

AMCAP NETWORKER

ASSOCIATION OF MORMON COUNSELORS AND PSYCHOTHERAPISTS

• Spiritual Focus • Networking and Outreach • Research, Theory, and Publication • Clinical Application •

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.



A Message From The New Executive Committee

Dear AMCAPers,

We are thrilled to be serving as members of your AMCAP Executive Committee and find it hard to believe that we are nearing the half way mark of our tenures. We very much appreciate your phone calls and emails with suggestions of how we might make a better AMCAP. We wanted to share with you some of the areas of discussion which have emerged from our Strategic Planning and our Board Meetings (the attendance at both has been stellar).

1. We have been exploring ways to increase and retain members, particularly in the international areas.
2. We have explored ways in which we might encourage/influence the development of Gospel-centered therapists. We are grateful to Board member, Michael Adams, for his interest and introduction to virtue in psychology. The development of Gospel-centered therapists who attend to the importance of virtue in psychology seems to be a good AMCAP initiative.
3. We have conducted our first survey of members regarding an annual or semi-annual AMCAP Convention. The results will be shared during the Fall Convention.

4. Doug LeCheminant has taken the lead in hear more about this resolution during our Fall Convention as well.
5. We are reviewing ways in which we might improve our website and continuing education processes.

We are also in the midst of preparing for the Fall Convention and are pleased to announcement that our Keynote General Authority Address will be given by Elder Bruce C. Hafen. We are so pleased that Elder Hafen has accepted the invitation to speak to us!

Please note that we value your input and welcome suggestions. As members of the AMCAP Family, we are committed to making a difference not only in AMCAP but in the world as well. We invite you to join us in this commitment.

Sincerely,

Your Friendly AMCAP Executive Committee:

Dean Byrd
AMCAP President
Doug LeCheminant
AMCAP Vice President
Dean Bender
AMCAP Treasurer

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Fall 2010
Convention
Sept. 30 – Oct. 1, 2010*

Joseph Smith Memorial Building, 9th Floor
15 E. South Temple, SLC, Utah

*Pre-Convention Workshops: Sept. 29, 2010. Location TBA.

L.D.S. Family Services: A Century of Service

Taken from the Historical Archives of L.D.S. Family Services

Summary

One of the key attributes of the Lord and Savior Jesus Christ is his concern and care for the poor and the needy. Today, The Church of Jesus Christ of Latter-day Saints is known throughout the world for its efforts to help others in time of need. Appointed by the Church over 100 years ago, L.D.S. Family Services helps its leaders and members address social, emotional, and psychological challenges for those who may be poor and needy in ways other than economic. It is an organization devoted primarily to mental health and services to children. Through Consultation Services to Church leaders, Community Resource Development, Counseling, and Services to Children, including adoption and single expectant parents, it serves an important role in the global Church.

The Development of the Church Welfare System

Under the direction of President Lorenzo Snow in 1902, Amy Brown Lyman began the study of scientific methods of charity to determine how they might be applied for members of The Church of Jesus Christ of Latter-day Saints. While the Church has always maintained a focus on charitable service, this experience led to a Sister Lyman's conviction that no work could be more important and more satisfying than that of "helping raise human life to its highest level" (Derr, Jill, *Women of the Covenant: The Story of Relief Society*, 1992). Sister Lyman, motivated by Church principles and doctrine, and responsive to her Church leaders, was determined to help the poor and the needy. Her research led to the establishment of Church committees that developed and coordinated emerging Church welfare programs. Committee members participated in national conferences on welfare issues. Finally, in June 1919, President Heber J. Grant authorized the establishment of the Relief Society Social Services department, with Sister Amy Brown Lyman, the General Relief Society President, in charge.

A Century of Service

In 1921, the Relief Society Social Service Department was designated as the official child-placing agency of the Church. They were licensed to perform adoptions and foster care services and also helped post-World War I Church members with health, economic, and family problems. The Indian Student Placement

L.D.S. Family Services: A Century of Service (Continued)

Program was officially organized in 1954 under the direction of Elder Spencer W. Kimball. Native American students were placed in licensed Latter-day Saint foster homes during the school year to help them obtain educational opportunities that were unavailable at the time in their home areas.

In 1956, the Youth Guidance program was officially organized and placed under the stewardship of the Relief Society Social Service. This program was specifically designed to help troubled youth. This program later became known as the Youth Services Department. In 1962, separate supervisors were appointed for the three programs: Adoption, Indian Student Placement, and Youth Services.

In early 1962, First Presidency approval was given to set up an agency in Arizona to handle adoptions and child placement, Indian Student Placement, and some youth delinquency cases. This was the first expansion outside the state of Utah. Authorization was also given to initiate legal work for the opening of agencies in California, Nevada and Idaho. By October of 1969, Church leaders announced the consolidation of the Relief Society adoption services, the Indian Student Placement Program and the youth Guidance Program which carried the title of Unified Social Services. In July of 1970, Unified Social Services was renamed the Social Services Department of The Church of Jesus Christ of Latter-day Saints.

The Social Services Department was then given additional responsibilities in 1972 when individuals with homosexuality problems were referred for counseling, previously provided by Elder Spencer W. Kimball and Elder Mark E. Peterson. By 1973, the Social Services Department was incorporated as L.D.S. Social Services and was to be administered by the Presiding Bishop's Office. In 1974, General Authorities began to refer some of the missionaries and members to L.D.S. Social Services who came to them with a variety of social and emotional problems. Clinical evaluation services were initially provided without a fee. However, a fee based clinical program that involved member and/or fast-offering participation soon became an important program. Consultation services were also made available to meet the need of growing concerns of bishops and other ecclesiastical leaders regarding the challenges faced by members in the social /emotional challenges of their lives.

During the latter part of the 1970s L.D.S. Social Services began to expand throughout the United States. International offices also opened in Canada, New Zealand, Australia and England. During these years there was also a brief involvement of agency services in Japan and Korea. A few Korean children were

L.D.S. Family Services: A Century of Service (Continued)

placed with families in the United States, although this kind of international adoption did not continue past the 1970s.

Refinement of Services and Resource Management

The last 20 years has shown little growth in terms of full-time staff. As the growth in the Church continued to increase, and staff numbers remained level, there was an increasing need for prioritization and improvement of resources for delivery of quality services. As a result, several programs were developed or transformed during this time and others were phased out to more clearly meet the needs of the Church. For example, the "Becoming a Better Parent" course was developed in the mid 1970s. These course materials were later rewritten to meet current social issues and they are now called "Strengthening Marriage" and "Strengthening the Family" courses.

Indian Student Placement Services had reached its peak in terms of the number of students in the program in the 1970s. As educational and economic opportunities improved on the reservations, a shift in emphasis occurred. The major focus of services to Native Americans has been to strengthen families on the reservation. In recent years, L.D.S. Family Services Missionaries have provided services to the Native American population.

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L.D.S. Family Services: A Century of Service (Continued)

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Consultation, including the Abuse Helpline provided to ecclesiastical leaders where-ever they live and whatever their language is becoming a pre-eminent service. In the future, with expanded capability and approval by Church councils, it will likely be offered 24/7/365 worldwide.

The demand for counseling services is being met by engaging qualified, vetted, community mental health and children's services resources to help Church leaders respond to increasing challenges – this service is known as Community Resource Development. This initiative allows L.D.S. Family Services to focus primarily on counseling matters referred to them for which there may be sensitive issues associated with Church doctrine, policies, standards, etc. An example might be issues related to marital fidelity, same-gender attraction, various addictions, or mental health issues faced by missionaries. Mental health challenges, other than these or related issues, might well be referred to appropriate community resources.

Adoption Services were given renewed emphasis in the late 1970s as the expansion years began to permit adoptions to occur in all agencies throughout the USA and in foreign agencies. In 1977, President Kimball issued the first of several statements by a prophet declaring the importance of adoption. Gradual policy changes over the past twenty years have allowed birth parents and adoptive families to share information without compromising rights to privacy. The past ten years have seen the number of adoptions raise and fall while social pressures have succeeded in persuading a high number of birth parents to elect other alternatives. A recently developed organization called Families Supporting Adoption is further strengthening the Agency's resolve to assure that adoption is a viable approach to building an eternal family and providing the eternal sealing covenant for the child. Today, approximately a third

L.D.S. Family Services: A Century of Service (Continued)

of the Agency's personnel resources are dedicated to adoption services. Other programs such as Health Services and Correctional Services, previously administered by L.D.S. Family Services, are under the technical direction of Church Welfare Services. Each of these programs had their own unique history and development.

The L.D.S. Family Services – Prepared for a New Century of Service to the Global Church

In July of 1999, L.D.S. Social Services was officially renamed L.D.S. Family Services to more accurately reflect the Agency's defined areas of purpose and focus. The Proclamation to the World on the Family has helped focus attention on services that can protect the institution of the family. L.D.S. Family Services, with about 80 offices throughout the world, is an organization uniquely qualified to provide and/or facilitate value-laden counseling to assist Church leaders. Since 2008, a major restructuring and refinement of programs and professional resources within the Agency has been put into place to further preserve the family and to strengthen each individual "enabling them to pursue a life consistent with gospel principles." With a dynamic 100 year history, L.D.S. Family Services is thus poised to support the growing, global Church in the 21st Century.



New AMCAP Leadership

We are pleased to introduce to you AMCAP's latest leadership additions and hope you join us in welcoming them to their new leadership positions!



Emily Coombs
AMCAP Executive Secretary

Emily Coombs, M.Ed., is AMCAP's new Executive Secretary. Emily's specialty is in literacy remediation and instruction at the University of Utah. She earned her Bachelor's degree in Elementary Education at Utah State University and her Master's degree in Literacy Instruction at the University of Utah. Emily comes to us from the field of education having taught first and second grade for five years and working as a literacy coach for four years. Her focus and efforts now are on her work as the new Executive Secretary for AMCAP.

Emily's husband, Jon Coombs, is an illustrator and graphic designer. They have two boys, Mason (age 3) and Luke (2 1/2 years old). Emily enjoys swimming, waterskiing, and going for walks with her husband and sons. She also likes to read, but claims that once she starts a book, she can't stop reading it - so she only picks up a book if she has a few uneventful days. Emily admits that doesn't happen very often now that she has two very energetic boys.



Jade Mangus
AMCAP Convention Co-Chair

Jade Mangus, M.S.W., L.C.S.W., S.A.P., has been a practicing psychotherapist since 2004. He has a bachelor's degree in Psychology from University of Utah, and a master's degree in Social Work, also from University of Utah. He has written several professional articles directed towards the study of psychotherapy, specifically in addictions treatment.

In May 2010, his book, "Healing Secrets" was released. The book investigates core issues behind addiction and other mental health issues. His book has also been on the publishers (Cedar Fort) top 10 list for three months now.

Jade has made numerous professional presentations through L.D.S. Family Services, the University of Utah, and AMCAP, presenting on topics such as Motivational Interviewing, Dialectical Behavioral Therapy, Shame reduction, and Relationship interventions. He is currently president of AAIM Counseling in West Jordan, Utah.

Jade lives in West Jordan, Utah, with his wife, Jeralyne, and their two children, Sadie and Seth.

2010 New Members

Welcome new AMCAP members! So far in 2010, we have had 40 Professional Members, 13 Student Members, and 1 International Member join AMCAP. Thanks to those who have joined as well as members who renew each year. AMCAP continues to progress because of the dedication and support of its membership. Please contact the AMCAP office at mail@idsamcap.org to update information or with questions regarding memberships and benefits.

Emily Coombs, AMCAP Executive Secretary

Eric K. Allred, L.M.F.T.
Derek R. Andersen, Student
Melinda C. Barker, L.M.F.T.
Jennifer T. Baumgardner, Ph.D.
Kasey L. Best, M.C.
Richard E. Boggs, L.P.C., M.A.
Kim L. Bowen, M.Ed.
Melody L. Brimhall, M.A.P.C., L.P.C., L.I.S.A.C., N.C.C.
Elaine Byrd, Ph.D.
Shay A. Clark, Student
Beth V. Cole, Ph.D.
Theresa L. Cole, M.S.C., C.C., L.A.C.
Linda S. Comito, L.P.C.-S.
Juliann M. Cook-Ly, L.S.W., L.C.S.W.
Melissa M. DePaola, L.C.S.W.
Amanda V. Dillehay, Student
Amanda N. Dodd, L.C.S.W.
Jenny M. Doying, M.F.T. Intern
Laurie S. Elison, M.S.W., L.C.S.W.
Emily Evans, Student
Michelle A. Glenetski, Student
Tricia Grimsman, L.C.S.W., M.S.W.
Debra Hampton, Chaplain
Steffi Haroldsen, L.C.S.W., M.S.W.
Corrine Day Harper, M.C., L.P.C.
Belinda G. Hartschuh, L.M.F.T., L.P.C.
Aimee W. Heffernan, L.M.F.T.

Kristin B. Hodson, M.S.W., L.C.S.W.
Janette A. Howarth, Ph.D.
Melissa K. Jones, M.A.
Chad J. Kelland, C.A., M.F.T.
Melissa B. Lambson, L.C.S.W.
John D. Livingstone, Ph.D.
Michael A. Martino, L.P.C., M.S.
Jim Mason, C.C.
Shirley A. Murray, Psy.D.
F. Ann Nielsen, L.C.S.W., M.S.W.
Ryan Nielsen, Student
Bryan L. Nielsen, C.P.C.I., M.C.
Bernard E. Poduska, M.F.T.
Kerry L. Potts, Student
Merrilee K. Rackham, M.F.T.
Georgann N. Ranks, L.P.C.
Glenn C. Rau, M.Ed.
Kent S. Rosengren, Psy.D.
C. Hollie Schelin, L.C.S.W.
Elaine K. Shepherdson, Student
Gail Shurtleff, M.A., M.F.T., C.A.
Rebecca M. Taylor, Student
Marilyn R. Tenney, L.P.C.
Thea P. Thompson, Student
Natalie J. Wahl, Student
David O. Williams, L.P.C.
David S. Wood, Ph.D.



Member Spotlights



Shirley Cox, Ph.D.
BYU School of
Social Work

Shirley E. Cox, Ph.D., currently serves as the Director for Field practicum, the Honor's Program Coordinator, and a tenured professor at Brigham Young University-Provo, School of Social Work. She earned her Master's degree in Social Work from Howard University in Washington, D.C. and her Doctorate in Social Work from the University of Utah. Shirley has spent 44 years in direct practice and administrative positions in the social work practice field and 25 years as a social work educator at University of Nevada, Las Vegas and Brigham Young University. She has received numerous awards for her teaching and community practice including: the Liberal Arts Outstanding Faculty Award, the Morris Committee on Excellence in Teaching Award, the NASW Nevada Chapter Social Worker of the Year (1990), and the John R. Christiansen Honored Educator Award, (2003) for significant contributions to the field in university, family, community, national and international arenas.

Since joining the faculty at Brigham Young University in 1995, Dr. Cox has published over thirty-five articles or book chapters, and two books covering six different areas of social work: field practicum administration, strengthening family systems, HIV/AIDS treatment validity, same sex attraction, international program and community development, and the JUCONI street children's program. Her most recent works, the *Workbook for Women* and two chapters in *Understanding Same Sex Attraction*, have just been published (2009). Her individual and jointly authored publications appear in outlets such as: *The Journal of International Social Work* and *the Journal of Social Work Education*.



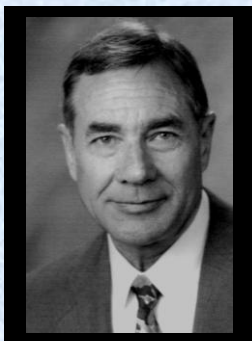
Ryan Hulbert, Ph.D.
Licensed Psychologist

Ryan J. Hulbert, Ph.D., is a licensed psychologist, and in February 2010 was hired by the Management and Training Corporation to help develop the Idaho CAPP (Correctional Alternative Placement Program). CAPP is a private minimum security correctional facility near Boise, Idaho, which began treating offenders in July 2010, and where 400 men with substance abuse problems will receive intensive treatment for 3 months. He is the Program Manager of CAPP, and is excited to combine his past experiences to help create an innovative holistic program.

Ryan has a bachelor's degree in psychology from Brigham Young University and a doctoral degree in Clinical Psychology from the University of Nebraska-Lincoln. Ryan had previously served as the Clinical Services Administrator for the Idaho Department of Juvenile Corrections, in a group private practice in Boise, and as a staff psychologist at the Cherokee Mental Health Institute in Cherokee, Iowa.

In addition to working in his new position, his professional passion is to develop practical uplifting self-help materials, including last year creating a blog with short videos of object lessons (ryanhulbertphd.blogspot.com). On a more personal note, he and his wife, Theresa, have been married for 32 years. They have five sons, two daughters, and six grandchildren. Ryan's hobbies include spending time with family, fishing, family history, and raising chickens and turkeys on his "hobby farm."

Member Spotlights Continued...



Clark Swain, Ph.D.
Marriage and
Family Therapist

Clark Swain, Ph.D., has an undergraduate degree in Marriage Family and Human Development from Brigham Young University. He also has a doctoral degree in Marriage and Family Counseling from Florida State University. He was a professor of Marriage and Family Life at Montana State University and Boise State University. Clark has had a private practice in Boise, Idaho since 1980 and for over three decades has specialized in marriage counseling, sex therapy, and "divorce busting." He said, "I believe marriage is the heart of the family. Therefore, in most homes as the marriage goes, so goes the family." Nevertheless, he also acknowledges that there may be many happy and successful single family homes.

Clark is the author of the book *Enriching Your Marriage* which was published in 1982. He is also the author of a soon to be published book: *Finding and Keeping Your True Love: Choosing Your Partner and Creating a Forever Marriage*.

Clark and Eleanor Swain own the Marriage Enrichment Center in Boise, Idaho. They are the parents of five children and have sixteen grandchildren. Clark cares deeply about his clients and often reminds himself that his counseling clients will never care about what he knows, until they know how much he cares.

AMCAP Networker Additions!

The *AMCAP Networker* has some new faces! These great individuals will be introduced in the next issue, along with the new editor.

Dana Templeman, M.S.W., L.C.S.W. – Assistant Editor

Brian Armstrong, M.S.W., L.C.S.W. – Column Writer

Ross Clement, M.S.W., L.C.S.W. – Column Writer

Joseph Heagany, M.S.W., L.C.S.W. – Column Writer

We would like to thank all of our volunteer staff members for their countless hours of service. You are each a great addition to our team and successful *AMCAP Networker* production couldn't happen without each of you!

AMCAP Fall Convention 2010

September 30, 2010 - October 1, 2010*

Joseph Smith Memorial Building, Salt Lake City, Utah

***Pre-convention workshops: September 29, 2010**



Family Proclamation: Spiritual Interventions in Psychological Care

In September 1995, President Gordon B. Hinckley revealed to the world a bold declaration of truth regarding the nature of families. The Family: A Proclamation to the World has become a standard of truth and enlightenment in a world of shifting values and beliefs. At the close of the Proclamation the Prophet gives us a charge, "We call upon responsible citizens...everywhere to promote those measures designed to maintain and strengthen the family as the fundamental unit of society." As L.D.S. counselors and professionals, the proclamation can be an inspiration for therapeutic interventions that reinforce its basic and profound truths.

Keynote Speaker and Humanitarian Award Recipient:

Elder Bruce C. Hafen

"Covenant Hearts: Marriage and the Joy of Human Love"


Elder Bruce C. Hafen is a member of the First Quorum of the Seventy of The Church of Jesus Christ of Latter-day Saints. As an internationally recognized family law scholar, Elder Hafen served as President of Ricks College, Dean of the Brigham Young University Law School, Provost at Brigham Young University and Professor of Law at Brigham Young University. His publications in law journals have been cited by the U.S. Supreme Court and include the law reviews at universities such as Michigan, Harvard, Duke, California, Ohio State, Notre Dame, St. John's, Brigham Young University, and Utah.

CE Credits Available

See ldsamcap.org for registration forms and presenter information.

AMCAP Fall 2010 Pre-Convention Workshops! September 29, 2010

Location: L.D.S. Chapel at 470 South Mario Cappechi Drive, S.L.C., Utah



**“Making The Connection: Understanding Women’s
Emotional Health across the Lifespan”**

Christina Hibbert, Psy. D.

“Spiritual Intervention for Addicts”

Roger Stark, C.D.P.

“Sending Out an S.O.S.: Parenting for Today’s Teens”

Clair Mellenthin, L.C.S.W.

**Infertility: An Exploration of Couple
Struggles and Interventions”**

Jonathan Swinton, M.S., Med. F.T., L.A.M.F.T.

**“The One who Looks the Sickest Usually Ain’t:
Understanding the Family Scapegoat”**

Suzanne Dastrup, Ph.D.

**“Mind Your Business! Growing Your Practice
Without Going Broke”**

Julie de Azevedo Hanks, L.C.S.W.

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:



Jeffrey J. Ford M.S., L.M.F.T.
Alliant Counseling & Education
393 E. Riverside Dr. Building 3A
St. George, UT 84790
Phone: 435-688-2123
Email: jeffem55@gmail.com
Web: <http://alliantcounseling.com/>

All requests to display items in the bookstore need to be received at least 30 days prior to the convention. Once reviewed, and a decision is made, notification of acceptance will be sent via letter or email.



Limited Offer: Lifetime Membership Discount

AMCAP is excited to announce a limited time discount of \$100 toward the Lifetime Membership fee! The discount will be available from September 1, 2010 through December 31, 2010. **The discounted rate for a Lifetime Membership will be \$650.**

There will also be an option for members to pledge to become a Lifetime Member before December 31, 2010 but deferring payment until April 30, 2011 to allow the option of paying with income tax refunds.

AMCAP currently has 34 Lifetime Members. We would love to double that number by the end of the year! Please consider taking this opportunity to enjoy a lifetime of AMCAP benefits at a discounted rate.

Lifetime Membership discounts will be available at the AMCAP website, **www.ldsamcap.org**, beginning September 1, 2010. For more information regarding the Lifetime Membership discount or to pledge to become a Lifetime Member, please contact the AMCAP office at **mail@ldsamcap.org** or (801) 425-3490.



AMCAP Fall 2010 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 |

THURSDAY EVENING PANEL DISCUSSION

FREE EVENT

EARLY MORNING STUDENT WORKSHOP**

FREE EVENT

PRE-CONVENTION FEES***

(September 29, 2010)

| | |
|----------|---|
| \$ 25.00 | If Registered for Convention on Thursday/Friday |
| \$ 35.00 | Pre-Convention Only |
| \$ 20.00 | Student Rate |

*Price includes lunch.

**Only for students. Registration required and space is limited.

***University of Utah, Salt Lake City, Utah. Specific Location, TBA.

www.ldsamcap.org

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!

Call for Posters!

Call for posters:

We are soliciting abstracts for the **AMCAP Fall Convention 2010 Poster Session**. This year's poster session is Friday, October 1, 2010 at 12:00 noon.

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 (again, to be announced) 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, 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 document by attachment. Questions can be directed to Dr. Rachel Crook Lyon at 801-422-4375 or rachel_crooklyon@byu.edu.
4. Poster session submissions must be received no later than Monday, September 13, 2010.

Notification:

You'll be notified about the status of your poster by Monday, September 20, 2010.

Bonus:

The convention fee, including lunch, is waived the day of your poster presentation!

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. We want to hear from you! AMCAP members are invited to submit their clinical ideas for inclusion in future issues of the *Networker*. Please send submissions to Kristin Douglas, Editor, at kdouglas@lccc.wy.edu or kdouglas@uwyo.edu. See www.lidsamcap.org for additional ideas from past AMCAP publications.

Note that the opinions expressed in the “Clinician’s Corner” 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.

The Challenging Economics of Therapy: Finding Ways to Succeed

By Ross Clement, M.S.W., L.C.S.W.

With a glut of mental health providers competing for clients in an increasingly dollar-conscious, results-oriented climate, those who survive will have to be fast and effective in achieving positive therapeutic outcomes. That was the message of Katherine Nordal, APA’s executive director of professional practice, delivered at the Utah Psychological Association’s annual conference in Salt Lake City on May 21, 2010.

The number of mental health practitioners in the United States has nearly doubled in the past 10 years—the latest estimate at more than 800,000, with an additional 200,000 in the substance abuse field.¹

As Nordal pointed out, “health care economics is driving everything.” Here are some of the concerns:

- While some students are incurring \$80,000 to \$120,000 debt to receive a degree from a professional school (Psy.D, primarily), practicing psychologists in the United States, according to Nordal, are earning a median income of only \$57,000- \$58,000 per year.
- More individuals are turning to prescription medications for mental health problems and more doctors are prescribing psychotropic drugs. A larger percentage of mental health care dollars are being poured into drug therapy. However, the number of

Cont.) individuals seeking psychotherapy is not increasing at all, even though research continues to show that psychotherapy is effective,² and the stigma associated with psychotherapy and mental health complaints has significantly declined. The problem is that many potential clients are skeptical that therapy works; consequently, as Nordal explained, therapy income “is not going up at all.”

- Insurance is paying for 25% of mental health care. Insurance companies and clients are paying for results, and results are being measured by outcome instruments taken by clients. Nordal says the trend is away from treating the disease to treating the patient. Research shows that client feedback is more accurate than therapist feedback regarding therapy outcome (therapists are poor judges as to whether their interventions are working).³



Clinician's Corner Continued...

Bottom line—times are tough and some clinicians are feeling despair. Therapists who want to be successful will have to achieve demonstrable results. How can practitioners rise to the occasion? Can a mediocre or average therapist improve?

About three years ago, a captivating article entitled “Supershrinks” appeared in the November/December 2007 issue of the Psychotherapy Networker magazine. The authors—Scott Miller, Mark Hubble, and Barry Duncan—identified reasons why some therapists achieve superior therapy outcomes irrespective of their own “age, gender, training, professional discipline, licensure, years of experience” or “theoretical orientation.” The article also pointed out why these same therapists achieve better results regardless of their clients’ “age, gender, diagnosis, and level of functional impairment.”⁴

The message was compelling and ought to have been carefully read by every therapist who is interested in furthering his or her own career. A synopsis will be included in this article.

Miller, Hubble, and Duncan first caught the public’s eye with the publication of their monumental 1999 book, “The Heart and Soul of Change: What Works in Therapy,” based on years of research regarding factors that bring about therapeutic change. Perhaps the most important message of the book was that ordinary therapists can become highly effective clinicians as they come to understand and integrate into their practice elements of change that are common to all methodologies.



This year (2010), Miller, Hubble, and Duncan, with the help of Bruce E. Wampold, authored an updated version, entitled “The Heart & Soul of Change, Second Edition: Delivering What Works in Therapy.” The new book cites further research evidence that common factors found in all forms of therapy bring about therapeutic change, and that “key therapeutic ingredients or elements transcend all individual therapy approaches.”⁵

Most of us who have been around for awhile have spent years going to professional seminars where empirically-tested therapy methods have been taught and touted as *the* way to bring about therapeutic change for certain kinds of problems. Over the years, much of this kind of thinking has fallen by the wayside, as outcome research has shown over and over again that methodology accounts for a very small percentage of the change that occurs in therapy (Wampold’s analysis “revealed that the differences among models accounted for only 1% of the variance of outcome).”⁶

Supershrinks, on the other hand, monitor therapy progress via client feedback, focus on enhancing in therapeutic relationship, set improvement goals, and find ways to improve.

In the 2007 article, some of the interesting tidbits Miller, Hubble, and Duncan pointed out were:

- Long-term studies have shown that clients treated by *supershrinks* fared “notably better” than those treated by less effective therapists, years after treatment had ended.⁷

Clinician's Corner Continued...



- When psychotropic medications are combined with psychotherapy, the drugs “were 10 times more effective with the best therapists than with the worst.” The catalyst is the clinician. When combined with therapy from the worst clinicians, the drugs “made virtually no difference.”⁸
- Outcome studies have consistently shown that theoretical orientation makes little difference in therapy performance. “*Who* provides the therapy is a much more important determinant of success than *what* treatment approach is provided.”⁹ Focusing upon the person will yield the greatest benefit in enhancing therapy success.

So how can ordinary therapists become extraordinary?

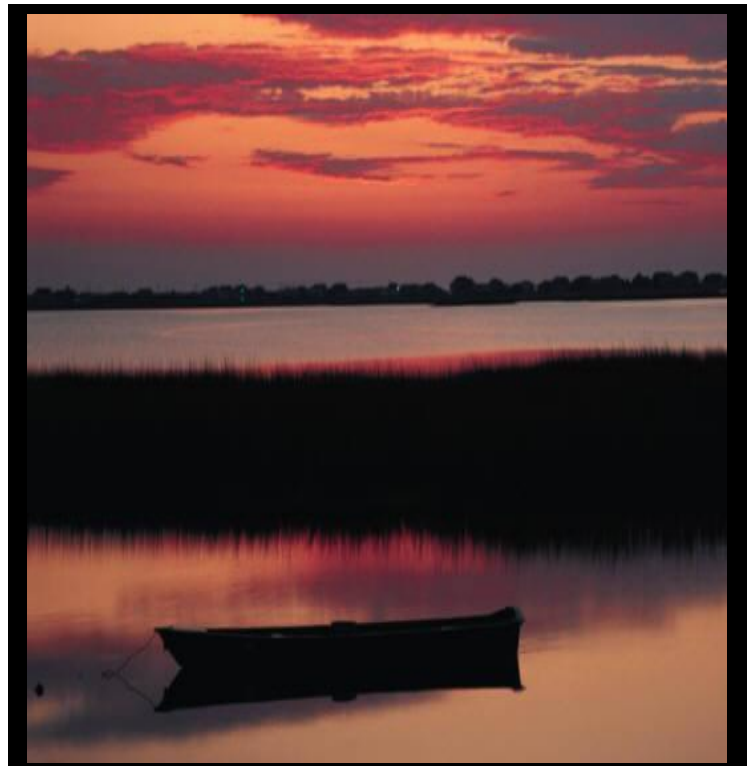
Miller, Hubble, and Duncan said the answer eluded them for years. A breakthrough came when Miller stumbled across the work of Swedish psychologist K. Anders Ericsson who had spent two decades studying the world's best athletes, authors, chess players, mathematicians,

pianists, teachers, physicians, and others. What didn't predict success (innate talent or giftedness) was almost as interesting as what did.

The best of the best, as simple as it may sound, worked harder at improving their performance, engaging in “deliberate practice” to achieve better results. They didn't necessarily work longer hours, but devoted themselves to “reaching for objectives *just beyond one's level of proficiency*,” working to meet “specific performance targets.”¹⁰

According to the Ericsson, to reach the top level, “attentiveness to feedback is crucial.”¹¹ The best medical doctors, for example, followed up with their patients to find out if their interventions were successful. Such follow-up gave these superdiagnosticians a significant advantage, allowing them to “understand how and when” they were improving and when they were not, so that they could make corrections.

Miller, Hubble, and Duncan found the same idea applies to psychotherapy. Without soliciting client feedback, therapists tend to grow in confidence over the years but make little or no improvement in their actual rates of therapeutic success.



Clinician's Corner Continued...



In sporting events where success rates are measured, performance has steadily improved over the years. For example, the fastest time clocked for a marathon in 1896 was just one minute faster than the current qualifying time “just to participate in the most competitive marathons like Boston and Chicago. By contrast, *“no measurable improvement in the effectiveness of psychotherapy has occurred in the last 30 years.”*¹² While psychotherapy as a whole is beneficial, “most clinicians have little data on their success rates with clients” nor do they know how their outcomes compare with the outcomes of other clinicians.¹³ Those with the poorest outcomes often compare themselves favorably with the best.

The authors’ formula for success involves two components: 1. determining your baseline of effectiveness, and 2. engaging in deliberate practice to improve outcome performance.

The first component can be achieved through therapy outcome testing, establishing one’s own performance baseline and comparing it against the outcomes of others. The authors state that the mere act of measuring performance leads to improved outcomes. Sharing one’s baseline performance with clients—whether good, bad, or average—further improves outcome results. Dropouts will be cut in half. The therapeutic alliance will be improved. Supershrinks actively seek negative feedback about the quality of their work and about anything they are doing that contributes to problems in the therapeutic relationship, taking steps to remedy problems.

Deliberate practice involves setting goals and designing activities to “improve individual target performance.”¹⁴ The process involves thinking, acting, and reflecting (TAR). The therapist develops step-by-step plans for achieving therapeutic goals, carries out and monitors his/her plans, and reflects on the results, making adjustments as needed.

The authors point that these practices “separate the wheat from the chaff”¹⁵ as far as therapy outcome is concerned. Though deliberate practice can lead to therapeutic greatness, many are unwilling to extend the effort. The process takes time and doesn’t lead to immediate social and monetary rewards.

However times change and the dismal picture portrayed by Nordal may induce at least some therapists to consider ways to improve their therapy outcome results. For skeptics, a careful reading of the “Heart and Soul of Therapy” is highly recommended.

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2. Duncan, p. 27.
3. Duncan, pp. 39-40, 156, 261
4. Miller, Scott, Mark Hubble, and Barry Duncan, “Supershrinks,” Psychotherapy Networker, November/December 2007, p.28.
5. Duncan, Barry L., Scott D. Miller, Bruce E. Wampold, and Mark A. Hubble, “The Heart & Soul of Change, Second Edition: Delivering What Works in Therapy,” American Psychological Association, Washington, D.C., p. 34.
6. Duncan, Ibid.
7. Miller, Ibid.
8. Miller, p. 29.
9. Miller, p. 28
10. Miller, p. 30.
11. Miller, Ibid.
12. Miller, p. 31.
13. Miller, p. 32.
14. Miller, p. 34.
15. Miller, p. 55.

Ross Clement, M.S.W., L.C.S.W., received his bachelor’s degree in Communication from Brigham Young University and his master’s degree in Social Work from University of Utah. He has worked for 36 years for L.D.S. Family Services in numerous offices including the Idaho Falls, Idaho office, the Commissioner’s Office in S.L.C., Utah, the Values Institute at Brigham Young University, the Brigham Young University Comprehensive Clinic, and the Sandy, Utah office. Much of Ross’ career with L.D.S. Family Services has been in training and program development. A familiar project he involved with was the production of the L.D.S. Family Services *Strengthening Marriage* course and *Strengthening the Family* course. Ross is presently retired. He is married, has 5 children, and 18 grandchildren. He is a Temple Ordinance worker in the Oquirrh Mountain Temple and also a Family History Church Service Missionary.

Presentation Summaries

Spring Convention 2010

A couple presenters have offered to summarize their workshops or plenary addresses for AMCAP members to enjoy. If you want to know more, consider purchasing a C.D. of the actual workshop. An order form of all presentations offered on CD can be found on pages 36-37. A special thanks to those who have contributed summaries.

Ethical Considerations in the Application of Spiritual Interventions

Kraig Boyd, L.P.C., N.C.C.
Norma Boyd, Ph.D. Candidate

This *Presentation Summary* is from the AMCAP Spring 2010 Presentation: "Ethical Considerations in the Application of Spiritual Interventions."

Our workshop began with a discussion on the definitions of some basic terms. After reaching a general consensus on working definitions for religion, spirituality, spiritual interventions, and ethical behavior, we discussed some possible reasons why a mental health professional might use a religious or spiritually oriented intervention. Some possibilities might include helping a client: (1) capitalize on assets of personal belief and faith; (2) discover deeper meaning and understanding; (3) obtain a deeper sense of connection, serenity, and peace; and/or (4) generate healing through accessing power of a transcendent nature.

This was followed by a discussion of the special challenges and ethical concerns that accompany the use of such interventions. We determined that the ethical application of any spiritually oriented intervention must include: (1) providing efficacious services within the practitioner's scope of practice; (2) causing no harm to the client, the client's family, or the community; (3) using only appropriate methods for which the therapist has attained a level of training and experience necessary to establish competency compliant with licensing boards, committees, and professional ethics codes. In addition, we established that mental health professionals have an obligation to develop competency in dealing with religious/spiritual issues in order to create a safe environment for clients who hold spiritual beliefs and

may worry that professionals will not understand or honor their views.

Next, we reviewed excerpts from the ethics codes of the American Counseling Association, the National Association of Social Workers, the American Association of Marriage and Family Therapists, the American Psychological Association, and the American Psychiatric Association. From this survey we gleaned ten basic principles, a "Code of Conduct" if you will, for mental health professionals integrating spiritual interventions into therapeutic practice.

1. "Primum non nocere." (First, do no harm).
2. Create a safe environment for the client to explore spiritual and/or religious issues.
3. Disclose your approach to dealing with spiritual issues through clear informed consent.
4. Be aware of bias and counter-transference, and never impose your values on the client.
5. Respect diversity, individual worth, and the unique spiritual orientation of the client.
6. Be mindful of your professional role, and avoid multiple roles (counselor/pastor, etc.).
7. Act only within your scope of practice and the boundaries of your competency.
8. Collaborate with clergy or other pastoral helpers when appropriate.
9. Never demean, harass, or support religious prejudice in any way.
10. Encourage religious/spiritual tolerance, freedom, understanding, and respect.

Spring 2010 Presentation Summaries Continued...

The potential for violating trust and doing harm to a client is present regardless of the modality of therapy being provided. Since using spiritual or religiously oriented techniques in a therapeutic setting is especially fraught with danger, we developed the “Baker’s Dozen,” thirteen critical questions professionals can ask themselves before applying any spiritual intervention.

1. Will the use of this intervention establish me as a “religious” person in the mind of the client? *(And could this perception have a chilling effect on the client’s ability to safely and honestly express anti-religious sentiments, anger with church authorities, theistic doubts, etc.)?*

2. Am I making assumptions about the client’s experience? *(Just because I share the same religious background as the client, do I presume that the client has had a similar experience to my own)?*

3. Do I have a religious stereotype bias? *(Am I assuming that a client holds certain beliefs and attitudes based on the group with which she or he is affiliated)?*

4. Could the use of this technique cause the client to view me as a threat to the client’s world-view or faith? *(For example, asking a fundamentalist Christian to practice an Eastern meditation exercise).*

5. Could the use of this intervention cause role confusion? *(Might the client begin to view me as a spiritual advisor or ecclesiastical authority)?*

6. Does this intervention conform to the expectations of the client? *(Mental health providers should include the scope of possible interventions that may be applied during therapy when they present initial informed consent information to the client).*

7. Is this intervention consistent with the mission, policies, and expectations of the organization I represent? *(Expectations in a secular state-funded organization may be drastically different than expectations in a private faith-based organization).*

8. Is this intervention a reasonable component of a sound overall treatment plan, and is my billing to third party payers accurately reflective of the nature of

services being provided? *(Most third party payers approve only empirically validated treatment modalities).*

9. In a group setting, how will this intervention affect each individual member of the group? *(Although the intervention may be helpful to most of the group, might it be harmful to any individual in the group)?*

10. What are my motives? *(Is it possible that I have ulterior motives beyond helping the client explore his or her own way, such as promoting my own views, enforcing orthodoxy, conducting ministerial work, proselytizing, etc.)?*

11. Am I competent to apply this intervention? *(Would my level of training, study, and personal experience satisfy licensing boards and ethics committees)?*

12. Am I sensitively empathetic, respectful of the client’s unique perspective and subjective experience, and spiritually in tune? *(Am I responding to inspiration, intuition, reasonable logic, or something else)?*

13. Do the possible benefits outweigh the potential for harm? *(Have I conducted a thoughtful risk analysis)?*

We concluded the workshop with examples of how to use a “Risk Assessment Matrix” to conduct a thorough analysis of possible pitfalls, hazards, and potential harm to the client, prior to implementing any spiritually oriented intervention. We had excellent group participation and wish to thank all who contributed to the success of this workshop.

Biosketches: Co-presenters Kraig and Norma Boyd currently reside in Robin Idaho. Kraig is a Licensed Professional Counselor in the State of Idaho, and is also a National Certified Counselor (N.C.C.). He has enjoyed working for the past eight years as a Drug and Alcohol Rehabilitation Specialist at the Pocatello Women’s Correctional Center. Norma is a full-time student at Idaho State University where she is pursuing a Doctoral degree in Clinical Psychology. She is an accomplished songwriter and performer, having recorded five C.D.s of original music. Norma also has extensive volunteer experience working with incarcerated women in spiritually-focused 12 Step recovery groups.

Spring 2010 Presentation Summaries Continued...

Increasing the Awareness of Sleep Disruptions and Bereavement

Beth Vaughan Cole, Ph.D., A.P.R.N., F.A.A.N.

This *Presentation Summary* is from the AMCAP Spring 2010 Presentation: "Understanding the Psychological and Physiological Implications of Sleep Disorders."

Greif and bereavement involves psychological, sociological, physical and spiritual elements of human experience. Of particular note is the relationship between grief and sleep. The following discussion attempts to highlight several of the interacting dimensions of sleep and bereavement.

Eric Lindemann, a Harvard psychiatrist wrote about the 1942 Coconut Grove Fire that killed over 490 people in Boston, Massachusetts (1944). Many of the deaths occurred as they trying to get out a door that was locked, and others died as they were trying to get out through a revolving door that was being forced both ways. Lindemann set up a clinic for family survivors from the fire. They could come to the clinic and receive counseling. From Lindemann's report came clear descriptions of "normal" grief responses, with some deviations from the norm which related to repression or avoidance of grief. Parkes (1965) added the dimension that grief can trigger other psychiatric disorders, where he found that death of a spouse was six times more likely to be hospitalized for psychiatric patients than a comparable age group.

John Bowlby's three volume treatise on attachment and loss were published 1969, 1973, & 1980. Bowlby presented his thesis that attachment behaviors were innate and necessary for individual and species survival. He described the "attachment behavioral system" and the "caregiving (parental) system." He identified distressed behaviors of infants and children who were deprived of their parents, as well as parents' responses to the loss of a child. Deeply powerful and moving he describes the attachment and the response to loss both by children who have lost a parent and by parents who have lost a child. When the object of that attachment is missing, crying, clinging, and searching behaviors were initiated. He felt these were instinctual and in place to facilitate the restoration of the lost object or the relinquishment of emotion. At the same time as attachment behaviors are developed in an infant and child, there is a reciprocal attachment by an adult, whereby an adult displays

caretaking and support of the attached young, thereby preserving the species.

Ainsworth's and her colleagues identified three major patterns of attachment and corresponding patterns of adult care giving. The infant patterns were "secure," "avoidant," and "anxious/ambivalent," and later by Main and Solomon (1986, 1990) added a fourth category which was "disorganized/disoriented" attachment.

Theresa Rando's *Parental Loss of a Child* (1986) and *Treatment of Complicated Mourning* (1993) are classics. Rando differentiated the common grief responses and how some responses and behaviors would evolve into more complicated mourning and dysfunctional behavior.

Many bereaved individuals develop profoundly disturbed sleep patterns. Problems with sleep include: insomnia, early morning waking, impaired continuity of sleep. EEG studies have shown that REM stage sleep and stage 4 sleep are decreased in depressed individuals. Many different neurobiological pathways are involved (Steiger & Kimura, 2010).

Normal sleep is broken up into five stages: stages 1-4 and REM sleep. Each of these stages is characterized by certain features on electroencephalographic (EEG). Stage 1 is light sleep in which individuals are easily awakened. Stage 2 is deeper sleep which shows brain wave slowing when compared with Stage 1. Stage 3 is an even deeper level of sleep with



Spring 2010 Presentation Summaries Continued...

the appearance of “delta: or “slow waves” on EEG interspersed with some faster waves. Stage 4 is the deepest level of sleep, and it is often difficult to arouse people in this stage. It is characterized by almost only “delta” waves being present on EEG. Stage 4 sleep is the most restful and those who do not obtain enough stage 4 sleep will not feel rested the next day. The last stage of sleep is REM sleep, which stands for “Rapid Eye Movement.” It is during this final stage of sleep that dreams take place. Healthy, well-rested individuals will go through the 5 stages in sequence and each sleep cycle takes about 90-110 minutes. People typically go through several sleep cycles per night (Van Bommel, 1997).

The hypothalamic-pituitary-adrenal axis is often thrown out of its normal balance in times of bereavement. In normal individuals the hypothalamus in the brain secretes corticotrophin-releasing hormone (CRH), which in turn causes the anterior pituitary to secrete adrenocorticotrophic hormone (ACTH) into the bloodstream. This ACTH travels to the adrenal glands, which are located adjacent to the kidneys, and causes a release of our major stress hormone: cortisol. This cortisol then provides a negative feedback in the brain. A certain amount of cortisol is necessary for life, but too much can lead to high blood pressure, hyperglycemia, muscle breakdown, and immune system depression putting individuals at risk for infections. Very high levels can actually mediate destruction of nerve cells in the hippocampus area of the brain (Sapolsky 1992). Both psychological and physical stresses cause cortisol levels to increase. Acutely depressed individuals have been shown to have significantly higher levels of cortisol secretion (Steiger & Kimura, 2010). Another important aspect of the hypothalamic-pituitary-adrenal axis is its diurnal basis. Cortisol is highest in the morning upon waking and is lowest at bedtime in normal healthy individuals. However, this normal daily pattern is disrupted in stressed patients. It has been postulated that sleep disturbances in times of stress are due in part to abnormalities in cortisol levels.

There are many other neurobiological pathways that are involved in not only sleep, but also stress and emotional responses. For example, new studies have shown that the neurotransmitters glutamate and gamma aminobutyric acid are altered in acute depression in addition to those previously mentioned. The biochemical and neurobiological pathways involved in stress, depression, and sleep disorders are complex and there is much research to be done to clarify the interacting mechanisms.

Richardson, Lund, Dudley and Obray (2003) noted that 50% of widows and widowers reported sleep disturbances. In a recent study by Supiano, Cole, and Snyder, 130 adult participants (21% were men and 79 were female) who attended

grief support groups and answered questions about sleep and health. Approximately one quarter (N=33 or 25.38%) reported sleep problems as an area of distress. Over half of the participants who reported sleep disturbances noted improvement at the end of the eight week grief groups. By the end of three months 61% reported improvement in sleep, and at six months 72% reported improvement in sleep problems.

The participants of the grief group did not necessarily lose a spouse. Some had lost a spouse, while others had lost a child, a sibling or a friend. Persistent poor sleep was associated with yearning for the deceased and relationship with the deceased. Death of a spouse was correlated with persistent sleep disturbance.

In summary, there is a strong indication that sleep disorders may co-occur with bereavement, especially for widows and widowers. Time seems to diminish the problem for most, but there remains about 20% who have sleep problems after 6 months. It is important for clinicians working with clients who are bereaved to recognize the frequency of sleep as a serious problem. Clinicians should be informed about sleep disturbances and know basic treatment interventions because sleep disturbances are significant problems in themselves, but are strongly correlated with depression, and other health and mental health problems.



Spring 2010 Presentation Summaries Continued...

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Dr. Beth Cole, PhD, APRN, FAAN, was born in Michigan and spent most of her growing up years in Cincinnati, Ohio. She received her Bachelor of Science in Nursing from the University of Cincinnati. Two years later she received her Master of Science degree from Boston University with a focus on child psychiatric nursing. When she moved to Salt Lake City she was the psychiatric clinical specialist for the Pediatric Unit at the University of Utah Hospital, worked with the Department of Child and Adolescent Psychiatry, and taught in the Graduate Psychiatric Nursing Program at the University of Utah. After completing her Ph.D. at Brigham Young University in Family Studies, she worked full time for the University of Utah College of Nursing. Beth was appointed Dean of the College of Nursing at Brigham Young University in 2007. Beth is married to Dr. Boyd Cole and they have four children.

Therapist Reflections

"Therapist Reflections" is a relatively new column in the *AMCAP Networker* where therapists can share reflections about their growth and development as a therapist, clinical work that has touched them deeply, or insights that have made them a better clinician.

Turning the Negative Alcoholic Family to Positive

Vera Ivie

By our nature I feel we are all very much alike, only habit keeps us worlds apart. Little did I realize to what extent habit played in my own life, and that of our family.

Although I cannot recall where I learned this, I remember learning it back in 1973. I learned that about 5% of the population can take something bad and turn it into good. This thought had great significance to me and felt empowering.

Alcoholism is a negative self-destructive habit. The sad part is that many people have the disease and do not know it – or want to know it. A person can be an alcoholic and quit drinking, but unless they change their attitudes and behaviors and establish new ways of thinking, the negative patterns will continue to take their toll in the form of other illnesses.

My husband is a recovering alcoholic, and I'm what I call a co-alcoholic. Our family has suffered from the disease for 37 years now. However, we have done much better the last 10 years. My husband quit drinking at that time. I had a nervous breakdown at the exact same time he was being taught in an alcoholic treatment center that his "insane" behaviors caused the entire family to be sick and also have insane behaviors.

Insane behaviors, may be relative, but "sick thinking" is "fear thinking," and lying to oneself and others constituted insane behaviors to me and my family. For example, a person becomes obsessed with what their husband or parents, perhaps even their own children do. From morning to night, they think negative or fearful thoughts. I would wonder... "What is Bill doing? Where is he? Who is he with," etc. Messages you send to yourself can feel overwhelming and might include lies, such as: "I can never get well." "It is so and so's fault that I am so sad, bad, or indifferent." or "If I pray to God, He can't possibly hear me, can He?" Life ends up being filled with negative self-defeating behaviors and a negative "fuss" is made over what seems like everything. It is hard to see the good in *anything*. Almost every decision becomes a fear-based

decision and it reaches the point where you want others to just make decisions for you.

I am here to tell you that an alcoholic and their family can get well. S.A.V.E., A.A., and Ala-Non are non-profit self-help organizations that can offer assistance and help. They teach that is the alcoholic and their families can believe in a higher power, there is hope for them to recover and get well again. The treatment center my husband went to for two years offered group sessions, training, and a new way of faith thinking. The same teachings are used all over the country by various self-help groups or agencies in hopes to help change behaviors and alleviate suffering caused by alcoholism.

We have never in all our lives been healthier or happier. Change is possible. I believe families must learn truth and faith thinking or suffer as we did. Love is letting go of fear and we had to let go in order to heal our hearts and our family. Although the cost was thousands of dollars for each of us, we do not dwell on wasted money, negative self-defeating habits, time, or hours of study and service. Our new skills and way of being have helped us become happy and healthy.

As we give back to the community, my husband and I hold free, stress awareness classes in our home each month and have a hotline for stressful fear-thinking people, both young and old. We have helped found several S.P.R.I.N.G. chapters, seven of them are in Utah. We serve on the S.A.V.E. Board of Directors and are trying to start S.A.V.E. chapters here in California. We have established a scholarship fund to help families who have suffered from emotional challenges or the disease of alcoholism to be funded from the sale of tapes and S.P.R.I.N.G. donations.

We understand better how fearful, negative thinking can be disempowering and discouraging. We know "stinking thinking" can drive you and others to drink. We know it takes a lot of help to turn a negative alcoholic family from hate, fear, manipulation, and misunderstanding, to one of health, trust and productivity. It can be done.

Again, change is possible. Hope is there. Help is there.

Vera Ivie is proudly married to Harold Ivie and together have five children, 24 grandchildren and soon to be 29 great grandchildren. Vera and Harold have been trained in drug and alcohol counseling and have been lay counselors for 32 years. In addition, they organized and conducted seminars, taught classes on addiction, and produced and directed a video – "Turning the Negative Family to Positive." Harold and Vera fulfilled a service mission as ushers on Temple Square and now assist in the Addiction Recovery Program for L.D.S. Family Services. Vera was a recent contestant of the Ms. Utah Senior America Pageant contest, and commented that it was a really great experience and a lot of fun!

Handout Exchange

The “Handout Exchange” is a section of the *Networker* where AMCAP members share handouts they find helpful in their own clinical practice. Please feel free to copy and use with your clients as appropriate. AMCAP members are invited to submit their clinical ideas for inclusion in future issues of the *Networker*. 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 “Handout Exchange,” 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.

Connection Choice

Brian Armstrong, L.C.S.W.

There’s a reason why Christ said that the first and great commandment is to Love God. He knew that if we truly loved God with all our hearts and came to him through prayer, scripture study and worship, that we’d be filled with a measure of His love. Once we’re filled, it puts us in a healthy position to then share that love with others. In fact, if we’re truly connected to Him, we’re compelled to reach out and love others. Hence, the second great commandment is to love others as ourselves (see Matthew 22:36-39). Most often, when we follow this formula for loving, we discover that we’re more connected to our spouse regardless of whether they may be reaching out to love us in return. We also begin to see that through being nurtured by God’s love, that we’re blessed with an enabling power through the atonement that allows us to love despite any opposition we may face.

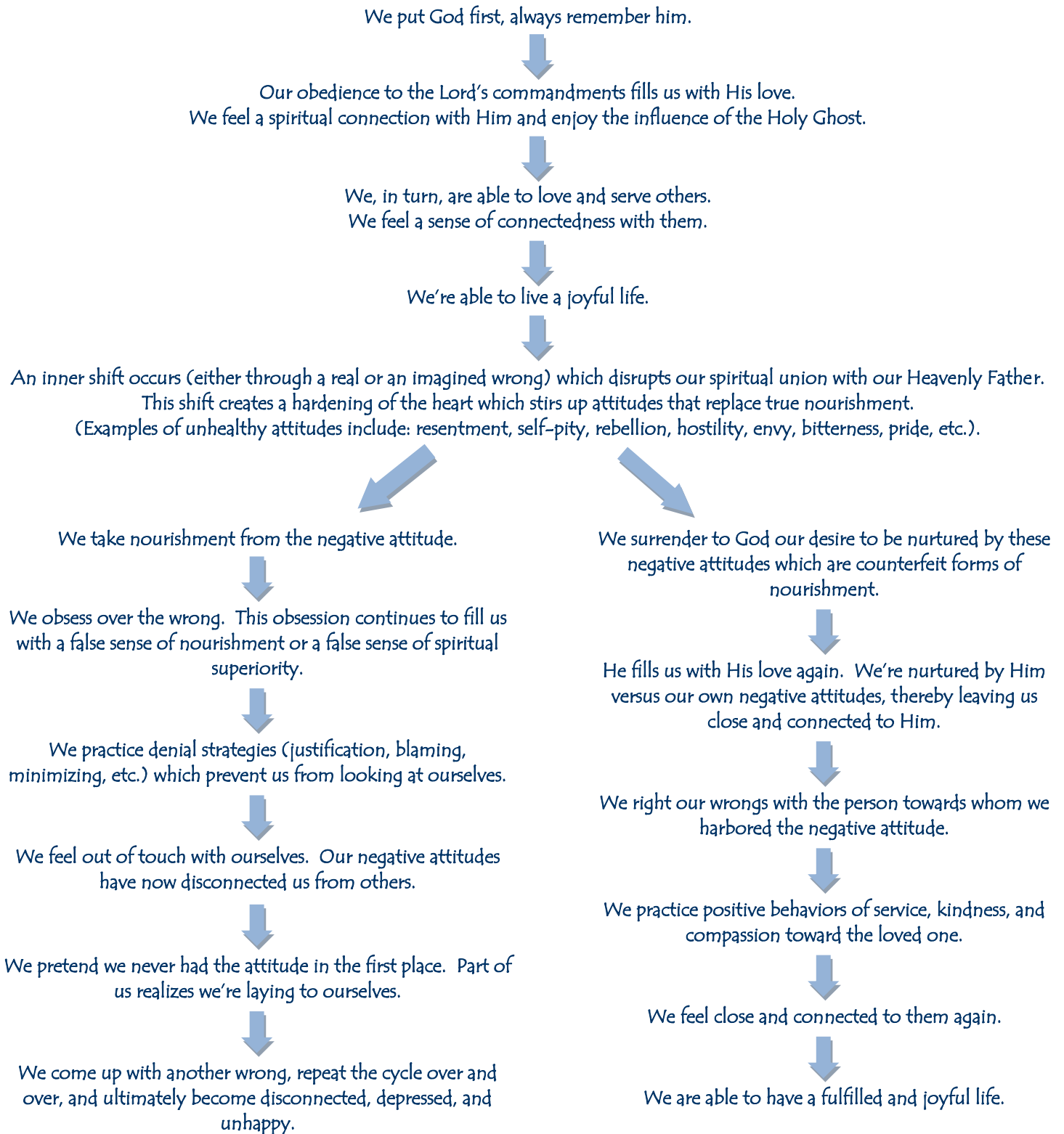
Here’s an example to help illustrate this: Steve, a client with a pornography addiction, betrayed his wife’s trust which has caused her sadness and hurt in the relationship. As he began practicing recovery and gained sobriety from pornography, he began righting his wrongs with his family and friends, surrendered to God when life was unmanageable, and began taking actions of love toward his wife. Steve’s wife struggled knowing whether his actions were genuine and would continue to fall into resentment and anger as a way to cope. Despite the fact that she put these walls up around her, Steve consistently surrendered what he couldn’t manage to God, and took actions of love toward his wife.

According to this example, it would have been easy for Steve to feel like a victim and to be nurtured by resentment and self pity. However, he was able to show love towards his wife despite the fact that she wasn’t in a place where she could begin to love him in return. In order for him to do this, he first needed to be filled with love through his Heavenly Father. The scriptures say that if we abide in Christ that we will bring forth much fruit. If we don’t, we’ll be “cast forth as a branch and wither” (see John 15:5-6). In other words, we choose Christ’s way and are filled, or we choose our way and wither like a dead branch. One way gives life and the other takes it. Undoubtedly, as we wrestle against the natural man, we come across attitudes that act as counterfeits to God’s form of nurturing. We can give in to these attitudes and try to be nourished by them, or we surrender them to God and become nurtured by the “true vine.” The following flow chart illustrates this choice and where each decision can lead.

Handout Exchange Continued...

Connection Choice Flow Chart

Brian Armstrong, L.C.S.W.



Student Reflections

Hello Students! This section of the Networker is completely devoted to students! Don't miss the semi-annual AMCAP convention every April and every October (just before General Conference). Student prices are great and there are lots of opportunities to get involved. There is usually a Friday early morning presentation just for students. This is a special event for students and space is limited, so sign-up early if it is something you want to attend. There are also opportunities to serve in the bookstore. We typically look 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 AMCAP sessions for free as well. Another great bonus for serving in the bookstore: A one year membership to AMCAP!

AMCAP's new fabulous mentoring program is another way to get involved with AMCAP. The mentoring program connects students with AMCAP professionals. So far it has been a great success and we hope you will consider joining this program. If you are interested in signing up for the mentoring program, or seeking more information on it, contact Lisa Leavitt, AMCAP board member at: lisa_leavitt@byu.edu.

Another way to get involved with AMCAP is to submit something to the *AMCAP Networker*. We love to have student submissions. Ideas to consider: a book review, reflection piece, or a theoretical article. Send these submissions to the *AMCAP Networker* Editor, Kristin Douglas, at kdouglas@lccc.wy.edu or kdouglas@uwyo.edu.

If there is any information that you are seeking as a student, want to volunteer at the convention, or want to sign up for the mentoring program, contact or Lisa Leavitt at the email listed above.

Book Review

Rebecca Taylor
Graduate Student, Social Work
University of Utah

Book Reviewed: *Forgiving Ourselves: Getting Back Up When We Let Ourselves Down*
Author: Wendy Ulrich, Ph.D.
Publisher: Deseret Book, 2008

Many people, at one time or another, have struggled with guilt or shame for their mistakes in a way that can negatively affect their relationships and feelings of self-worth. Latter-day Saints may have gone

through the repentance process but still feel guilty. What can they do to find peace?

Author Wendy Ulrich addresses this question in her book *Forgiving Ourselves: Getting Back Up When We Let Ourselves Down*. She organizes the book into four sections: 1) clarifying our beliefs, 2) qualifying for forgiveness and grace, 3) overcoming internal obstacles to peace, and 4) trusting God. The book is written for a Latter-day Saint audience but contains principles that can be applied by any Christian, L.D.S. or not.

In the first section, the author clears up common doctrinal misunderstandings. For example, she takes on the mistaken belief that "if we cannot be perfect, our ultimate goal in life is to return to God in the same state of innocence and purity—as much as

Student Reflections (Cont.)

possible—we were in when we left Him” (p. 11). Because this is an impossible task, pursuing it leaves us feeling discouraged and hopeless. Yet in actuality, Ulrich says, we are to learn *by experience* to choose good over evil—not to remain innocent. Like a baby learning to walk, we learn by stumbling and then gradually improving; our failures are opportunities to learn so that we may eventually succeed.

She points out that in order to truly forgive ourselves, we must have a correct understanding of agency, repentance, and the Atonement. Though we avoid sin, it is inevitable, but repentance is always available. Ulrich quotes her daughter’s wise words: “Repentance is not the back-up plan; repentance is the plan” (p. 17).

She also states that our mistakes and sins rarely devastate us; rather, “we are done in by what we tell ourselves the failure means about us” (p. 21). Our erroneous beliefs tell us that if we fail at something, *we* are failures, and self-hatred often follows. These thoughts are often unexamined and unchallenged. To combat this, we must become aware of our erroneous beliefs and rewrite them.

In one of the most valuable passages of the book, Ulrich explains the difference between sins and weaknesses. Sins, she says, require repentance, and Satan is the author of sin. Weaknesses, on the other hand, require “learning, persistence, prioritizing, and focus on our strengths” (p. 41). God is the author of weakness, which compels us to humble ourselves before Him. Understanding the difference is imperative as we determine how to address the sin or weakness and find out what we can learn from it.

In the section on overcoming obstacles, Ulrich discusses some of the factors that can hinder self-forgiveness: shame and pride, depression, anxious perfectionism, self-destructive unselfishness, and trauma and abuse. She emphasizes that we need to tackle our weaknesses a little at a time, not all at once. An exaggerated response to our sins can be more self-destructive than the sins themselves. Focusing on how good it feels to succeed rather than



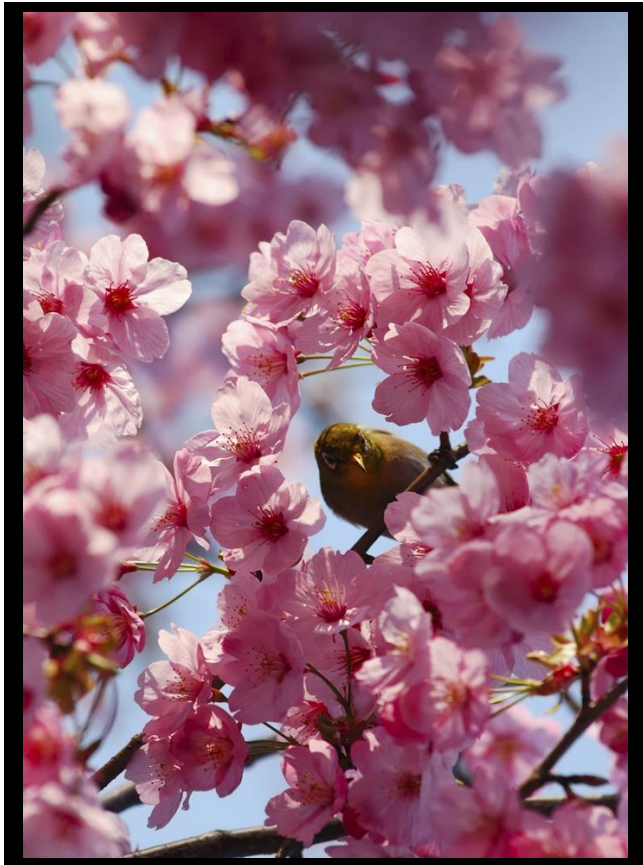
how awful it feels to fail can help us grow and build on our strengths.

Parents will appreciate the chapter titled “Forgiving Ourselves as Parents.” Here Ulrich explains why responding to mistakes appropriately is especially important for parents: “Excessive apology and self-blame for our parenting failures can send the message that mistakes (ours *or theirs*) are mortifying, catastrophic, and irreparable” (p. 234). She acknowledges that “admitting we are wrong can feel like giving our children a free pass to ignore us, blame us, or disrespect us. It isn’t. Admitting we are wrong and sincerely apologizing is how we teach our children to also admit they are wrong and to sincerely apologize so they too may grow and learn” (p. 235).

A passage near the end of the book summarizes what we are to do when we fall short: “God does not reject us for failing. But He does ask us to buck up to the task of learning from our failures, mourning our losses, apologizing for our mistakes, getting help with our setbacks, and thoughtfully, prayerfully, trying again” (p. 250).

Based on the topic, some may assume the book downplays the purpose of guilt and the need for repentance when sins have been committed. It does

Student Reflections (Cont.)



not. Those who minimize the effects of their sins, Ulrich says, engage in “cheap self-forgiveness [which] is an inadequate substitute for real repentance and reliance on the Atonement” (p. 31).

For those earnestly seeking to forgive themselves, reading this book is not—or should not be—a passive experience. Many of the chapters include questions and exercises to reinforce the principles. Doctrine forms the foundation of the material, interspersed with psychological principles that are harmonious with these doctrinal principles. Much of the content is refreshing, but some readers will find there is much to absorb.

Exercises in the book can help readers understand how they regard sins and mistakes, learn how they can change, and discover some of the reasons they find it difficult to forgive themselves. Therapists may want to recommend the book to Latter-day Saint clients who are struggling to let go of excessive guilt or shame. Some of the exercises or

or psychological principles could be discussed in session as therapists work to help their clients understand their erroneous thinking patterns. Therapists may also want to recommend the book to ecclesiastical leaders who are seeking to understand why some members get stuck in self-punishment and regret and have difficulty applying the Atonement.

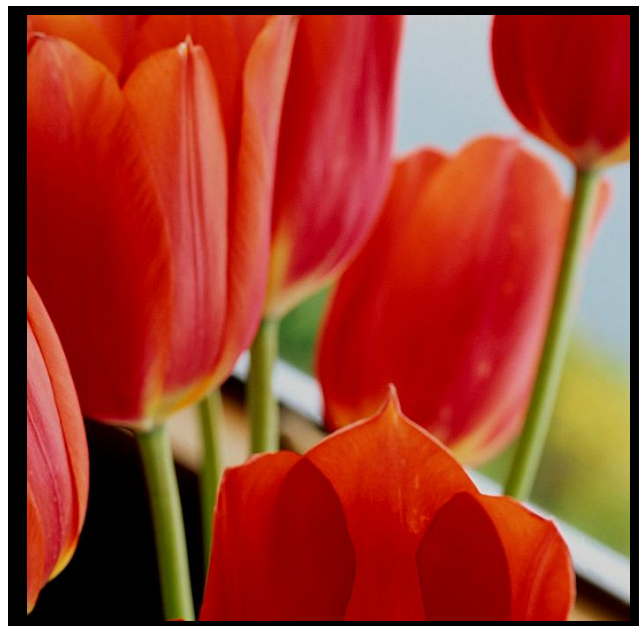
In short, Ulrich’s book can give much-needed encouragement and insight to Latter-day Saints who wish to forgive themselves and claim the peace that the gospel offers.

Reference

Ulrich, W. (2008). *Forgiving Ourselves: Getting Back Up When We Let Ourselves Down*. Salt Lake City, UT: Deseret Book.



Rebecca Taylor received her bachelor’s degree in journalism from Brigham Young University in 1993 and will complete her M.S.W. program at the University of Utah next year. She has been an editor for Bookcraft, the *Ensign* magazine, and the Church Historical Department, and she is currently a program specialist at the L.D.S. Family Services central office in Salt Lake City. She enjoys reading, hiking, writing, and traveling.



AMCAP Graduate Student and Professional Mentorship Program

For Members and Graduate Students!

We now have 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 would you want mentoring in?

What's Up in Your Area?



MAKING AMCAP COME ALIVE IN YOUR AREA!

BY J. DOUGLAS LECHÉMINANT, M.S.W., L.C.S.W.

AMCAP VICE PRESIDENT

Since assuming responsibilities as vice president of AMCAP, I have had the chance to visit with a number of AMCAP Area Coordinators throughout the world. My early impressions suggest that many L.D.S. counselors and psychotherapists, whether or not they live in areas with high concentrations of L.D.S. Church members, continue to feel a strong desire to be connected with other L.D.S. therapists.

From Anchorage to American Fork, Portland to Pittsburg, and New Zealand to England, the values and experiences of the professional counselor who has an understanding and testimony of the restored gospel of Jesus Christ creates a view of the world that is unique and dynamic. Such a view naturally seeks support and seeks to be cultivated. Such a view needs to be shared with other like minds and spirits to remain vibrant. There is a common bond among Mormon counselors and psychotherapists and I believe that AMCAP remains the best hope and the best avenue to facilitate a critical and needed on-going connection between us.

During the Fall 2009 AMCAP convention, I noted two examples that underscores both the global need and the global opportunity of AMCAP. First, I think of three L.D.S. psychologists in the country of Uruguay who have expressed a desire, by

What's Up in Your Area? Continued...

way of what I would define as a plea, “to receive information and training in L.D.S. policy and treatments about mental health.” These are individuals who are already donating their time and resources to assist local Church leaders with welfare and counseling needs. They represent the hope and the future of counseling and mental health within the Church worldwide. They represent an opportunity to make a difference to potentially thousands of our brothers and sisters in the gospel.

Second, consider the active L.D.S. student in a psychology department at a major university in Taiwan who is asking for direction and help to “use gospel knowledge to help [her] patients” and to “help God’s children with [both] gospel and psychological knowledge.” She intuitively and accurately senses the incredible potential that comes from an appropriate integration of gospel principles and modern science. But she needs information and interaction to know how to make such an integration her personal reality. She needs the help and wisdom that can come from the established community of L.D.S. professionals in the mainstream of AMCAP.

No doubt, geography poses a tremendous challenge to establish meaningful connections for many L.D.S. therapists who live in areas with lower concentrations of L.D.S. Church members. However, I am confident that the incredible advances in technology we see all around us hold some, if not most, of the answers needed to help AMCAP members become even more connected around the globe.

To my fellow AMCAP members (including those whose membership may not be current) I would say, remain involved at the local level. Seek to make something good and something new happen in your own area. And by doing so, I believe that blessings and opportunities will multiply and doors will open in such a way that one day, in the not too distant future, AMCAP will indeed become a meaningful organization for our colleagues in not only Taiwan and Uruguay but many other places around the globe!

AMCAP's Mission Statement

AMCAP's mission is to provide information and support for the L.D.S. 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.



AMCAP Website Committee

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, e-mail, e-mail attachments*
- A willingness to learn new skills

If you are willing to serve, please email us at mail@ldsamcap.org

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.ldsamcap.org. I look forward to hearing from you! Please do not hesitate to contact me if you have any questions or concerns: Rachel_crooklyon@byu.edu.



AMCAP C.D. Order Form Spring Convention 2010

— Faith in Counsel and Ministry —

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

| CHECK HERE | TOPIC | PRESENTER(S) | # OF CDS |
|------------|---|--|----------|
| | 1. <i>The In and Out of Personal Ministry</i> | Bonnie Parkin, James L. Parkin, M.D. | |
| | 2. <i>"Vulnerability to Infidelity: Prevention, Intervention, & Reconnection"</i> | Liz Hale, Ph. D. | |
| | 3. <i>The Critical Need for an Inclusion of Virtue in Psychology and Counseling</i> | Michael Adams, Ph. D. | |
| | 4. <i>Forgive Yourself Therapy and Worksheets</i> | Alan Roe, Ph. D. | |
| | 5. <i>"Life's Problems Wouldn't Be Called Hurdles If We Couldn't Get Over Them"</i> | Noel C. Gill, Ph. D | |
| | 6. <i>Upward Reach Foundation – Changing Lives Around the World!</i> | Rick D. Hawks, Ed. D, Rulon G. Craven | |
| | 7. <i>Imagery Techniques for Facilitating Change and Healing</i> | Corydon Hammond, Ph. D. | |
| | 8. <i>"Should I Keep Trying to Work It Out?" A Guidebook for Helping Couples at the Crossroads of Divorce (and Before)</i> | Alan J. Hawkins, Ph. D., Tamara Fackrell, J.D. | |
| | 9. <i>Assisting Adult Clients in Maintaining Spiritual Balance While Asserting Their Personal Rights</i> | Barbara J. Gearig, LCSW | |
| | 10. <i>Understanding the Psychological and Physiological Implications of Sleep Disorders</i> | Beth Cole, Ph. D., A.R.P.N., F.A.A.N. | |
| | 11. <i>A Neuro View of Care for Self and Others: Using Attention to Intention to Improve Empathy and Emotional Regulation</i> | Rebecca Jorgensen, Ph. D. | |
| | 12. <i>The Use of Spiritual Imagery in Psychotherapy</i> | Gary M. Weaver, Ph. D., L.P.C. | |
| | 13. <i>Ethical Considerations in the Application of Spiritual Interventions</i> | Kraig Boyd, L.P.C., N.C.C., Norma Boyd, Ph. D. Candidate | |
| | 14. <i>Utilizing Spiritual Assessments in our Work with L.D.S. Clients</i> | Gordon E. Limb, MSW, Ph. D. | |
| | 15. <i>Detection of Deception and Misinformation in Clinical and Forensic Interviews (part 1)</i> | Mark Zelig, Ph. D. | |

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| | 16. <i>Detection of Deception and Misinformation in Clinical and Forensic Interviews (part2)</i> | Mark Zelig, Ph. D. | |
| | 17. <i>Using an Internet Blog as an Outreach Tool and Adjunct to Psychotherapy</i> | Ryan J. Hulbert, Ph. D., Daniel Hulbert, B.S. | |
| | 18. <i>Faithful Metaphors and Analogies in Ministering Counsel</i> | John P. Livingstone, Ed. D. | |
| | 19. <i>Exploring the Forces of Healing and the Beef Stroganoff Principle or Spiritual Interventions in Psychological Care</i> | LoriLee Critchfield, Ph. D., D.A., M.P.A. | |
| | 20. <i>Mental Illness Goes to the Movies: Reflections on How Films Impact Stigma About Mental Illness</i> | Marleen Williams, Ph. D., Nate Page, Ph. D. Candidate, Laurie Hamer, Ph. D. Candidate | |

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 C.D.s or C.D. sets: _____

Total due: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Send payment to:

AMCAP

P.O. 540385

North Salt Lake, UT 84054

Email: mail@ldsamcap.org

Phone: (801) 425-3490

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

Name on credit card: _____

Expiration Date: _____

Card #: _____

AMCAP MEMBERSHIP APPLICATION OR RENEWAL FORM 01-2008

☐ New Membership

☐ Renewal Application – AMCAP # _____

☐ Please send me a copy of the Bylaws
(also located on the website)

First Name Initial Last Name Home Phone

Home Address City State Zip Code

Highest Degree Current License Type License #

I am applying for the following membership category:

| | | |
|--|---------------------|--|
| Professional Member | \$ 60.00 annual fee | |
| | \$750.00 lifetime | |
| Student Member | \$ 30.00 annual fee | |
| Retired Member | \$ 30.00 annual fee | |
| International Member (available outside the U.S. and Canada only) | \$ 30.00 annual fee | |
| Associate Member (non-voting) <input type="checkbox"/> Bishop <input type="checkbox"/> Other | | |
| Institution (single, non-voting representative) | \$ 60.00 annual fee | |
| Total \$ | | |

Employer

Work Address City State Zip Code

Work Phone Position

Fax Number Email Address Website Address

Specialties

☐ Please send mail to my work address

☐ Please send mail to my home address

☐ I am currently providing therapy to individuals.

☐ I am not currently providing therapy to individuals.

****Please circle any of the above information that you **DO NOT WANT** included in the AMCAP directory or the Internet Directory.**

****AMCAP occasionally (1-2 times per year) is contacted with a request to use our membership list as a way to contact L.D.S. therapists to request their participation in research. This research is typically based on spirituality topics or need for a religiously based subject group. If you are willing to have your name released for such purposes, which often helps students complete thesis and dissertation projects, please indicate by checking yes here: ____ Yes, I am willing to be contacted with a request to consider participation in research.**

As a member of AMCAP, I agree to support the purposes and ethical guidelines of AMCAP as stated in the Bylaws. The above information is accurate to the best of my knowledge.

Applicant's Signature: _____

Name on Credit Card: _____

Expiration Date: _____

Card #: _____

Send application and fees to: **AMCAP, P.O. Box 540385, North Salt Lake, UT 84054**
You may also register online at **www.amcapstore.com** or fax to 801-931-2010

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

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Spring 2010 – Spring 2012

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Historian

Student Representative

Convention Photographer

Volunteers – Various Committees:

AMCAP relies on great volunteers for its success as an organization. There are a variety of ways to provide service

OPEN POSITIONS (Continued)

– 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 AMCAP Board Member - Bill Cook, at cookwr@ldschurch.org

WHAT IS THE NETWORKER?

The *AMCAP Networker* is an official publication of the Association of Mormon Counselors and Psychotherapists. It is published 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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