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SUMMER 2026 NEWSLETTER

**RENEWAL &
SUSTAINABILITY**

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TAMFT PRESIDENT'S MESSAGE

SOFIA GEORGIADOU, PHD, LMFT-S, LPC-S

Dear TAMFT members, colleagues, associates, and students,

As we move through the middle of summer, I have been thinking about the theme of self-care and sustainability as a serious ethical and relational responsibility in our work as MFTs.

Many of us entered this profession because we care deeply. We sit with all the grief, trauma, conflict, fear, disconnection, injustice, and uncertainty of our clients. We hold space for families, couples, individuals, supervisees, students, and communities. We teach, train, supervise, document, advocate, bill, respond, and keep showing up. And sometimes we do all of this while carrying our own exhaustion, losses, and daily responsibilities.

Over the last year, I have found Silvana Espinoza Lau's (one of our LMFT colleagues in Oregon) reflections in Liberatory Letters to be an important reminder for this moment. In one of her email newsletters, Lau (2025) challenges the assumption that feeling "not okay" is always a sign of poor mental health. She invites us to consider that sadness, grief, rage, numbness, and uneasiness may be deeply human responses to injustice, violence, and oppression. In another reflection, Lau (2026) also reminds therapists and healers that we are neither machines nor saviors, and that our exhaustion is not a personal failure. It may be a response to holding too much, too often, in systems that do not hold us back with care.

As systemic therapists, we know that people do not exist outside of context. Yet, as professionals, we sometimes forget to apply that same systemic lens to ourselves. Burnout is not only an individual problem to be solved with better time management or coping skills. It is also shaped by our workload, financial pressures, isolation, documentation demands, professional expectations, all the -isms, political stress, family responsibilities, supervision quality, agency culture, and the emotional weight of our clinical work.

Self-care, then, cannot be reduced to a bubble bath, a vacation, or a reminder to "set better boundaries." Those may help, but sustainability requires more than isolated moments of relief. It asks us to examine how we structure our practices, supervision, training programs, workplaces, professional relationships, and expectations of ourselves and each other.

For students and associates, sustainability may mean learning early that being a good therapist does not require over-functioning, perfection, or erasure of our needs. It may mean seeking supervision where boundaries and professional identity development can be discussed with vulnerability. It may mean asking: What kind of therapist am I becoming? What kind of support do I need to continue becoming that therapist with integrity?

For supervisors and educators, sustainability also means modeling what we teach. We cannot ask emerging therapists to honor client systems while ignoring the systems shaping their own learning and labor. We can create spaces where questions, mistakes, limitations, and grief are not treated as weakness, but as part of our professional development.

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For those of us fully licensed, sustainability may mean reassessing our caseloads, fees, availability, documentation habits, clinical boundaries, and the stories we tell ourselves about productivity. It may mean telling the truth in consultation. It may mean pausing before we say yes. It may mean remembering that our humanity is not a threat to our professionalism; it is part of what allows us to practice with presence.

And for TAMFT as a professional community, sustainability means continuing to build connection, advocacy, and spaces where MFTs across Texas can feel less alone. Our association is not only a place for updates, trainings, and professional information. At its best, it is a relational home where we remind one another that our work is meaningful, demanding, and not meant to be carried in isolation.

This July, I invite each of us to ask ourselves:

Where am I confusing exhaustion with inadequacy?

What support, rest, or boundary need to become necessary and no longer be optional?

How can I contribute to a more sustainable professional culture for the MFTs, associates, students, and clients connected to me?

Self-care is not selfish. Sustainability is not a luxury.

May we continue to care for our clients, our communities, our profession, and ourselves with vulnerability, humility, and courage.

With appreciation,

Sofia Georgiadou, PhD, LMFT-S, LPC-S

President, Texas Association for Marriage and Family Therapy

References

Lau, S. E. (2025, November 19). *What if “not okay” is the healthiest response?* [Email newsletter]. *Liberatory Letters*. Seventh Self Consulting.

Lau, S. E. (2026, February 4). *When you’re holding others... while you’re falling apart (from the archives)* [Email newsletter]. *Liberatory Letters*. Seventh Self Consulting.



LETTER FROM THE EDITOR

CYNTHIA JEFFERSON, PH.D., LMFT-S

Dear TAMFT Colleagues,

Welcome to this edition of the TAMFT Newsletter. As Marriage and Family Therapists, we spend our professional lives helping others cultivate healthy relationships, strengthen connections, and navigate life's challenges. Yet, in a profession centered on caring for others, it can be easy to overlook the importance of caring for ourselves.

The theme of this issue, Cultivating Connection, Balance, and Belonging, reflects the heart of both our profession and our professional community. Whether we work in private practice, community agencies, schools, healthcare settings, or academia, many of us know what it feels like to carry the emotional weight of our work while simultaneously managing the demands of our personal lives. For those practicing in more isolated settings, the need for professional connection can be even more profound.

One of the greatest gifts of belonging to a professional community like TAMFT is the reminder that we are not doing this work alone. Through mentorship, collaboration, consultation, and friendship, we find opportunities to support one another, share ideas, celebrate successes, and navigate challenges together. These connections sustain us and help prevent the isolation that can sometimes accompany clinical work.

As an educator and mentor, I have had the privilege of working alongside students and professionals at various stages of their careers. Time and again, I am reminded that the most effective therapists are not those who sacrifice themselves for the work, but those who intentionally create space for balance, reflection, and renewal. Caring for ourselves is not separate from our professional effectiveness. It is essential to it.

In this issue, you will find stories, updates, and perspectives that highlight the many ways our members are building connections, contributing to their communities, and supporting the growth of our profession. You will also discover opportunities to engage with TAMFT, whether through volunteer service, networking, leadership, or simply reaching out to connect with a fellow member. As you read through these pages, I invite you to reflect on your own sources of connection and renewal. What helps you remain grounded in this work? Who are the colleagues, mentors, friends, and loved ones who help sustain you? How are you creating space for both professional excellence and personal well-being?

The health of our profession depends not only on the care we provide for others, but also on the care we extend to ourselves and one another. Thank you for being part of this community and for the meaningful work you do every day.

Warmly,

Cynthia Jefferson, Ph.D., LMFT-S

Newsletter Editor, Texas Association for Marriage and Family Therapy



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- Networking with like-minded individuals



TAMFT.org/Join-TAMFT



ISOLATION IN THE FIELD:

A RURAL LMFT PERSPECTIVE

Working as an LMFT in a rural health setting can be difficult. In training, we are taught that supervision, mentorship, self-care, and continuing education are paramount to maintaining our competency. However, for many of us in rural Texas, once we achieve full licensure the sense of community we once felt in training falls silent. While we may practice alongside other mental health disciplines, many of us are the only systemically trained professionals providing systemic care across a broad radius.

As the only practicing LMFT in my area, I have found myself amid the duality between addressing systemic issues in my clients and community, encouraging socialization and togetherness, while suffering through my own loneliness. Sometimes it feels as though my own mental health is in jeopardy while I'm holding space for the mental health of so many in my community. Being a therapist in a rural community also means navigating the rough waters of trying to find a place for socialization while avoiding running into clients or their families at every turn.

So, what's the solution? For me, joining TAMFT was the first step in addressing my own isolation in the field. Attending my first committee meeting reminded me that while I may feel like I'm the only one who understands systemic thinking, there are others in my midst – even if I can only see their faces on a screen. Perhaps we seek opportunities to meet collaboratively. Perhaps we prioritize attending the annual conference. Whatever we do, we must not practice in isolation.

As rural LMFTs, socialization is self-care. Attend your own therapy, find a virtual consultation group, volunteer with TAMFT, create community where you can. We may be alone geographically, but we do not have to be lonely in our practice. It is an ethical necessity to socialize with others in our field.

Take Care.



RACHAEL DUPREE-BEYNON
MA, LMFT



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SELF-CARE IN GRAD SCHOOL:

PRACTICING WHAT WE PREACH



If you've spent more than five minutes in graduate school, you've probably heard someone tell you to "practice self-care." It's become one of those phrases that gets repeated so often that it starts to lose meaning. Kind of like "work-life balance" or "please read the syllabus." The funny thing is that graduate students are often experts at caring for everyone except themselves. We know how to support clients, classmates, friends, partners, children, coworkers, and even the random stranger who somehow ends up telling us their life story in the checkout line. Yet many of us struggle to apply that same compassion inward.

Graduate school can feel like a constant juggling act. There are assignments, practicum hours, supervision meetings, research projects, work responsibilities, family commitments, and approximately 73 emails waiting for a response. Somewhere in the middle of all that, we're expected to eat vegetables, get enough sleep, exercise, maintain relationships, and remember where we parked our car. It is easy to convince ourselves that self-care is something we'll get around to later. After this semester. After finals. After practicum. After graduation. The problem is that there is always another deadline waiting around the corner.

Real self-care is not always bubble baths, spa days, or expensive wellness products. Sometimes self-care looks like closing your laptop at a reasonable hour. Sometimes it means saying "no" to an extra commitment. Sometimes it means taking a walk, eating lunch away from your desk, or admitting that you need support. One of the biggest myths about self-care is that it requires extra time. Most graduate students do not have extra time. What many of us do have are small moments throughout the day. Five minutes to step outside. Ten minutes to call a friend. Fifteen minutes to eat something that did not come from a vending machine. Small acts may seem insignificant, but they add up.

Another important reminder is that balance does not mean giving equal attention to every area of your life every single day. Some weeks, school demands more. Other weeks, family or personal needs take priority. Balance is less like standing perfectly still and more like riding a bicycle. You're constantly making adjustments to stay upright. As we move through another busy semester, give yourself permission to be human. You do not have to be productive every minute of every day. You do not have to earn rest. You do not have to be perfect to be successful, and if all else fails, drink some water, take a deep breath, and remember that submitting an assignment at 11:58 p.m. still counts as submitting it on time.

You've got this!!!

ILIANA ANAYA
PH.D., LMFT-A



COMMITTEE UPDATES

MEMBERSHIP COMMITTEE UPDATE

Members: Anna Thomison, co-Chair; Hannah McKinnies co-Chair; Lisa Salazar, Sofia Georgiadou, Ada Drozd, Cynthia Jefferson, Felix Vara, Ashley Stone, Rachael Dupree-Beynon, Hanah King

The Membership Committee has had an exciting and productive season, and I am thrilled to share several updates with our TAMFT community.

First, we would like to extend a warm welcome to our newest committee members. We are grateful for the enthusiasm, expertise, and fresh perspectives our new volunteers bring to the committee. Their willingness to serve reflects the strength of our profession and our shared commitment to supporting marriage and family therapists across Texas.

We are also excited about the launch of the TAMFT Mentorship Program. This initiative creates meaningful opportunities for connection between professionals at all stages of their careers, from students and early-career therapists to seasoned practitioners. Mentorship is one of the most valuable ways we can foster professional growth, build community, and strengthen the future of our field. We look forward to seeing the relationships and learning opportunities that emerge through this program.

Finally, as you reflect on your own professional journey, we encourage you to begin thinking about colleagues, mentors, supervisors, educators, and peers who have made a lasting impact on your career. The 2027 TAMFT Awards cycle will be here before we know it, and outstanding professionals deserve to be recognized for their contributions to our field and our association. Consider who has inspired, supported, or influenced your work and keep them in mind for future award nominations.

Thank you for your continued engagement with TAMFT. We look forward to connecting with many of you through committee initiatives, the mentorship program, and future opportunities to celebrate the exceptional members of our community.

**MENTORSHIP PROGRAM
MATCHING QUESTIONNAIRE**

[CLICK HERE](#)

EDUCATION COMMITTEE UPDATE

Members: Chris McClung, Chair; Alycia DeGraff, Co-Chair & Board Liaison; Taryn Durham, Secretary; Federico Mendez; Darnita Samuels; Molly Patton; Ashley Stone; Angelica Matthews.

The Education Committee develops and delivers our monthly CEU webinar series, offering high-quality, relevant training for our members. These webinars provide an opportunity to stay current in the field, learn from experienced colleagues, and engage in ongoing professional growth. Attending is not only an investment in your clinical skills, but also a meaningful way to stay connected to our Texas MFT community!

Last quarter our webinars featured Dr. Sam MacMaster on the topic of private equity in behavioral health care, and Dr. Sofia Georgiadeau on AI in clinical practice. This quarter we are looking forward to our webinars on the topics of Supervision in July, couples therapy in August, and ethics in September.

CONFERENCE COMMITTEE

Members: Hannah McKinnies, Chair; Leila Anderson, Board Liaison; Cynthia Jefferson; Angelica Matthews; Felix Vara; Tomauro Veasley; Rachael Dupree-Beynon; Selena Tate; Adam Jones; Darnita Samules.

A promotional graphic for the Austin 2027 conference. The background is a scenic view of the Austin skyline reflected in water. In the top left, there is a postage stamp illustration of the Texas State Capitol with the word 'TEXAS' at the top and 'AUSTIN' at the bottom. To its right, the text 'Save The Date' is written in a large, elegant script. In the bottom left, the text 'AUSTIN 2027' is in large, bold, yellow letters, with 'FEBRUARY 17-19' below it in a smaller, bold, yellow font. On the right side, there is a yellow-bordered box containing the text 'WE WANT TO KNOW! WHERE SHOULD WE GO FOR 2028?' in bold, black letters, with '2028' in yellow. Below this text is a dark blue button with the text 'Click Here' in white script, flanked by white arrows. The entire graphic is framed by a thin yellow border with decorative lightning bolt-like shapes at the corners.

TEXAS

Save The Date

WE WANT TO KNOW!
WHERE
SHOULD WE
GO FOR 2028?

Click Here

AUSTIN 2027
FEBRUARY 17-19

The committee is officially back in action, and we couldn't be more excited to start shaping the 2027 conference. Your feedback from the 2026 event has been incredibly valuable—we're celebrating what you loved and taking a close look at what we can enhance next year.

Right now, we're brainstorming themes, sketching logo concepts, and scouting standout keynote speakers who will inspire and energize our community.

SAVE THE DATE: February 17-19, 2027, "Relational Courage: The Art of Navigating Difficult Conversations" at the Downright Hotel in Austin. Big things are ahead, and we can't wait to welcome you next summer!

A promotional graphic for National Exam Prep. The background is a light blue gradient with white bokeh circles and several teal starburst shapes. On the left, there is a circular inset showing a close-up of a hand holding a red pen, writing on a piece of paper. Below this inset is a dark blue button with a white double arrow icon and the text 'LEARN MORE' in white. To the right of the circular inset, the TAMFT logo is displayed, consisting of the letters 'TAMFT' in a bold, sans-serif font, with 'Texas Association for Marriage and Family Therapy' in a smaller font below it. Below the logo, the text 'National EXAM PREP' is written in a large, stylized font, with 'National' in a red script and 'EXAM PREP' in a bold, dark blue sans-serif font. At the bottom right, there is a block of text in red and black: 'TAMFT offers a suite of resources to help students prepare for the national licensure exam, including recordings of our Exam Prep Workshop, a Practice Exam & Answer Explanations, and an MFT Terms Glossary.'

ETHICS AND SOCIAL JUSTICE COMMITTEE

Members: *Angela Hayes, Chair; Leila Anderson, Board Liaison; Deanna Barrett; Michael Flynn; Dr. Felicia Holloway; Dr. JoAngeli Kasper; Dr. Robyn Flores; Adriana Gil-Wilkerson.*

It's summer and wow has this year gone by fast. The Ethics and Social Justice (ESJ) committee wanted to remind you that you can ask us a burning ethics or social justice question! *Did you know* that you can ask the Ethics and Social Justice Committee about a relevant topic and get an answer? Just visit your member portal on the TAMFT website and visit the forums to ask us a question in the ESJ forum!

SUMMER HOT TOPIC: CONFIDENTIALITY IN THE AGE OF DIGITAL THERAPY

Each newsletter we plan to highlight an ESJ topic that is particularly relevant during the past quarter. One topic I wanted to bring to your attention is confidentiality in the age of digital therapy. ZynneMe shared a news story about a recent court case involving Talkspace Therapy App where a client's text based therapy records were included as part of a court case against a previous employer that highlights the potential limitations of privacy where asynchronous messaging sessions are concerned. You can read more about the news story at the link shared below but I think the case highlights concerns about what data is being stored when therapy becomes digital such as in the case of text based therapy with a therapist or a chat bot.

In a typical therapy session the record of the therapeutic conversation is the session documentation or "note" and possibly psychotherapy notes kept by the clinician. Ethics in documentation leans towards putting the minimum information necessary, balancing client privacy with legal requirements, risk management, continuity of care, and reimbursement requirements. It has been common practice that written communication such as emails or text messages be included in the client's record but most clinical content did not happen in those formats. In the same way, some sessions may be recorded for the purposes of supervision but they typically are not a part of the ongoing record and are deleted once their stated purpose has been completed.

What happens to our ability to protect our clients' privacy and confidentiality as asynchronous messaging sessions become a common way sessions occur and expands the amount, detail, and permanence of therapeutic records beyond what has historically been captured in clinical notes. This question goes beyond just text based therapy as video or audio recordings of sessions become more common, with recordings made of every session used for AI notes. Will the day come when those recordings or a transcript of them are also required to be part of the clinical record?

Telehealth has strong evidence supporting effectiveness and there is growing evidence to support the effectiveness of therapy chatbots for certain issues. We know that telehealth has expanded access to care for many and digital therapy and chatbots are doing the same. This isn't so much a question of good versus bad as it is one of balancing the benefits of technology with the risks and ensuring we are giving informed consent. The landscape we practice in is changing rapidly and privacy laws are failing to keep pace. Many platforms have robust security measures and are transparent about their policies, while some are not, and we are responsible for protecting client records regardless of the platform or EMR used.

What can we do to protect client confidentiality and records regardless of the form they take? When clients are anxious we encourage them to ground themselves in what they have control over and I encourage you to do the same. As clinicians, we may not control how quickly technology evolves or how rapidly laws adapt, but we can remain informed consumers of the tools we use. Before adopting any platform, messaging service, telehealth application, or AI documentation tool, carefully review the vendor's terms of service, privacy

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practices, data retention policies, and security safeguards; save a copy for your records. Consider how these practices align with your ethical obligations, informed consent process, and responsibility to protect client information and document your decision making process. Maintaining competence in the use of technology is increasingly becoming a core component of ethical mental health practice. I remember being advised by a supervisor almost 10 years ago to be thoughtful about what I wrote in a client's notes because it could be read in court someday and become public record. Today, I am advising you to be thoughtful about where you create and store your records and that they could be read in court someday. I wonder what supervisors will say in 5 years, 10 years as the therapy landscape continues to evolve.

<https://www.proofnews.org/womans-talkspace-therapy-app-sessions-exposed-in-court/>

Love Always,

Angela Hayes (she, her),
LMFT-S, TAMFT Ethics-Social Justice Committee Chair,
Legislative Committee member, and Governance
Committee member



CALL FOR COMMITTEE POSITIONS!

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LEGISLATIVE COMMITTEE

Members: Tim White, PAC Chairman & Board Liaison; Leila Anderson; Hannah McKinnies; Kristi Phillips; Dr. JoAngeli Kasper; Mickie Washington; Jana McHam; Marion Vickerman.

OVERVIEW

As we enter the deeper stretch of the interim period ahead of the 90th Legislature, the policy and political environment touching TAMFT members has grown considerably more active. Several significant issues are in motion simultaneously, and the Board wants to keep members informed of what we are watching and working on.

SB 14 AND SCOPE OF PRACTICE — AN EVOLVING ENFORCEMENT ENVIRONMENT

The question of whether mental health professionals fall within the scope of "health care provider" under Chapter 161, Subchapter Y (SB 14) has moved well beyond a technical legal dispute. The Texas Attorney General and BHEC are currently operating from an expansive interpretation, applying the statute's "facilitation" language broadly to clinical activities, including documentation, referrals, and treatment planning involving gender-related care. TAMFT, through the HIVE coalition (which includes TCA, NASW-TX, and TSCSW), maintains a narrower, textually grounded position: SB 14's prohibitions target specific medical interventions — surgical procedures, puberty blockers, cross-sex hormones — none of which fall within the LMFT scope of practice.

Adding a new dimension to this issue, recent federal litigation involving restrictions on professional speech has renewed debate regarding the extent to which states may regulate communications occurring within licensed therapeutic relationships. While the legal and factual circumstances differ from Texas' SB 14 framework, the evolving case law is likely to influence future discussions concerning professional speech, scope of practice, and regulatory authority. The interaction between these issues continues to attract significant public and legislative attention and may increase the likelihood of statutory clarification being considered during the interim or in future legislative sessions.

Our current posture is measured and strategic. TAMFT members should continue practicing within their established scope and be thoughtful in documentation, referrals, and treatment planning. This is not a change in professional standards — it is a recognition of the current enforcement environment. We are actively monitoring committee hearings within Senate Health & Human Services, the Sunset Advisory Commission, and Senate State Affairs, all of which have potential jurisdictional pathways to address this issue. TAMFT's participation in the HIVE coalition ensures our voice remains part of a coordinated, unified response.

LICENSURE PORTABILITY AND THE 90TH LEGISLATURE

TAMFT has been engaged with AAMFT's Access MFTs initiative in preparation for the 2027 session, with a collaborative meeting held in May with national and state stakeholders, including Tris Casteneda, our lobbyist. Two-way portability and temporary licensure remain central goals. However, the path forward in Texas has become more complex.

Demand for behavioral health services continues to outpace workforce availability in many regions of Texas, particularly in rural and underserved communities. Portability reforms remain an important component of broader workforce solutions by reducing administrative barriers while maintaining professional standards and public protections.

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Tris' strategic read is that portability's political viability in the 90th Legislature may increasingly depend on how well it can be framed within the broader behavioral health workforce modernization and regulatory efficiency conversation already developing through interim charges and the HHSC Sunset process. TAMFT leadership is working to position our priorities accordingly, including planned engagement with BHEC around potential omnibus or cleanup legislation addressing implementation and administrative alignment issues.

MEDICAID REIMBURSEMENT — A WINDOW OF OPPORTUNITY

Texas Health and Human Services posted a notice for a Medicaid Special Review public hearing on proposed payment rate changes; a development our lobbyist flagged as potentially leverageable in connection with TAMFT's broader access and reimbursement advocacy goals, particularly around associate-level reimbursement barriers and Medicaid participation constraints affecting the currently licensed behavioral health workforce. TAMFT is monitoring this process closely and may seek to participate.

Increased participation in Medicaid by licensed behavioral health professionals remains a recurring concern raised by providers across Texas, particularly with respect to reimbursement levels, administrative burdens, and supervision-related barriers affecting workforce participation.

HOUSE PUBLIC HEALTH COMMITTEE — UPCOMING HEARING

The House Public Health Committee held a public hearing on June 4, 2026, taking up several interim charges directly relevant to our profession, including a study of the Texas Health Care Workforce shortage and recommendations to reduce its impact on access to care and service delivery, evaluation of telehealth and virtual care models in Texas, review of the Texas Rural Health Transformation Program (which includes behavioral health and telehealth services), and implementation oversight of several bills from the 89th Legislature. TAMFT has been tracking these proceedings as part of our broader engagement strategy entering the next session.

LOOKING AHEAD

The interim is where the legislative chessboard gets set. TAMFT leadership and our lobbyist are actively engaged across multiple fronts — monitoring hearings, coordinating with allied professional organizations through the HIVE coalition, engaging with BHEC, and positioning our priorities for the 90th Legislature. We will continue to keep members informed as this landscape develops.

Questions or input for the Legislative Committee can be directed to the [TAMFT Board](#).



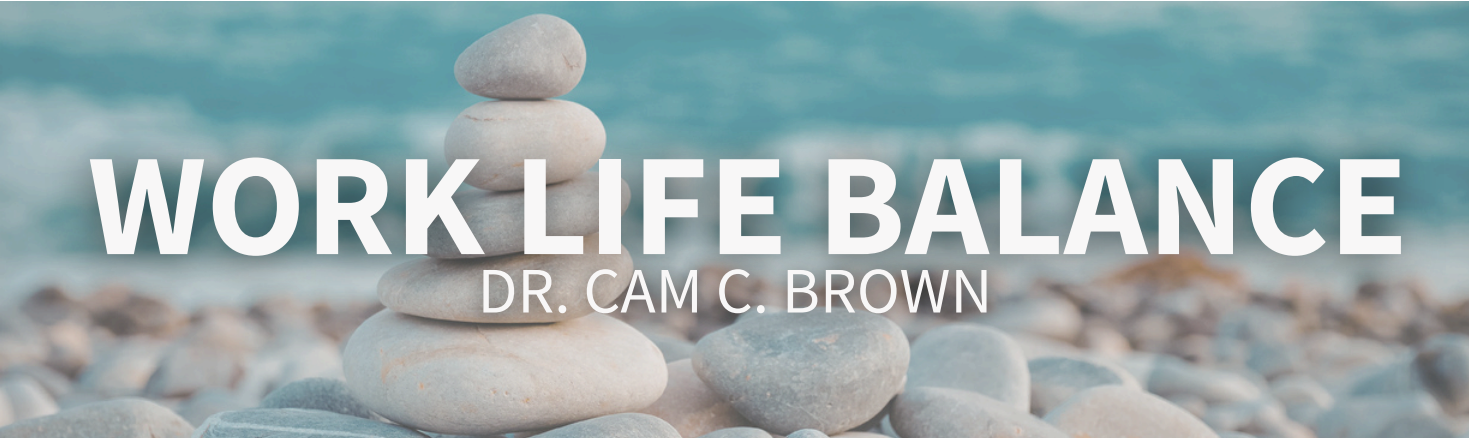
SCAN ME



Sincerely,
Tim White
LMFT, LSOTP, CSAT, CPTT
PAC Chairman, TAMFT Secretray

DONATE NOW





WORK LIFE BALANCE

DR. CAM C. BROWN

Let's talk about a big scam sold to mental health professionals today. No, it is not the promise of never having to do a progress note ever again, though that is a close second. It is the mythical, universally revered concept of "work-life balance."

Whenever I hear someone enthusiastically discussing their journey to achieve balance, I picture a therapist in a cardigan spinning plates in one hand, holding a cranky child in the other arm all while cheerfully reciting the stages and steps of EFT. It is a beautiful, inspiring image, but it is completely detached from reality. If you are reading this, you are likely in the trenches of clinical work, navigating the maze of community leadership, or trying to run a private practice. You know firsthand that if you try to give equal, balanced weight to your caseload, your supervisees, your inbox, and your home life, you will simply end up doing all of those things terribly.

Balance is a complete myth. What we actually need, and what keeps us from burning out, is ruthless prioritization.

For a long time, I bought into the hustle. I still kind of do as it's captivating pull to it is strong. We therapists are practically conditioned for it. We convince ourselves that taking on just one more couple, reaching out for one more networking meeting, or squeezing in one more supervision hour is the noble, responsible thing to do. We treat our actual lives outside the office as a brief resting period, a pit stop to refuel before getting back to the "real" work.

But here is the necessary wake-up call that I needed to have a ways back: my amazing wife, my three fantastic kids, and the other incredible people in my life are the **ends to living, not the means**.

My loved ones are not just my recharge station so I can go back out into the world and be a better therapist or professor. For me, they are the actual point of the whole exercise. What's the point of your whole exercise? Is it nature? Friends? Books? Love? Everything else that is not those things, are just the machinery that supports the life we are building; the things that we love.

So, how do we stop pretending to balance and start actually prioritizing? We put the weights on the proper trays of the "balancing scale" that matter the most to us.

We work in a profession that naturally thrives on boundlessness. Clients experience very real crises. Administrative emails reproduce like rabbits in the dark. Insurance always needs additional documentation if we want to get paid. If you do not put a hard, non-negotiable stop on your availability, the work will absolutely consume every drop you give it.

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For me, this means enforcing strict, almost offensive boundaries around every single aspect of my life that does not involve my loved ones. It means my email gets shut down at a specific time. It means I am fiercely protective of my schedule when it comes to clients and colleagues. They get my full, undivided professional attention when they are on my calendar. However, they do not get to live in my head and life when they are not.

Setting these boundaries will undoubtedly make people mad. Let them be mad (Mel Robbins anyone?). Someone will always be annoyed when you decline an "urgent" meeting or refuse to join yet another working group. That is entirely their problem to process. If you are a recovering people pleaser like me, it will be hard; it IS hard. I am far from perfect with this AND as I have worked muscles building and holding boundaries each day, I have seen a direct improvement to my burnout.

Being a good therapist does not require professional martyrdom. Stop trying to balance the scales. Just put the heavy weights where they belong and let the rest sort itself out.

DR. CAM BROWN

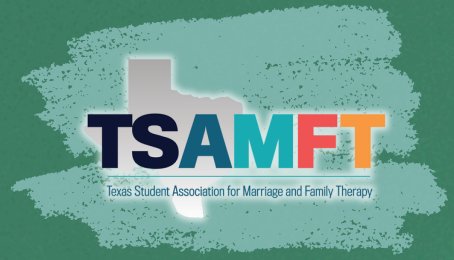
PHD, LMFT-S (TX), AAMFT APPROVED SUPERVISOR THERAPIST,
DESERT SKY FAMILY THERAPY LLC
ASSOCIATE PROFESSOR, COUPLE, MARRIAGE,
AND FAMILY THERAPY, TEXAS TECH UNIVERSITY



STUDENT CORNER

MEMBERS

Mia Maples - President, Tiara Cade - President-Elect,
Callie Ortega - Secretary



Hello, future MFTs!

This quarter, the Student Committee focused on fostering connection and supporting MFT students across Texas. Through peer-to-peer meetings and board meetings, members collaborated on ideas to strengthen student engagement and discussed strategies for the upcoming student membership drive.

The committee also engaged in important conversations surrounding student burnout and explored ways to better support students navigating the demands of graduate school, clinical work, and personal responsibilities. As we continue to build community and create meaningful opportunities for involvement, we look forward to expanding our efforts to support the next generation of marriage and family therapists.

Join Our Community

Want to stay connected between meetings? Join our TSAMFT Discord for peer support, resource sharing, and community connection:



Together, we are TSAMFT.

Questions? Reach out to us at Info@tamft.org

Connect with us on social media @TSAMFT



Mia Maples - TSAMFT President



TAMFT SUPERVISORY SEARCH



MEMBER SPOTLIGHT

JOYCE MILES JACQUOTE, LMFT-S

Joyce is a LMFT Supervisor, LCDC, and AAMFT Approved Supervisor. She has a small virtual group practice that aims to serve clients at the intersection of the Black & Brown communities & the LGBTQIA+ communities; as well as provide quality supervision to MFT graduate interns and LMFT Associates. She enjoys presenting workshops to mental professionals and lay professionals.



JEFF HOLLAND, LMFT

Jeff Holland, LMFT, works with a non-profit organization in Dallas serving individuals, families, and teams navigating cross-cultural transitions. After spending 12 years living in Europe and Africa, Jeff developed a deep understanding of the interpersonal and emotional challenges often experienced during cross-cultural transitions. This experience inspired him to pursue a marriage and family therapy degree from Abilene Christian University, which he earned in 2008. Following graduation, Jeff began working in the international non-profit sector, equipping individuals, families, and multicultural teams around the world with the personal and relational skills needed to thrive. His work has taken him to numerous countries, where he has provided training, support, and skill-building focused on fostering resilience, healthy relationships, and long-term flourishing in diverse cultural contexts.



SHAMEELA KESHAVJEE, MS, LMFT

Shameela Keshavjee is a virtual marriage and family therapist, licensed in Texas. She has years of experience working with families, couples, and individuals trying to navigate their evolving relationships. She specializes in trauma-informed, culturally competent systemic therapy, helping folks expand their self-awareness so they can communicate and connect more openly with the important people in their lives.



GERARD CAVANAUGH PHD, LMFT, LPC, NCC

Gerard Cavanaugh is a Certified Medicare Mental Health Provider who offers in-person and Telehealth services to Medicare beneficiaries. He serves the greater Fort Worth–Burleson–Crowley–Cleburne area for in-person sessions and clients across Texas through Telehealth. Medicare is billed directly, and eligible clients receive services without copays.

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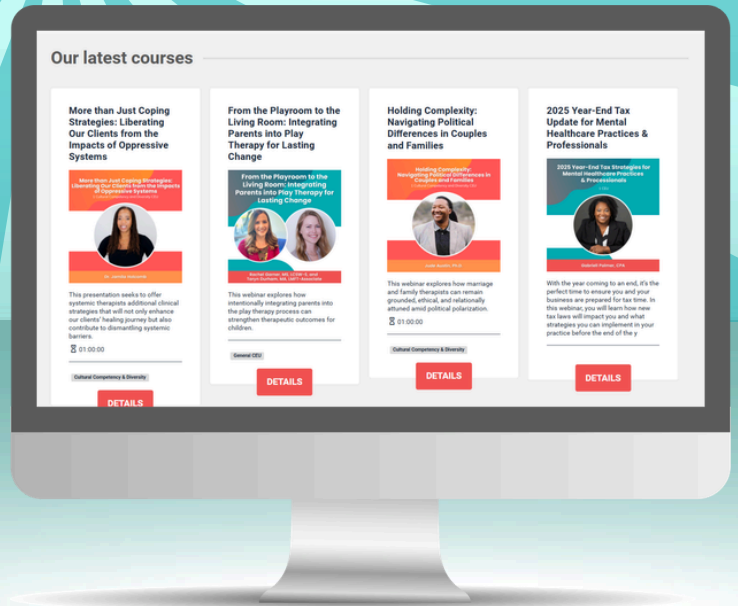
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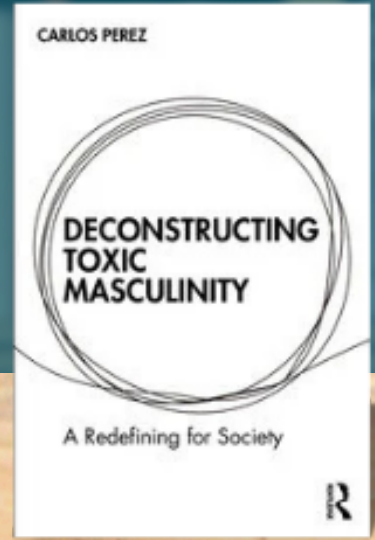
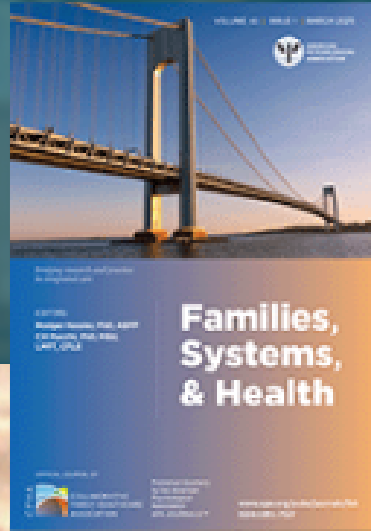
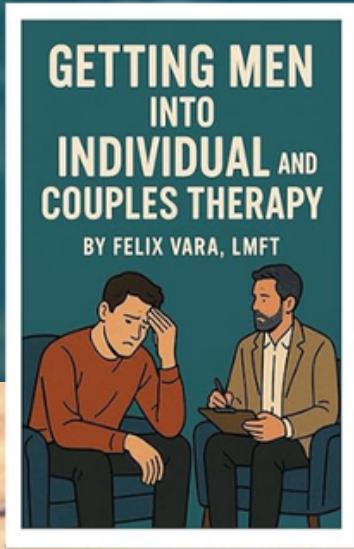


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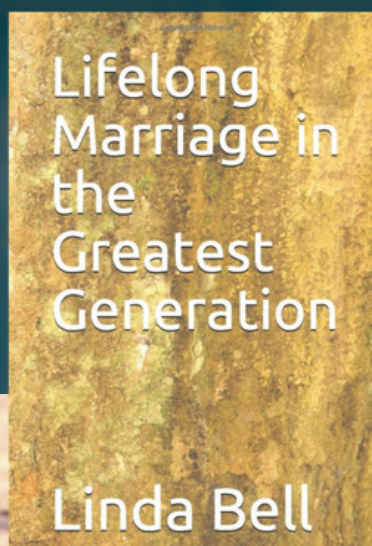
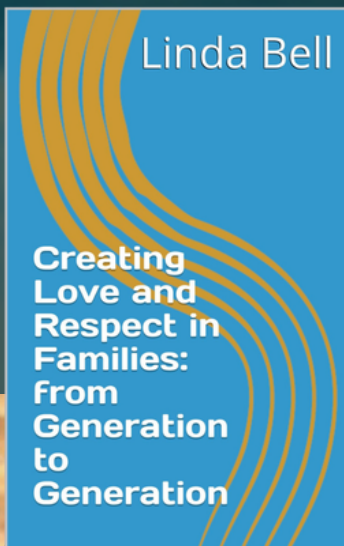
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