the Department of Psychiatry). He also has an appointment in the Department of Family and Consumer Studies at University of Utah.

*Workshop location: Dean Byrd's office - Thrasher Research Fund, Gateway Tower West, 15 W. South Temple Street, Suite 1650.

Free presentation. Registration required and space is limited. E-mail the AMCAP office at mail@amcap.net to reserve your spot!

Selling or Distributing Items at the Convention

AMCAP members who would like to sell/distribute books, CDs, DVDs, Tapes, Brochures or Program Announcements at the AMCAP Bookstore during semi-annual conventions should forward a request with a copy of the display materials (which can be retrieved at the convention) to:

A. Dean Byrd, Ph.D., M.B.A., M.P.H.
Thrasher Research Fund
Gateway Tower West
15 W. South Temple Street, Suite 1650
Salt Lake City, Utah 84101
d.byrd@utah.edu

All requests to display items in the bookstore need to be received at least 21 days prior to the convention. Once reviewed, and a decision is made, notification of acceptance will be sent via letter or email.

Call for Papers!

Call for posters: We are soliciting abstracts for the **AMCAP Spring Convention 2009 poster session**.

What is a poster? Posters are excellent ways to summarize research or single case studies and to present a conceptual model or innovative interventions in therapy. Key information (brief paragraphs, bulleted outlines, diagrams, tables, graphs) is posted on a bulletin board (usually provided by the convention), usually in large print (to make it easier to read). Easels will be available. Presenters stand by their posters at the specified time, **Friday, April 3, 2009 between 12:30 p.m. and 2:00 p.m.** to answer questions and dialogue with others who are interested in the content, and often provide handout summaries for interested convention attendees.

To submit a poster for consideration:

1. Submit a cover page with the title and names, degrees, professional titles, affiliations, & contact information for each presenter. Contact information should include: address, phone, fax, and email address.
2. Submit a separate page with the poster title and a 250 word abstract of the content of the poster. Ideally, an abstract should highlight the key content that will be presented, Indicate research methods (if a research study is the subject of the poster), place this content in context (in terms of what is known/not known) and highlight any key implications for practice and/or future research.
3. Submissions can be sent electronically in a Word or Rich Text attachment to Dr. Rachel Crook Lyon at 801-422-4375 or Rachel_crooklyon@byu.edu.
4. Poster session submissions must be received **no later than March 13, 2009**.

Notification: You'll be notified about the status of your poster by March 24, 2009.

Bonus: The convention fee, including lunch, is waived for Friday, April 3, 2009.

AMCAP Spring Convention Fees



CONVENTION FEES*

BOTH DAYS

ONE DAY

Professional Members	\$ 140.00	\$ 95.00
Spouses, Retired Members	\$ 110.00	\$ 75.00
Non-AMCAP Members	\$ 170.00	\$ 120.00
Students	\$ 66.00	\$ 33.00
Students without Lunch	\$ 40.00	\$ 20.00
Non-AMCAP Students	\$ 100.00	\$ 50.00

SPECIAL SOCIAL HOUR/AWARDS PRESENTATION FREE EVENT

EARLY MORNING STUDENT WORKSHOP** FREE EVENT

PRE-CONVENTION FEES***

(April 1, 2009)

\$ 25.00	If Registered for Convention on Thursday/Friday
\$ 40.00	Pre-Convention Only
\$ 20.00	Student Rate

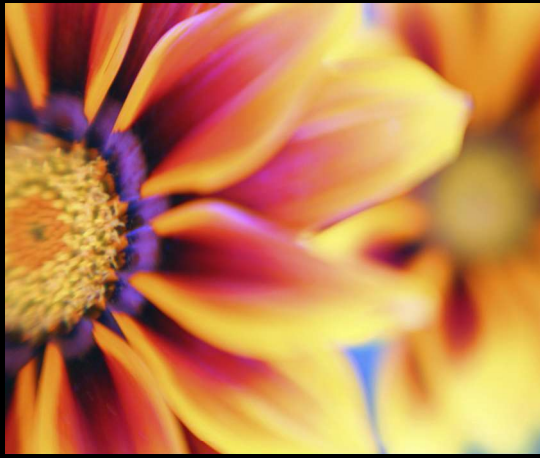
*Price includes lunch. Pre-Registration is due March 27, 2009. Registration increases \$20.00 after March 27, 2009. Register Early! **Only for students. Register required and space is limited. ***University of Utah, Salt Lake City, Utah. Specific Location TBA.

www.amcap.net

Check out the AMCAP Website for more information on the convention, for registration forms, bulletin, presenter information, and the convention schedule.

See you at the convention!

AMCAP's Mission Statement



AMCAP's mission is to provide information and support for the LDS mental health professional in four areas:

1. Spiritual Focus
2. Clinical Application
3. Networking and Outreach
4. Research, Theory, and Publication

As AMCAP members, we strive to center our personal and professional lives upon Jesus Christ by serving our brothers and sisters in need.

Volunteers Wanted!



Volunteers wanted: The Editor of the *AMCAP Networker* is looking for volunteers to help with *Networker* production. We are particularly looking for an assistant editor (or two), to help with: Soliciting, screening, editing, and/or formatting articles or other contributions to the *AMCAP Networker*. Skills needed: Strong computer skills, strong writing and editing skills, good communication and networking skills.

About the *Networker*: The *AMCAP Networker* (published twice a year) is an extended newsletter publication of the Association of Mormon Counselors and Psychotherapists. This publication includes a welcome from the AMCAP President or Vice President, AMCAP leadership information, member spotlights, information on upcoming conventions, member or association advertisements, handouts and articles for clinicians, summaries of presentations from the most recent convention, Area Coordinator news, student reflections or book reviews, information on ordering convention CDs, information on joining AMCAP or renewing membership, and any other information that might be beneficial to our members.

Time commitment: 10-20 hours per issue/every six months. Please contact the *AMCAP Networker* Editor, Kristin Douglas at kdouglas@lccc.wy.edu and indicate your desired interests and experience.

Call for Presentation Proposals

AMCAP Fall Convention 2009

Cultivating Calm In Troubled Times

October 1-2, 2009,* Salt Lake City, Utah

*Pre-convention: September 30, 2009

Acquaint now thyself with [God], and be at peace: thereby good shall come unto thee. (Job 22:21)

Brothers and sisters, though living in a time of commotion, we can stand in holy places and not be moved. Though living in a time of violence, we can have that inner peace that passeth understanding. Perplexing things will still happen, but, like Nephi, we can still know that God loves us, a felicitous and fundamental fact which can and will sustain us through so much! (Neal A. Maxwell, October 2002 General Conference)

As AMCAP members, we can use our inner peace to help support those within our influence.

Call for Presentation Proposals

Share your knowledge and expertise with us! We invite you to submit your ideas for presentations relating to our conference theme above. Presentation options include workshops, panel discussions, plenary addresses and round-table discussions. Hands-on, theoretical, research and application-based presentations are strongly encouraged.

Possible Topics

- Therapeutic interventions to decrease anxiety, depression, etc.
- The role of hope in the healing process
- Strengthening marriages during troubled times
- Mindfulness in everyday living
- Helping clients with balance and inner peace
- Therapist self-care

Submission of Proposals

Proposals should include the following information:

1. Presenter information (affiliation, email, phone, fax, address)
2. Presentation title, format and format (plenary address, panel discussion, workshop, etc.)
3. Preferred length (45 minutes, 60 minutes, 90 minutes, 2 hours)
4. Presentation abstract (no more than 100 words)
5. At least three learning objectives for a professional audience
6. Presenter qualifications (100-word biosketch and names of 3 references)
7. Specification of audiovisual equipment requested

Proposal Due Date: May 15, 2009

Send all presentation proposals by email to Ed Martinelli at martined@uvu.edu.

What's Up in Your Area?



AREA COORDINATORS: KEEPING CONNECTED!

Shane Adamson, AMCAP Vice President

This is exciting times in the Area Coordinator Network. There are two significant AMCAP initiatives that will greatly improve AMCAP members ability to expand their professional network connections. These two initiatives are detailed below:

First, the AMCAP Web site committee is creating a new and improved Web site. The new site is visually more appealing and rich in networking features and valuable information. AMCAP's new website can be found at **<http://www.ldsamcap.org>**. While this site is still under construction, it is operational so please visit the site.

On the home page, you will find a menu bar, and on the right side, you will find a button labeled *community*. When you click on this link, you will see the beginning work of area chapters taking shape. We encourage you to start creating your chapter within the community section on this new AMCAP Web site. Something you can include in your area section is a directory of AMCAP members in your area. Each member is invited to create individual profiles. You will find this new site to be very user-friendly and similar to other social networking sites such as My Space or Facebook. We believe that as the Web site catches on, other features such as bulletin boards and discussion forums will become active. Please visit the site frequently and begin entering in your personal data and personalizing your area section.



What's Up in Your Area? (Continued)

AREA COORDINATORS: KEEPING CONNECTED! (CONTINUED)

Second, efforts to develop a stronger collaborative relationship with L.D.S. Family Services are progressing well. It is worth noting that the commissioner of L.D.S. Family Services, Larry D. Crenshaw, is one of the very early members of AMCAP. Brother Crenshaw agrees that AMCAP and L.D.S. Family Services have much in common as both organizations are built on a foundation of the gospel of Jesus Christ and both seek to establish best practices in mental health. We are pleased that Brother Crenshaw is encouraging increased support of AMCAP among his staff. The timing is right to strengthen the local working relationships between AMCAP area networks and local L.D.S. Family Services offices. Area Coordinators are invited to initiate direct contact (in-person contact is preferable) with L.D.S. Family Services staff to explore how you might work more effectively together in meeting the counseling needs of L.D.S. Church members in your area. A listing of all L.D.S. Family Services offices can be obtained at **www.ldsfamilyservices.org** (click on the button labeled *How to Contact Us*). Please report back on your collaboration progress.

We hope the above two initiatives will lead L.D.S. clinicians to more effectively unite their efforts and talents and allow us to serve more effectively. Thank you so much for your commitment to AMCAP and the counseling profession.

Warmly,

Shane Adamson L.C.S.W.

AMCAP Vice President, Supervisor of AC Network

What is Up in Your Area? (Continued)

AREA COORDINATOR SPOTLIGHT!

Meet Carrie Kelley, Psy.D.
Area Coordinator, Salt Lake City Area

As a psychologist I'm more accustomed to asking the questions then answering them, nevertheless, here are the "W's" on me.

Who do I work with?

I have particular interest in adults with anxiety issues – ranging from feeling a little shy, to having panic attacks, all the way to personality disorders stemming from childhood-attachment-based-P.T.S.D.

What have I done?

Although I've run a lot of groups (*DBT, Bipolar Support, CBT for Depression, Work Stress, Coping with Anxiety, Post-Hospitalization Group, Life Transitions/Crisis Group, Chronic Mental Health Conditions, Parenting, Teen Time, etc.*) I most enjoy working one on one with individual adults, families, and couples. I also have a passion for teaching and supervising, and had a lot of fun working as a training director for the post doctoral residency program at Kaiser in the San Francisco bay area.

Through Kaiser and Sixteen Stones, LLC (see www.sixteenstones.net) I have also presented on topics such as forgiveness, positive psychology, mindfulness, leadership, creating an abundant life, and psychodynamic case formulation.

Where do I work now?

I have a private practice in downtown Salt Lake City (see www.mySLCtherapist.com) and work part-time at L.D.S. Family Services in Layton.

Why did I volunteer to be the SLC Area Coordinator?

One day while I was working at a big, shall-not-be-named, (Kaiser) HMO, where the case loads are very large and the clinical issues are quite demanding, I felt the urge to check to see if the plaque from the base of the Statue of Liberty accidentally got put in front of our clinic door, proclaiming, "give me your tired, your poor, your huddled masses yearning to breathe free..." Funny that I had that thought right after our staff meeting.

This can be a demanding job. I strongly believe that as we pull together, as colleagues and friends, we are more resilient to burn out and more connected to resources that can help our clients. I'd like to be a part of that effort.

My ideas for the SLC Area?

Dilbert has a great cartoon saying something to the effect of: Leaders are only needed when you're asking people to do something they don't want to. Nobody needs a leader to show them how to get to, and eat, the hot donuts in the office break room.

My hope is that together we can find the "hot donut" resources and ideas amongst us, and then dig in! To start us off, I'll be sending a survey to the 125 of us in the S.L.C. area asking about your ideas and interests, and then we'll go from there.



If you would like to share what is up in your area, please email Kristin Douglas at kdouglas@lecc.wy.edu.

New Website for AMCAP!

Unleashing the Power and Potential of AMCAP Online!

Carrie Maxwell Wrigley, LCSW
AMCAP Website Development Coordinator

On December 15, 2007, Elder M. Russell Ballard spoke at Brigham Young University - Hawaii's graduation ceremony. He observed:

"The Lord over the centuries has had a hand in inspiring people to invent tools that facilitate the spreading of the gospel. The Church has adopted and embraced those tools, including print, broadcast media, and the internet...

"The internet allows everyone to be a publisher, to have their voice heard...The emergence of New Media is facilitating a world-wide conversation on almost every subject including religion; and nearly everyone can participate...

"Understand the power of words... It is with words that you will accomplish the great things that you now set out to do... **Your outreach can be international... Your own sphere of influence... ought to include the internet.**" (See *"Using New Media to Support the Work of the Church,"* at lds.org).

AMCAP has long been committed to extending its influence for good. Members gather twice yearly for conventions in Salt Lake City to share ideas and gospel-consistent treatment strategies. Such ideas are also shared in AMCAP's publications - the AMCAP journal, *Issues in Religion and Psychotherapy*, and the *AMCAP Networker*.

Though AMCAP's conventions and publications are important resources, they carry significant limitations. First of all, it is not possible for all AMCAP members to attend conventions. Geographic distance, financial limitations, and competing scheduling priorities can all impede attendance. Although wonderful, the conventions and the *AMCAP Networker* appear only every 6 months; the Journal, only about once a year,

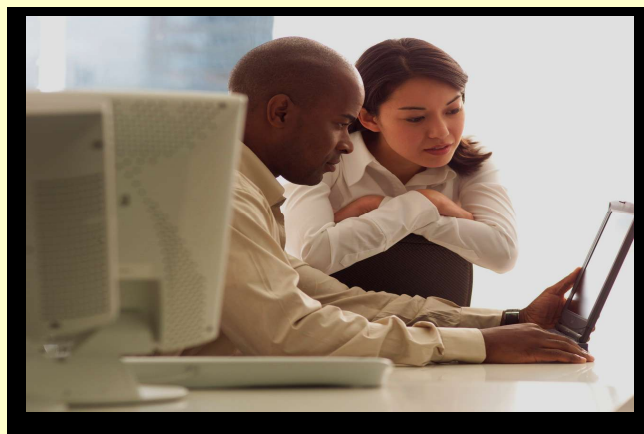
once/year as significant expenditures of time, cost, and effort are required to create these resources

AMCAP Online: A Tool for Including Everyone

In contrast, AMCAP's internet presence is available 24 hours a day, 7 days a week, to an audience literally spanning the world. An AMCAP member in Finland or Alaska, or China, has the same access to the website as a member in Salt Lake City. *There is potential in this resource to truly make every AMCAP member's voice heard; to include everyone in the sharing of "information and support" that is central to AMCAP's mission.*

AMCAP's online presence also extends to an audience beyond AMCAP membership. It can be a resource to the perplexed bishop, the troubled client, the worried mother, the student or clinician seeking gospel-centered strategies for helping others. Both AMCAP members and the lay public, L.D.S. and non-L.D.S., can glean insights from these web pages that can serve in practical ways to inspire, instruct, and bless lives in these increasingly troubled times.

There are regular costs associated with maintaining a website. There are, however, no additional costs associated with adding a picture, posting a newsletter, sharing an area report, or publishing a research study. Video messages, mp3 recordings, full-length transcripts of talks, and informational manuals are only a few of the items that can now be published on AMCAP's website - free of charge to either AMCAP or to the author of the material, and taking only minutes to post.



New Website for AMCAP! (Cont.)

Genesis: The Progressive Development of AMCAP.NET

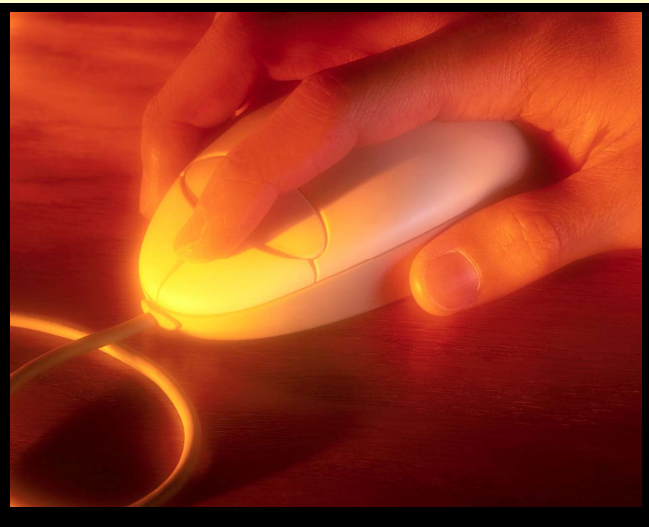
AMCAP's first website, amcap.net began in the mid-1990's, as an informational site comprised of just a few pages. Over the decade or so of its existence, it grew stage-by-stage into a significant resource for AMCAP members and others.

I first became associated with amcap.net in 1999, when I was elected to the AMCAP Board, and was given responsibility by then-president, Lane Fischer, over Membership and Outreach. In carrying out some early member surveys, I found that AMCAP members who were regularly able to attend conventions felt well-satisfied by their AMCAP experience. Those, however, who were unable to attend conventions, felt largely un-served and forgotten.

As a Board, we decided to extend AMCAP's influence and relevance to **all** of its members by expanding its online presence; and I was designated as Website Coordinator to oversee this process. Launched in October 2000 for AMCAP's 25th anniversary, that expanded amcap.net site included a 25-year searchable archive of the AMCAP Journal, convention information; mission statement information; news items; and printable forms for renewing membership, registering for conventions, and ordering convention tapes by mail.

Another significant upgrade of amcap.net occurred in 2003 when Rick Hawkes was serving as Website Coordinator. Rick oversaw a major redesign of the site to facilitate online payment for conventions, tapes, and membership renewal. A Member Forum was added, to help AMCAP members worldwide communicate with each other on a range of topics. A regularly-updated Membership Directory was added, so members could locate and contact one another. Rick also oversaw the development of a sister website, ldscounselors.net, to help clients around the world connect with L.D.S. counselors in their local area. These sites have served AMCAP well for over half a decade.

In late 2007, the Board was inspired by Elder Ballard's talk, cited earlier; and desired again to expand AMCAP's online presence and influence



for good in the world. In December 2007, I was asked to oversee a third major another expansion of the site, reflecting the ongoing growth of AMCAP. This work was supervised by Robert Gleave, current Board member, under the direction of the Board and of Rebecca Jorgenson, AMCAP's current President.

Keeping all the good things built into the site previously, a new upgrade of amcap.net was built and premiered at the April 2008 convention. This version added a new Areas Suite, to help Area Coordinators and others build AMCAP in outlying areas. More information and color was built into all existing pages; outdated information was replaced and updated; and new pages were added to make AMCAP's publications, convention handouts, and other resources more accessible and user-friendly.

A New Era Begins: Beyond AMCAP.NET

By June 2008, however, the limitations of amcap.net were becoming evident. It was proving to be cumbersome to update, and difficult to keep current. The rich interactivity beginning to develop on the internet in general was proving not to be possible in the platform amcap.net was built on. Also, the Board felt strongly about wanting to include more people on the Website Committee, to make sure the website stays fresh, in touch, and powerful. Yet, involving more people, on the amcap.net platform, proved to present some significant and unacceptable security risks to the site.

John Livingstone, AMCAP's past president, provided

New Website for AMCAP! (Cont.)

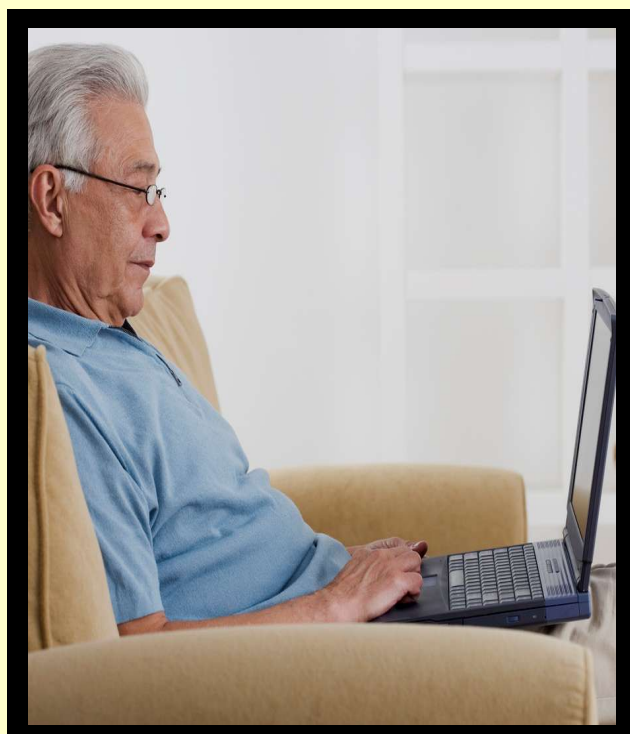
a crucial contact, John LeBaron, who helped us investigate and evaluate a variety of different platforms that would allow for easier updatability, a more user-friendly look and usability, and the ability to involve more people in expanding and continuously updating the site. John LeBaron inspired the Board over the summer by providing a **fresh new design and template** for the site, and also by giving the Board a **fresh new vision of the rich interactivity possible** with some of the newer website platforms he had had professional experience with. An advertisement went out to AMCAP members asking for volunteers to help develop the new site.

An AMCAP member from Seattle, Washington, quickly responded to that call. A counselor with an extensive prior background in website programming and development, Cosette Dawna Rae proved to be truly heaven-sent as a resource in launching the new site. Within literally hours after her initial call offering her services, Cosette was put to work, and within just a few days, using John's design as a basis, she created the foundation for AMCAP's new site, LDSamcap.org. She created this site on a new website platform called **Joomla**, which John had recommended over the summer as a dynamic, powerful, user-friendly system.

In constructing LDSamcap.org, Cosette launched powerful, interactive new features never available before on an AMCAP site. She installed a multi-dimensional new **Forum** feature, that will allow many groups and sub-groups in AMCAP to communicate and interact with each other as never before on a wide range of topics. She installed a new **Community** feature, allowing AMCAP members to create their own online profiles (including pictures, videos, and information about themselves) similar to Facebook, and to communicate with each other there in a fun, personal, instantaneous way. She installed a **Search** function that allows site visitors at the click of a button to instantly locate information on any desired topic available on the site. She installed a **"Submit an Article"** function that at the click of a button can allow any of a vast team of authors all over the world to submit content directly to the site,

without any threat whatsoever to the security of the site. **This feature alone has the potential to vastly supercharge the ability of AMCAP to gather and publish information at a vastly accelerated rate – and to provide the opportunity for meaningful participation of many more AMCAP members, with much greater geographic diversity than ever before.**

As a special bonus on New Year's Day 2009, Cosette added to the new site an additional feature that literally has the ability to take AMCAP's message and influence to the four corners of the earth. She added a **Translator** function that instantaneously, at the click of a button, transforms the entire site into any one of 29 languages, including Spanish, French, Italian, Arabic, Chinese, Finnish, and Russian. **Can you imagine an AMCAP that remains continuously available, day and night, every day of the year, to members across the world – reading AMCAP articles, participating in the Forum, catching up on AMCAP news, or offering their own articles, convention write-ups, or other content – each reading and participating in his or her own native language?** The implications and potential of that feature alone are awe-inspiring and significant.



New Website for AMCAP! (Cont.)

Ongoing Development of AMCAP Online!

As this article is being written (March 2009), efforts continue to expand AMCAP's online presence even further. A full online "AMCAP Store" is being developed that will make readily available, by online ordering and credit card purchase, a wide range of AMCAP resources. A full overhaul of LDSCounselors.Net is being planned, building on the idea launched in 2003, but providing for much richer updatability, searchability, and member input than has previously been available. Efforts are also underway to expand AMCAP's Online Journal Archive to a complete and searchable treasure trove, making all of AMCAP's Journals, 1975 to the present, available through Online Journal Systems (a Brigham Young University-sponsored resource). Being represented in the OJS archive will give much greater visibility and availability to the AMCAP Journal, for the training of students and the benefit of the general public, as well as AMCAP members.

In addition, Online Continuing Education resources are being developed, to make it easier for members all over the world to gain needed CE credit, whether or not they are able to physically attend conventions in Salt Lake City. Video resources are being created to help make AMCAP's site a dynamic, multi-media experience. For the time being, amcap.net and the existing ldscounselors.net will be retained online, until the new websites are completed to carry out all of the valuable functions served by these original sites.



We encourage you to become familiar with these new resources, and to ponder how they can help you in your daily work. A presentation will be given at the upcoming convention to assist you in becoming familiar with the new site and how it works. Help resources will also be provided online to assist you with this.

We also invite you to consider becoming a part of our website team. We continue to need a few more technically savvy individuals who can help build and develop the new online resources mentioned. In addition, we need many other AMCAP volunteers who can contribute material, edit documents, participate in the Forum, upload files, type in contact information, and a range of other functions. These latter tasks require no special technical knowledge: If you can do basic typing, editing, and saving in Word or a similar word processing program, *you're qualified!* That's how easy it is to contribute meaningfully to the new site. Please contact the AMCAP office, through either ldsamcap.org or amcap.net, to volunteer.

Layer by layer, element by element, team by team, *AMCAP Online!* has grown (and is growing) into a rich suite of diversified resources to assist AMCAP members and others. Over time, we hope to powerfully apply these resources to help AMCAP carry out the charge extended by Elder Ballard: **to use New Media - the interactivity extended by current internet technologies - to truly support the work of the Church, and to extend our influence for good in these turbulent but significant times.**

Carrie Maxwell Wrigley, L.C.S.W., is the new AMCAP Website Development Coordinator and has served in a variety of AMCAP positions from Board Member to Website Coordinator to Convention Chair to Associate Editor of the AMCAP Journal. Carrie has a bachelor's degree in Fine Arts from University of Utah and a master's degree in Social Work, also from University of Utah. She presently works as Program Development Director for Beacon Family Mental Health. Carrie has a passion for the arts, especially music, which she weaves into her therapy career. She is a popular teacher at B.Y.U. Education Week and her signature talk, *Christ-Centered Healing from Depression*, has aired numerous times on radio, television, and the Internet. She has written over 600 original songs and has directed many musical programs for church, theatre, and school events. In addition to music as her hobby, she loves spending time with her 5 beautiful children.



The AMCAP Website Committee
is looking for members to help
make AMCAP's
website a
more powerful, continuously
updated resource.

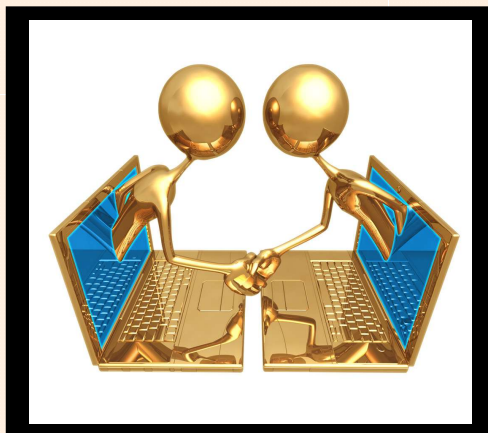
No prior website training or experience is required.

We hope over time to build a geographically diverse committee, with members from many parts of the U.S., and of the world. We are striving to create a frequently-updated, continuously expanded site "to provide information and support" to all AMCAP's members world wide. We also seek to create and share resources that can help priesthood leaders, individuals and families, counselors and others searching online to find reliable, gospel-centered information to help resolve emotional challenges.

Requirements for service:

- **Two or more hours of availability per month (commitment time varies)**
- **Current AMCAP membership - *Professional, student, associate, or international***
- **A desire to extend AMCAP's visibility and power for good.**
- **Basic computer and internet skills - *basic MS Word, email, email attachments***
- **A willingness to learn new skills**

Once a specific assignment is given to you (based on your availability and interest areas), training will be provided to teach you how to carry out the task assigned. Some of these tasks will involve directly building and updating pages on the site; some will involve preparing new text, graphics, or multi-media materials for inclusion on future web pages; some will involve review and evaluation of already-existing materials to determine what is most appropriate to feature on the site.



If you are willing to serve, please **contact Carrie Wrigley, at cmwrigley@att.net**. Indicate how many hours a month you can commit, and include your phone number and address so we can contact you. If you have specific interests, technical skills, or talents you'd like to involve in working on the site, please include that information as well, so the right assignment can be custom-created for you.

We hope to hear from you!

Hot Off the Press!

Volume 32 of the AMCAP Journal, *Issues in Religion and Psychotherapy: The Journal of the Association of Mormon Counselors and Psychotherapists*, is now out for your enjoyment.

Check out articles by:

- Edwin E. Gannett and Richard N. Williams - *Explaining Religion to Death: Reductionism, Evolution, and the Psychology of Religion*
- Jonathan Glade Hall - *Doctoral Education among L.D.S. Mothers: A Phenomenological Study of Making the Decision While Considering Church Counsel*
- Shawn Edgington, P. Scott Richards, Martin J. Erickson, Aaron P. Jackson, and Randy K. Hardman - *Perceptions of Jesus Christ's Atonement Among Latter-day Saint Women*
- Kristin Hansen, Dianne Nielsen, and Mitchell Harris - *Meditation, Christian Values and Psychotherapy*
- Bruce Brewer, Fane Fischer, Dennis Wright, Guy Dorius, and Richard Cluff - *Relationships Among Literacy, Church Activity*

Call for Submissions to *Issues in Religion and Psychotherapy*

Dear Colleagues,

Issues in Religion and Psychotherapy is a peer-reviewed journal published by AMCAP. The journal is an outlet where professionals of all religious and cultural backgrounds can submit their writing and research on a broad range of topics relative to religion, spirituality, and/or psychotherapy. As Editor of *Issues in Religion and Psychotherapy*, I am pleased to invite you to submit a manuscript for our next journal.

Appropriate manuscripts may be based on unpublished dissertations or theses, literature reviews, clinical case reviews, research reports, scholarly commentary, theoretical or descriptive clinical practice articles, or book reviews. If you have presented at a professional convention, please consider reformatting and submitting your presentation as a scholarly article.

For more information on article submission details for *Issues in Religion and Psychotherapy*, please visit the publications webpage at www.amcap.net. I look forward to hearing from you! Please don't hesitate to contact me if you have any questions or concerns: Rachel_crooklyon@byu.edu.

Sincerely,

Rachel E. Crook Lyon, Ph.D.



Fall CONVENTION 2008 C.D. ORDER FORM

Peace, Hope and Strength: Finding Refuge from the Storms of Life
October 2-3, 2008

All presentations are on CD for this convention. (Some handouts are also included).

CHECK HERE	TOPIC	PRESENTER(S)	# OF CDS
	1. "For the Power is in them" – Finding Peace in Tribulation	<i>C. Terry Warner, Ph.D.</i>	
	2. Finding hope and Meaning through Self-Actualization	<i>Russell Seigenberg, Ph.D.</i>	
	3. The Power of Value Orientation in Marriage: How Marriage Counselors Facilitate the Shift from Individualistic to Relational Orientation	<i>Tera Duncan, Ph.D.</i>	
	4. The Power of the Parable	<i>Noel Gill, Ph.D.</i>	
	5. Acquiring Hope through Measuring and Monitoring Treatment Outcome in Psychotherapy with Hypersexual Patients	<i>Rory Reid, L.C.S.W.</i>	
	6. The Twelve Steps of Alcoholics Anonymous and the Restored Gospel of Jesus Christ: A Formula for Peace and Hope	<i>J. Douglas LeCheminant, L.C.S.W.</i>	
	7. Journey to Confidence: A Shame Recovery Group Approach to Working with Avoidant Clients	<i>Jade Mangus, L.C.S.W.</i>	
	8. Survive, Strive, and Thrive in the L.D.S. Church: Helping Singles, Divorcees, Widowed, and Part-member Families Succeed in a Family-focused Environment	<i>Chris Falconer, L.C.S.W., and Mary Ann Rackley, J.D., S.F.W.</i>	
	9. Women and Careers: Role Conflict Throughout the Lifespan	<i>Melissa Goates-Jones, Ph.D., and Lisa Leavitt, Ph.D.</i>	
	10. Suffering: Grief and Loss	<i>Kirk Dougher, Ph.D.</i>	
	11. Thought Replacement Therapy	<i>Cynthia Ann Hunt, L.C.S.W.</i>	
	12. Facilitating Young Adult Development: Taking Developmental Approaches from Chickering and Perry into Therapy and the College Classroom	<i>James MacArthur, Ph.D.</i>	
	13. Motivational Interviewing with Compulsive Pornography Issues	<i>Jade Mangus, L.C.S.W.</i>	
	14. The Shame Matrix: Shame, Grief, and hope in Psychotherapy Relationships	<i>Lane Fischer, Ph.D.</i>	

	15. An Anatomy of Troubles	Elder Terrence C. Smith, M.D., Area Seventy	
	16 A and B. Fostering Hope in Clients Struggling with Infidelity and Sexual Addiction	Michael D. Howard, Ed.D.	
	17 A. and B. Sleep in Mental Health	Robert Turner, M.S., R.P.S.G.T.	
	18 A. and B. Therapeutic Journaling Alternatives: Photos, Writing, and Scrapbooking in Therapy	Laura Gomez-Weakley, M.Ed., L.P.C.	
	19. Giving Hope to Women Struggling with Eating Disorders	Cheryl McBride, L.C.S.W. and Tara Tulley, C.P.M., L.D.E.M.	
	20. Teaching Graduate School Human Sexuality Course while Maintaining Gospel Standards and Respecting Professional Sexuality Science	Richard G. Ellsworth, Ph.D.	
	21. The New Science of Love: Research that Supports Attachment Theory	Rebecca Jorgensen, Ph.D.	
	22. Folklore and Facts about Teenagers and God: Psychological Implications from the National Study of youth and Religion	Marilyn Simpson Wright, Psy.D., and Holli Eaton, Psy.D.	
	23. To See the Face of God and Live: Attachment, Object Constancy, and the Fear of Intimacy with the Divine	Wendy Ulrich, Ph.D.	

Payment Information

Members: \$ 120.00 for complete set or \$8.00 per presentation

Non-Members: \$ 150.00 for complete set or \$10.00 per presentation

No. of Individual CDs or CD sets: _____ **Total due:** _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Send payment to:

AMCAP

P.O. Box 225

Kaysville, Utah 84037

Email: mail@amcap.net

Phone: (801) 425-3490

Fax: (801) 931-2010

You may also pay with a credit card, cash or check.

Name on credit card: _____

Exp. Date: _____

Card # _____

BYU Internship Opportunity



Brigham Young University Counseling and Career Center* 2010-2011 Internship

*Fully Accredited by the American Psychological Association



Plan ahead! Consider an internship at BYU!
Starts August 2010. Includes generous stipend.

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- Women's Services and Resources
- Career Services
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- Teaching
- Biofeedback and Stress Management

Faculty

- 27 Doctorates in their Disciplines
- 23 Licensed Psychologists
- 3 ABPPs
- 2 Licensed Marriage and Family Therapists
- 1 Certified Developmental Educator

Innovative Treatment Approaches

- Acceptance and Commitment Therapy
- Dialectical Behavior Therapy
- Positive Psychology
- Rational Emotive Behavioral Therapy
- Other Standard Therapeutic Approaches

Primary Work

- Individual Therapy Services
- Group Therapy Services
- Marital/Couples Counseling
- Intake Interviews
- Psychological Assessment
- Providing Supervision
- Crisis Intervention Services
- Student Health Center
- Consultation and Outreach
- Various Committee Work

**For more information visit
our website at
<http://ccc.byu.edu/apa>
or
contact Rick Moody at
rick_moody@byu.edu or
call 801-422-3035.**

AMCAP MEMBERSHIP APPLICATION OR RENEWAL FORM 01-2007

☐ New Application

☐ Renewal (AMCAP # _____)

☐ Please send a copy of the By-Laws and

Ethical Guidelines of AMCAP (also located on Website)

☐ Dr. ☐ Mrs. ☐ Ms ☐ Mr.

First Name

Middle Initial

Last Name

Home Phone

Home Address

City

State/Country

Zip Code

Highest degree:

☐ BA\BS ☐ MA ☐ MC ☐ M.Ed. ☐ MS ☐ MSC ☐ MSW ☐ DSW ☐ Ed.D. ☐ MD ☐ Ph.D. ☐ Psy.D.

☐ Other _____

Current License type: _____

I am applying for the following membership category:

☐ **Professional member** - \$60 annual fee, \$750 lifetime membership fee (add \$10.00 fee for www.lidscounselors.net listing)

☐ **Student or** ☐ **Retiree** - \$30 annual fee (add \$10.00, one time only fee for www.lidscounselors.net listing)

☐ **Associate member** (non-voting) - \$60 annual fee ☐ Bishop ☐ Other: _____

☐ **International Associate member** (non-voting) - \$30 annual fee in U.S. funds

(Note: Category available outside the U.S. and Canada only.)

☐ **Institution** (single, non-voting representative) - \$60 annual fee

Employer: _____

Work Address

City

State/Country

Zip Code

Work phone

Position

Fax number

E-mail Address

Website Address

Specialties: _____

☐ Please send mail to my work address. ☐ Please send mail to my home address.

I would like to ☐ write or ☐ present on this topic:

Please circle any information you **DO NOT WANT included in the ☐ AMCAP Directory or on an ☐ Internet Listing

(Members-only Internet listing will include, if desired, name, license, email, work phone, city, state, membership type in a password-protected section on the AMCAP website. An additional \$10.00 fee is required to be listed on the additional website, www.lidscounselors.net for those providing therapy)

☐ I am ☐ I am not currently providing therapy to individuals.

As a member of AMCAP, I agree to support the purposes and ethical guidelines of AMCAP as stated in the By-Laws.

The above information is accurate to my knowledge.

Signature of Applicant

Send application & fees, payable to AMCAP, in U.S. funds only to:

AMCAP
P.O. Box 225
Kaysville, Utah 84037-0225
Email: mail@amcap.net

You may pay with a credit card on our website or send form with credit card information to the address above.

Expiration Date: _____

Name on Card: _____

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OPEN POSITIONS

Website Committee Chair

Volunteers – Various Committees:
AMCAP relies on great volunteers for its success as an organization. There are a variety of ways to provide service – from helping with leadership responsibilities to helping with the conventions to helping with publications, and several things in between. If you are interested in volunteering for AMCAP, please contact Andrea Davis at mail@amcap.net.

WHAT IS THE NETWORKER?

The AMCAP *Networker* is an official publication of the Association of Mormon Counselors and Psychotherapists. It is published at least twice/year. Subscriptions are free to AMCAP members.

Note that opinions expressed in the *Networker* do not necessarily reflect the view of AMCAP members, officers, AMCAP *Networker* editorial staff, or officers of the Church of Jesus Christ of Latter-day Saints.

Submissions are welcome. Send all submissions via mail or email to **Kristin Douglas, Editor**. Please also include author contact information.

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