



## AAMFT Continues to Press VA Leaders on MFT Issues

As noted in the last issue, the AAMFT is working with the federal Department of Veterans Affairs (VA)—the nation's largest employer of mental health professionals—to implement a 2006 AAMFT-recommended law allowing VA to hire MFTs, with about 152 MFT jobs posted to date.

AAMFT staff and our allies recently met with VA Central Office's acting director of Mental Health Operations, Mary Schohn, PhD, to discuss MFT and LPC hiring. In reply to AAMFT documentation of an instance where a member was incorrectly told, "We don't hire MFTs," Dr. Schohn committed to correct this and all such future situations. Members with documentation of such problems are encouraged to send that to [advocacy@aamft.org](mailto:advocacy@aamft.org).

While this commitment is good news, major problems remain and a new concern has arisen. The most serious issue is VA's continued insistence that only MFTs holding degrees from COAMFTE-accredited programs may be considered for employment. The AAMFT maintains that an alternative should be established for MFTs licensed prior to this 2010 requirement. VA's requirement excludes about half of all licensed MFTs, and a higher portion of those with decades of experience. (LPCs face a similar problem.)

The new concern is that VA's Office of Academic Affiliations' chief for non-physician mental health internship affiliations, Robert Zeiss, PhD, has stated that MFT and LPC internships

will now be permitted at VA units only when the academic programs are COAMFTE- or CACREP-accredited, respectively. Because VA is such a large behavioral healthcare system, this new restriction could well cause a major reduction in VA intern placements, especially for academic programs in rural locales. At deadline, Dr. Zeiss had not replied to an AAMFT request to reconsider this new restriction.

We also have learned that the US Army plans to issue MFT-specific hiring rules in late 2011 or early 2012, and that these may well include a COAMFTE degree requirement, at least for newly-hired MFTs. The AAMFT is working to protect our members' interests in these forthcoming rules.

## U.S. House Black, Hispanic, and Asian Caucuses Introduce Bill with Medicare MFT Coverage, Explicit Authority for SAMHSA Minority Fellowship Program

On September 15, U.S. Rep. Barbara Lee, MSW (D-CA) introduced the Health Equity and Accountability Act, HR 2954, to improve healthcare services for historically-underserved communities of color. At deadline, this bill had 71 cosponsors, all of whom are Democratic members of the House's Black, Hispanic, or Asian Caucuses (collectively called the TriCaucus).

Among the bill's many provisions are a section that would add MFTs as Medicare Part B independent practitioners and another section that would explicitly require the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to operate its Minority Fellowship Program (MFP) under the AAMFT and four other national professional associations' award fellowships to doctoral students in their professions who have a demonstrated interest in clinical or research careers emphasizing serving ethnic minority populations. Members may quickly urge their Congresspeople to cosponsor this bill by going to <http://capwiz.com/aamft/>.



# Power or Pattern?

## A BRIEF, RELATIONAL APPROACH

Shelley Green, PhD



**THE METAPHOR OF POWER IS AN ALLURING ONE** — it can explain so much: social inequality, challenging and disrespectful family dynamics, domestic violence, and a host of other difficulties we find ourselves entangled with alongside our clients. Gregory Bateson was critical of the notion of power, not because he didn't recognize the potential for differential influence, or even exploitation in relationships. He rejected it instead because the notion of power inclines us to conceptualize the source of such influence as unilateral, residing within an individual, rather than in terms of relationship—the patterns of interaction that are informed by context, history, and culture. From a Batesonian perspective, the alternative to thinking in terms of power is to think in terms of pattern.



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Even though I have been immersed in Bateson's ideas for over 20 years—I teach systems theory courses in our family therapy programs at NSU and practice a relational brief therapy approach informed by his ideas—I find myself at times being seduced by the metaphor of power when caught up in contentious clinical cases. This is easy to do; it can provide a familiar and reassuring certainty about individual responsibility and clinical direction, and that's hard to resist when things get heated and the path gets thorny.

When I am inclined to think in terms of power, I typically invite myself to think again—to reflect instead on the patterned interactions

that give shape to the context surrounding the troubling behaviors. When I am able to consider the larger context, I am almost always able to come to a new understanding of how each person's behaviors make sense within that unique web of relationships. Rather than being disturbed by the power dynamic inherent in a couple relationship, I instead attempt to become curious about how the couple's interactions fit together with a sort of unusual elegance. From this position of curiosity, I relax into exploring how the patterns remain consistent, and then ask questions about how these patterns make sense given the clients' current situation. This doesn't mean

that I am unaware of, or insensitive to, differences in access to resources, to social or cultural status, or to gender, race, or sexual orientation as they may inform relational dilemmas. The focus on pattern does, however, free me up to wonder about the systemic wisdom of clients' repeated interactions.

For several months, I worked with Ken and Beth, who had been struggling for years as they moved across the country repeatedly to follow Beth's rapidly growing career as a corporate attorney. With each move, Ken, an executive who was previously enormously successful in his own field, lost ground and gave up more of his status, his income, and his professional identity. By the time I met the couple, they had endured four traumatic moves and Ken's career was practically non-existent, while Beth's was at its peak. The three young children they both adored only added fuel to the fire of their constant battles over Ken's lack of involvement in the family, his unwillingness to commit to their new life in yet a new location, and Beth's demands that he do more around the house.

From a unilateral understanding, it would have been easy to assume that the power imbalance should be the point of intervention—that therapy should be about empowering Ken and restoring his position in the family. Many possible therapeutic paths could have emerged, based on this conceptual framework. However, in any case, my own understanding of the notion of power would have been lighting the way.

In retrospect, I believe that I initially viewed Ken in terms of his losses and thus his weakness; I easily accepted a version of him as an emasculated man married to a powerful woman. Thus, attempts on my part or Beth's part to "empower" him resulted in Ken clinging more tightly to his own

solutions. In embracing individual definitions of each of them, based on notions of who held more power, I was unable to attend to the inherent logic in each of their behaviors. Over time, however, as I began attending more carefully to the patterns of their interactions and considering the meanings they each assigned to these behaviors, I was able to develop an understanding that fit better with the patterned way I prefer to think about relationships, and that became much more useful in our sessions.

I became curious about Beth's demands that Ken step up to the plate and feed the kids a healthy dinner, help them with their homework when she had to work late, and "at least fold the laundry and make the beds" before she got home each day. My curiosity ceased being about why she would make such demands given his obvious castration by her success, or about why he was refusing to be a part of his family. Rather, I began to explore the logic informing both Beth's demands and Ken's reluctance to engage, and this allowed me to learn about how his behaviors (and thus her demands) made perfect sense.

As I abandoned my need to understand and alter the power imbalance and, instead, explored the patterns of their relationship, I heard from Beth that whenever she saw Ken drowning in regret and depression, she felt compelled to save him, assuming that her demands that he clean up, become involved in their family, and jumpstart his career might be the only thing that stood between him and total despair. However, as her demands escalated and she began to micromanage his life, she became a sort of Geppetto, attempting to organize his day, chart his success, and choreograph his every move.

Each time Ken refused to make the beds, drive the carpool, or fold the laundry, he reclaimed (at least temporarily) a small piece of his own integrity. He maintained some sense of dignity and self-respect by holding his ground and taking a stand. From a relational perspective, each of these behaviors made sense. We talked in session about the legitimacy of Ken's regret—his losses had been immense and were seemingly unrecoverable. I wondered aloud if, once he and Beth acknowledged the legitimacy and magnitude of these losses, the regrets might fade and Ken might be able to coordinate his own actions. When I was able to honor Ken's actions as a stance of dignity rather than the passive-aggressive hostility that Beth described, he no longer felt the pressure (at least in therapy) to give in to Beth's demands and thus lose himself.

Not long after this conversation, Ken's professional life began to change. He found ways to embrace a new career path, forging ahead as an independent agent rather than waiting for a headhunter to call. He became vibrant and animated in session, and his and Beth's sense of humor (and sexual attraction to each other) came back to life. They began talking about the sheer "craziness" of their life demands, acknowledging the ways they struggled and assuming they would continue to do so together. Geppetto retired.

As Bateson (1972) observed, "the myth of power is, of course, a very powerful myth and probably most people in this world more or less believe in it" (p. 495). Some might say that in my clinical work and my understanding of relationships, I have "gone Green" and am using as little power as possible. That's an ecological choice I can embrace. ■



**Shelley Green, PhD, LMFT**, is a professor of family therapy at Nova Southeastern University in Fort Lauderdale, FL. An

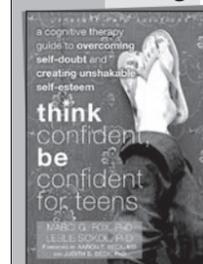
AAMFT Clinical Member and Approved Supervisor, Green is co-director of Context Consultants, Inc., in Fort Lauderdale, primarily working with couples in the areas of sexuality and intimacy. At the recent AAMFT Annual Conference in Fort Worth, TX, she co-presented (with Dr. Douglas Flemons) an all-day institute entitled "Transforming Paradoxes in Intimate Couple Relationships." Green also co-edited (with Flemons) *Quickies: The Handbook of Brief Sex Therapy* (W. W. Norton, 2007).

#### Reference

Bateson, G. (1972). *Steps to an ecology of mind*. Chicago: The University of Chicago Press.

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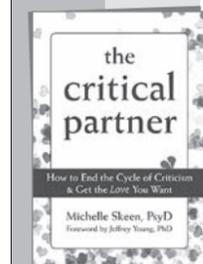
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