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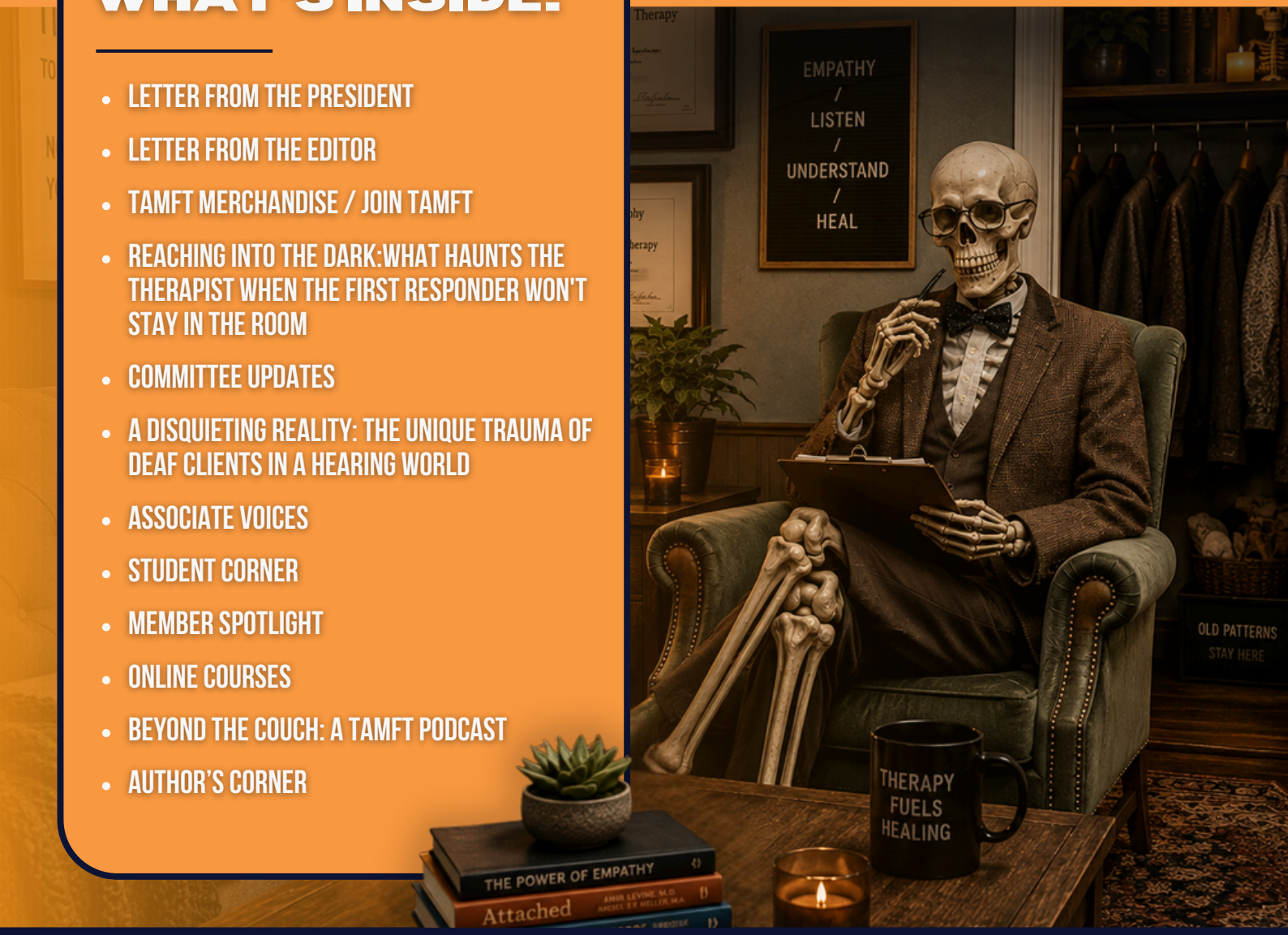
Texas Association for Marriage and Family Therapy

FALL Newsletter

SCARY STORIES: DEALING WITH SKELETONS IN THE CLOSET

WHAT'S INSIDE:

- LETTER FROM THE PRESIDENT
- LETTER FROM THE EDITOR
- TAMFT MERCHANDISE / JOIN TAMFT
- REACHING INTO THE DARK:WHAT HAUNTS THE THERAPIST WHEN THE FIRST RESPONDER WON'T STAY IN THE ROOM
- COMMITTEE UPDATES
- A DISQUIETING REALITY: THE UNIQUE TRAUMA OF DEAF CLIENTS IN A HEARING WORLD
- ASSOCIATE VOICES
- STUDENT CORNER
- MEMBER SPOTLIGHT
- ONLINE COURSES
- BEYOND THE COUCH: A TAMFT PODCAST
- AUTHOR'S CORNER



TAMFT PRESIDENT'S MESSAGE

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

Skeletons in the Closet: What Haunts our Field?

As we enter October, our Newsletter team here at TAMFT invites you to consider the theme of "skeletons in the closet". Our colleagues are essentially offering all of us a seasonal way to reflect on the realities of our work as MFTs. The stories that stay with us from the field are rarely simple. Sometimes they are visible and urgent. More often, they live in the quieter spaces of our work.

They may appear in the pressure of low reimbursements (sigh), or in the administrative demands that keep pulling us away from the relational work we are trained to do. They may show up in the weariness that comes after holding too much for too long. They may also surface in the loneliness we feel when our working environments isolate us, our caseloads become too heavy and the solutions are not obvious.

And yet, I keep finding myself being in awe of the resilience of MFTs in Texas.

I see it in my colleagues who continue to sit with families in pain. I see it in my supervisor peers who help the next generation of therapists slow down, think systemically, and stay connected to ethics and care. I see it in my educator peers who keep preparing students for a field that is changing rapidly. I see it in all our members who continue to show up for one another, even when we feel stretched thin.

Many therapists across Texas are practicing in a climate where their family life, the multiple identities they hold, and their clinical decision-making can feel increasingly contested. These pressures do not stay outside the therapy room. They shape what clients bring in. They shape what our supervisees are trying to make sense of. They influence how we document, how we teach, and how we understand our responsibilities to the people and communities we serve.

One of the more unsettling patterns I have seen in any profession is silence.

Silence can grow around burnout when we are afraid to say we are tired. It can grow around ethical uncertainty when we worry that asking that one question will make us appear less competent. It can grow around issues of client safety, discrimination, supervision concerns, and emerging technologies when the issues feel too large, too new, or too difficult to manage.

TAMFT gives us another possibility. It gives us a professional home where hard conversations can happen with care and accountability. It gives us a place to consult, advocate, learn from one another, and remember that none of us practices in isolation.

CONTINUED...

As I begin this Fall term, I am curious about how we can keep building a TAMFT culture where members feel able to bring forward the real questions of the work. What becomes possible when we can acknowledge complexity without becoming cynical? What shifts when we can face change without losing our grounding? What might we learn from one another when disagreement becomes an opening for deeper conversation rather than disconnection?

These questions feel especially important in anxious and divided times. Relational work continues to matter because people continue to live, suffer, heal, and grow in relationship. That has always been at the heart of our field.

As we look ahead, I invite you to reflect on this question: What is one scary moment from the field that taught you something important? What did it teach you courage, humility, or the need for community?

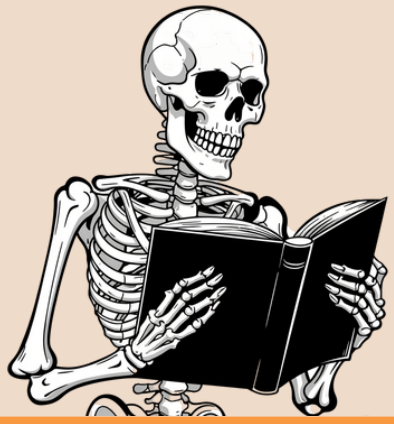
I also invite you to join us for the **TAMFT Conference in Austin, themed "Relational Courage: The Art of Navigating Difficult Conversations" on February 17-19, 2027.** This theme emerged from the realities we are facing as a field. Our work asks us to stay present when conversations are hard. It asks us to hold complexity when simple answers are tempting. It also invites us to remain relationally grounded when the industry around us feels focused on individual symptoms and behavioral health markers.

I hope to see you in Austin as we continue learning how to turn toward difficult conversations together.

Warmly,

Sofia

Sofia Georgiadou, PhD, LMFT-S, LPC-S
President, Texas Association for Marriage and Family Therapy





SOFIA GEORGIADOU

PHD, LMFT-S, LPC-S

LETTER FROM THE EDITOR

CYNTHIA JEFFERSON, PH.D., LMFT-S

Dear TAMFT Colleagues,

Welcome to another edition of the TAMFT Newsletter. This issue's theme, "Scary Stories: Dealing with Skeletons in the Closet," feels particularly fitting for our profession. After all, Marriage and Family Therapists are often invited into the rooms where people share the stories they have hidden, avoided, or struggled to put into words.

But sometimes the "scary stories" are ours, too.

There are moments in this profession when we find ourselves sitting across from a client thinking, I was not prepared for this. We encounter disclosures that challenge us, conversations that make us uncomfortable, clinical situations that stretch the limits of our training, and areas of practice where the right thing to say or do is not immediately clear. Even experienced clinicians can encounter moments that leave us questioning ourselves long after the session has ended.

This issue is about bringing some of those experiences out of the shadows.

"Scary Stories" explores the difficult conversations, challenging clinical experiences, and specialized areas of practice that clinicians may encounter but feel less prepared to navigate. These are not necessarily stories about getting things wrong. They are stories about what happens when our work asks more of us. They remind us of the importance of consultation, supervision, continuing education, ethical reflection, and sometimes simply having the humility to say, "I need help with this."

As an educator, supervisor, and clinician, I have come to appreciate that competence does not mean having an immediate answer for every situation that walks through our door. Some of the most important growth in my own career has come from recognizing what I do not know, asking questions, seeking consultation, and remaining curious when it would have been easier to retreat to what felt comfortable or familiar.

There is also something uniquely systemic about confronting the skeletons in our professional closets. As MFTs, we know that what remains unspoken within a system does not simply disappear. Silence can shape relationships just as powerfully as words. The same can be true within our profession. When we avoid talking about difficult cases, uncomfortable ethical questions, trauma, grief, sexuality, infertility, infidelity, cultural differences, supervision challenges, or other complicated realities of clinical practice, we can inadvertently leave clinicians feeling as though they are navigating these experiences alone.

That is why professional community matters.



CONTINUED...

My hope is that this issue creates space for conversations we do not always have. Perhaps one of these articles will introduce you to an area of practice you have never considered. Perhaps another will challenge something you thought you understood. And perhaps one will simply make you think, I have experienced that too.

As you read, I invite you to consider your own professional "skeletons." What clinical situations still make you uncomfortable? What conversations do you tend to avoid? Where might you need more education, consultation, or support? Most importantly, who are the colleagues you can call when something in the therapy room feels a little scary?

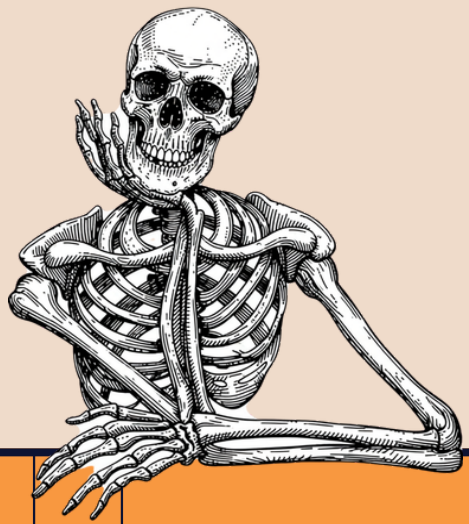
We do not become stronger clinicians by pretending that nothing frightens, surprises, or challenges us. We grow by being willing to open the door, turn on the light, and talk about what we find there.

Thank you to our contributors for being willing to begin those conversations and thank you to each of you for continuing to learn, connect, and grow alongside one another.

Warmly,

Cynthia

Cynthia Jefferson, Ph.D., LMFT-S
Newsletter Editor, Texas Association for Marriage and Family Therapy





CYNTHIA JEFFERSON

PH.D., LMFT-S

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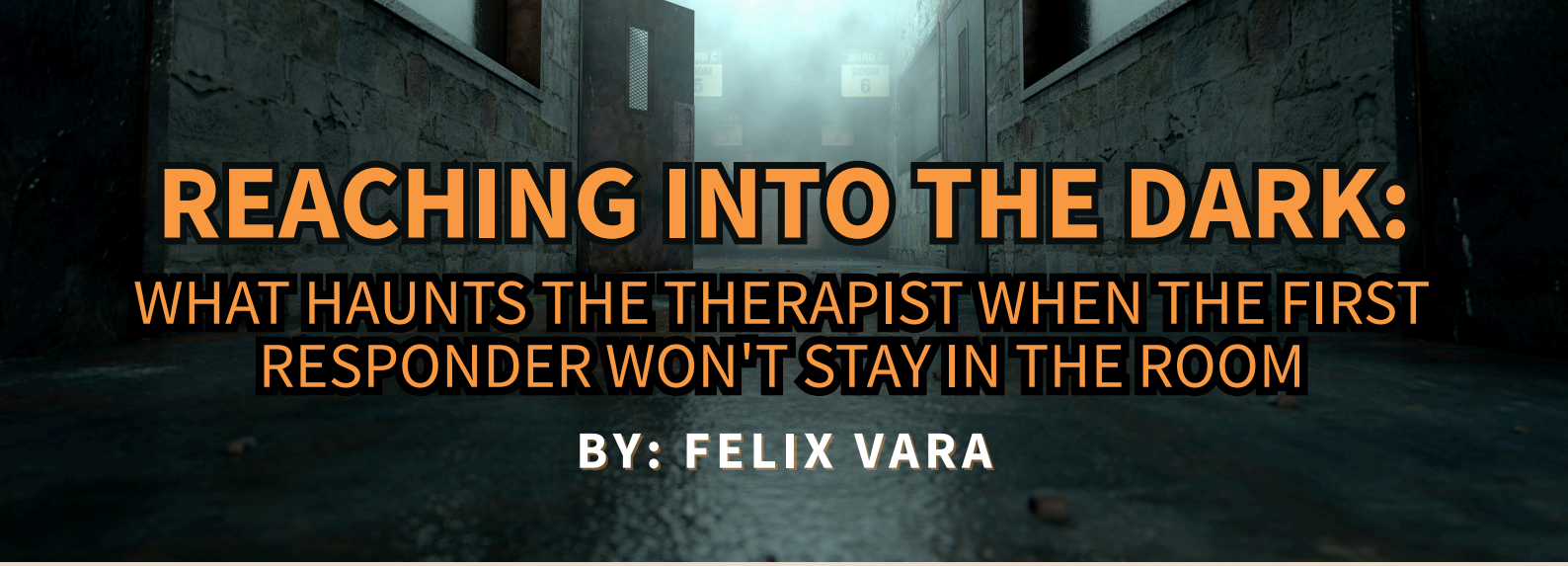
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REACHING INTO THE DARK:

WHAT HAUNTS THE THERAPIST WHEN THE FIRST RESPONDER WON'T STAY IN THE ROOM

BY: FELIX VARA

THE CALL

Recently, a triathlete went under during the swim leg of a triathlon endurance race, the most dangerous portion of the competition, in water clouded to zero visibility. Safety watercraft converged onto the swimmer's last known position within minutes, but the lake gave nothing back. A recovery boat located the body after a multi-hour search in roughly ten feet of water, and the swimmer was pronounced dead at the scene.

Among the first responders who searched was a firefighter, experienced and well regarded, who had done this work for years. They were first to reach the swimmer and later described the moment their hand almost closed around an arm but lost it: the current, the silt, and the limits of their own lungs pulled the swimmer back before they could secure a hold. The rescuer surfaced. The swimmer didn't.

WHAT THEY BROUGHT INTO THE ROOM

They came to therapy carrying familiar symptoms: recurring dreams of the incident, a sense of inadequacy, a conviction they hadn't done enough. What made the case harder to treat wasn't the presentation; it was the story they'd built around it. They'd decided, with total certainty, that the failure was physical and correctable: they hadn't trained hard enough, hadn't held their breath long enough. If they trained harder, this wouldn't happen again. It wouldn't have happened at all.

It's a familiar shape for those who work with first responder populations: reframing a horror into a training deficit, because a deficit is fixable and grief is not. They would not accept that they'd done everything physically possible in zero-visibility water with a person slipping through their fingers. They preferred the version where it was their fault, because that meant it was within their control.

Three sessions in, they told me they no longer needed to come back. They weren't in crisis. They were functioning, by every outward measure, fine.

THE PARALLEL PROCESS

I want to be honest about what happened on my side of the room, because I suspect it's more common than we admit in consultation. I recognized their story because I started telling a version of it about myself. I could see exactly where they needed to go: toward grief, toward the recognition that competence has a ceiling the lake doesn't respect, and I could not get them there in three sessions. I began to feel that if I'd done something differently, timed an intervention better, they would have stayed. I started composing my own version of I should have trained harder.

CONTINUED...

That recognition was the useful part. The pull I felt in keeping refining my technique, to reach the ones who are almost, but not quite, reachable, is structurally identical to their insistence that better technique would have saved the swimmer. Both of us were treating an encounter with a limit as a skills problem. Their limit was physiological. Mine is clinical and ethical: I cannot make informed consent do the work of coercion, and I shouldn't want to.

The Part for Which No Class Prepares You

No graduate program or continuing education course teaches this fear: the moment a client's certainty and your own start to mirror each other, and you can't tell where their story ends and yours begins. Textbooks cover countertransference in theory. Nothing prepares you for sitting with someone reliving a drowning and realizing you are quietly drowning beside them, reaching for the same impossible hold. That blurred edge, not the water, is the genuinely frightening part of this work.

WHAT I'M SITTING WITH

I don't have a tidy resolution, and I'm suspicious of any version of this piece that offers one. What I have instead is a working distinction: continuing to sharpen how I work with this population is worthwhile. Believing a first responder's early exit from care is a referendum on my adequacy is not treatment planning; it's countertransference wearing the costume of professional development.

The model many of us inherited treats first responders' care as something that only begins after "the one" incident breaks something open, and early disengagement as simply the cost of doing business until the next crisis reopens the door. I don't think that's good enough, or inevitable. The alternative isn't a better technique for keeping someone in the chair against their own timeline. It's building enough trust, in three sessions or one, that the door stays open on their terms, and accepting that whether they return is not, finally, a measure of what I did or didn't do well enough.

They touched the athlete’s arm and couldn't hold on. I sat across from them and couldn't hold on either. Some of what the water takes, no amount of training gets back.



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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 TAMFT Membership Committee has been busy this summer, with our conversations focused on strengthening connection, increasing engagement, and finding new ways to ensure that TAMFT membership continues to provide meaningful value to professionals at every stage of their careers.

One of our biggest areas of focus has been **member communication and engagement**. We are excited to continue growing the TAMFT newsletter and creating space for voices and topics that may not always receive attention in traditional graduate training or professional conversations. Our upcoming October newsletter will explore some of the "scary stories" of our profession—the difficult conversations, challenging clinical experiences, and specialized areas of practice that clinicians may encounter but feel less prepared to navigate. We are especially interested in hearing from members with expertise in unique or underserved areas of practice. Future newsletters will also work toward creating more dedicated content for students and associates.

We are also exploring new ways to connect with members through social media. Ideas such as **Wellness Wednesday**, member accomplishments, "Day in the Life" features, professional milestones, and stories of connections formed through TAMFT are all part of our effort to showcase the people who make our professional community what it is. We recognize that our members engage with TAMFT in different ways, so our goal is to create a thoughtful balance between email, the newsletter, social media, and opportunities for in-person connection.

Planning is also underway for the **2027 TAMFT Membership Survey**. This survey will help us better understand what our members value, what resources they are aware of and using, and what they would like to see from TAMFT in the future. We hope to hear from members across career stages and practice settings so that future initiatives reflect the needs of our broader MFT community.

Looking ahead to 2027, the committee has set a goal of increasing TAMFT membership, with particular attention to engaging and supporting associate members. Beyond simply increasing numbers, however, we want to continue emphasizing what makes professional membership meaningful: **identity, community, connection, and belonging.**

Finally, it is time to start thinking about the individuals who deserve recognition through the **2027 TAMFT Awards**. Consider the mentors, colleagues, supervisors, educators, and peers who have influenced your professional journey or made an exceptional contribution to our field. The nomination deadline is **October 30**, so we encourage members to recognize the outstanding professionals in our community by submitting a nomination.

There is a great deal happening within the Membership Committee, and we are excited about what is ahead. Most importantly, we want TAMFT members to see themselves reflected in the work of the association. Whether through contributing to the newsletter, participating in the membership survey, nominating a deserving colleague, volunteering, or simply connecting with another member, there are many ways to help us continue building a stronger and more connected TAMFT community.

ETHICS AND SOCIAL JUSTICE COMMITTEE UPDATE

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

The Ethics and Social Justice Committee continues to create opportunities for members to strengthen their active engagement in these fundamental tenets of our field. Please look out for more information on our CANS initiative and ways to get involved in these supportive communities.

While the preamble to the AAMFT Code of Ethics encourages MFTs to participate in advocacy, it does not explicitly state how to do so. As summer turns to fall, many may feel the weight of multiple obligations and responsibilities, yet still feel a desire to engage in advocacy for the communities they care about. Balancing self-care, family, and professional commitments can feel daunting, so we'd like to offer some guidance. Advocacy can take place both inside and outside the therapy room, and you do not need to lead a grassroots political organization to make a difference. Consider the small ways below to be an advocate in the communities you serve.

Whenever possible, we have included links to resources:

- Vote.
  https://www.votetexas.gov/register-to-vote/
- $1 a month can go a long way: Donate to our PAC or to organizations that support the communities you engage with.
- Reduce/eliminate spending: Whenever possible, avoid spending money at companies whose practices may harm the communities you are advocating for. Are there small or local businesses you can support instead?
- Write a letter: Share your thoughts with your congressional representative at the state level. Let them know what is needed.
  https://capitol.texas.gov/
- Read or listen to an audiobook: Learn about the history and experiences of diverse groups.
  https://www.tamft.org/social-justice-resources
- Reflect on your own biases: Engage in activities that help you identify and challenge your own assumptions.
  https://implicit.harvard.edu/implicit/takeatestv3.html
- Rest: Rest is truly a form of social justice. Our society may send the message that if we are not productive, we aren't valuable, but rest is essential—not earned. It is a necessity in life. Simply participating in it daily, by making space where you are able, is a small form of resistance and advocacy. It normalizes self-care and demonstrates that everyone deserves rest and wellness.



DR. FELICIA HOLLOWAY

PHD, LPC-S, LMFT-S, AAMFT APPROVED SUPERVISOR

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, we hosted many excellent webinars, including Couples and Sex Therapy: What Clinicians Need to Know and Supervision in the Digital Age. Next quarter, we are planning to host webinars that will prepare us for the upcoming legislative session, including "Texas LMFT Ethics, BHEC Enforcement and Legislative Updates" by Dr. Russ Bartee

Lastly, the education committee is taking open submissions for presenters. If you would like to donate a course and believe that you have a great presentation, contact the TAMFT office at info@tamft.org.

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; Tiara Cade; Adam Jones; Rhodesia DeShazer



The Conference Committee is putting the final touches on preparations for early registration, so keep an eye on your inbox for details about signing up for the 2027 TAMFT Conference.

A reminder that next year's conference will be held February 17–19 in Austin, Texas, at The Downright Hotel. For those who may be new to TAMFT, every other year is a legislative year. We host our annual conference in Austin to coincide with our Day at the Dome, where members meet with lawmakers to discuss our interests, priorities, and initiatives.

As always, the Conference Committee builds each year's event around feedback from our members. We appreciate your input and look forward to presenting a meaningful, engaging, and energizing conference experience.



TAMFT
Texas Association for Marriage and Family Therapy





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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.

LEGISLATIVE COMMITTEE UPDATE: PREPARING FOR THE 90TH TEXAS LEGISLATURE

Although the Texas Legislature is not currently in session, the work that will shape the 90th Regular Session is already well underway. The Legislature will reconvene in January 2027, and the interim provides an important opportunity for TAMFT to work with regulators, partner organizations, legislators, and other behavioral health stakeholders before bills are formally introduced.

TAMFT's legislative program for this interim is focused on several longstanding priorities: improving licensure portability, expanding access to behavioral health care, addressing reimbursement and workforce barriers, protecting the integrity of the LMFT license, and ensuring that regulatory requirements reflect the realities of modern clinical practice.

LICENSURE PORTABILITY AND ACCESSMFT

One of the most active areas of work this summer has been licensure portability.

TAMFT has continued working with AAMFT and its AccessMFT initiative to identify ways to make it easier for experienced, independently licensed LMFTs from other states to obtain a Texas license without unnecessarily recreating years of educational, supervision, and clinical documentation.

TAMFT and AAMFT agree on the goal of reducing unnecessary administrative barriers. The more complicated question is determining which changes can be accomplished through BHEC and the Texas State Board of Examiners of Marriage and Family Therapists through rulemaking, and which changes would require the Legislature to amend statute.

First, we have prepared a draft Petition for Rulemaking focused on administrative improvements that may be possible under existing law. Rather than asking regulators to waive statutory qualifications, the proposal focuses on recognizing and reliably verifying qualifications that an experienced LMFT has already completed in another jurisdiction. The goal is to reduce duplicative documentation and avoid requiring experienced clinicians to reconstruct years-old supervision, clinical-experience, or course-equivalency records when the same underlying qualification can be established through reliable evidence.

TAMFT has shared this rulemaking approach with AAMFT and is continuing discussions about how the approach conforms to the goals of the AccessMFT initiative. As part of this engagement, TAMFT will engage directly with both BHEC and our own MFT licensing board regarding the proposed rulemaking.

Additionally, TAMFT is preserving a legislative option for reforms that exceed the agencies' existing authority. Such an approach could address broader endorsement standards, continuity of established therapeutic relationships when a client or clinician temporarily crosses state lines, transfer of qualifying LMFT Associate hours, and reasonable application-processing requirements. Pursuing both tracks allows TAMFT to seek achievable administrative improvements without asking BHEC or the MFT Board to waive qualifications imposed by statute.

CONTINUED...

BROADER PRIORITIES FOR THE 90TH LEGISLATURE

Portability is only one component of TAMFT's legislative program. The Association's 2026 interim plan identifies several additional areas for continued work:

- **Reimbursement and workforce capacity.** TAMFT continues to examine the disconnect between the services LMFT Associates are legally authorized to provide under supervision and reimbursement policies that may limit their participation in Medicaid and other systems. Improving reimbursement and reducing barriers to provider participation remain important workforce issues.
- **BHEC and regulatory reform.** TAMFT will continue monitoring licensing and renewal processes, supervision standards, application timelines, disciplinary procedures, continuing education implementation, and other regulatory issues affecting LMFTs while preserving the MFT Board's profession-specific role in qualifications, scope of practice, standards of care, and ethics.
- **Behavioral health workforce development.** The legislative program includes continued attention to educational affordability, supervised training, rural workforce development, loan repayment programs, and the pipeline from graduate education into independent practice.
- **HHSC Sunset and behavioral health access.** The upcoming HHSC Sunset process creates opportunities to examine Medicaid participation, network adequacy, reimbursement structures, and administrative barriers affecting access to behavioral health care.
- **Telehealth and continuity of care.** TAMFT will continue monitoring implementation of recently enacted telehealth legislation while examining additional ways to address the realities of clients, clinicians, military families, college students, and others who temporarily cross state lines.

EMERGING WORKFORCE PROPOSALS

TAMFT is also actively tracking and working with the other mental health professional associations, known as the HIVE, in connection with a preliminary concept that would permit bachelor's-level behavioral-health personnel to provide a limited category of supportive services.

The concept remains preliminary, and TAMFT has not adopted a final position. Our discussions to date have focused on understanding how such a model would address clinical competency, scope and title, supervision, informed consent, public protection, reimbursement, complaint jurisdiction, and whether a new workforce category would supplement—rather than displace—Texas's existing graduate-level mental-health professions.

Importantly, this is an example of the type of proposal that illustrates why the interim matters. Ideas can develop well before a bill is filed, and early engagement gives TAMFT an opportunity to understand potential effects on LMFTs, Associates, students, graduate programs, and the behavioral health system as a whole.

WHAT COMES NEXT

Between now and the Legislature's January 12, 2027 convening date, TAMFT's work will continue to focus on developing legislative language, evaluating potential rule changes, consulting with the MFT Board and BHEC, coordinating with AAMFT and other behavioral-health organizations, and identifying which proposals are appropriate for administrative action and which require legislation.

There is still considerable work ahead, and several of the concepts described here will evolve before the Legislature convenes. We will continue keeping members informed as proposals become more concrete and as TAMFT's priorities for the 90th Legislature move from interim planning into formal legislative action.

CONTINUED...

GET INVOLVED

TAMFT is developing a Day at the Dome event, where members will be able to take portability and other legislative concerns directly to their legislators at the Capitol.

In the meantime, two ways to help right now:

- Support FamilyPAC. FamilyPAC supports candidates and officeholders who understand mental-health policy and issues affecting LMFTs. That political engagement complements TAMFT's broader advocacy program.
- Watch for TAMFT action alerts. Timely member participation, including constituent contacts, technical feedback, and examples from practice—can be decisive when legislation or agency action begins to move.

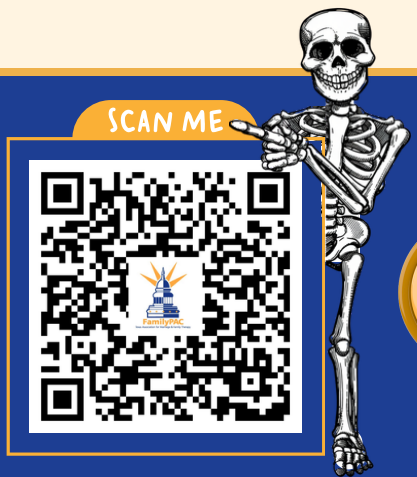
Questions are welcome any time — reach out to Tim White, Secretary of the TAMFT Board of Directors and Chair of the Legislative Committee.

Sincerely,

Tim

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

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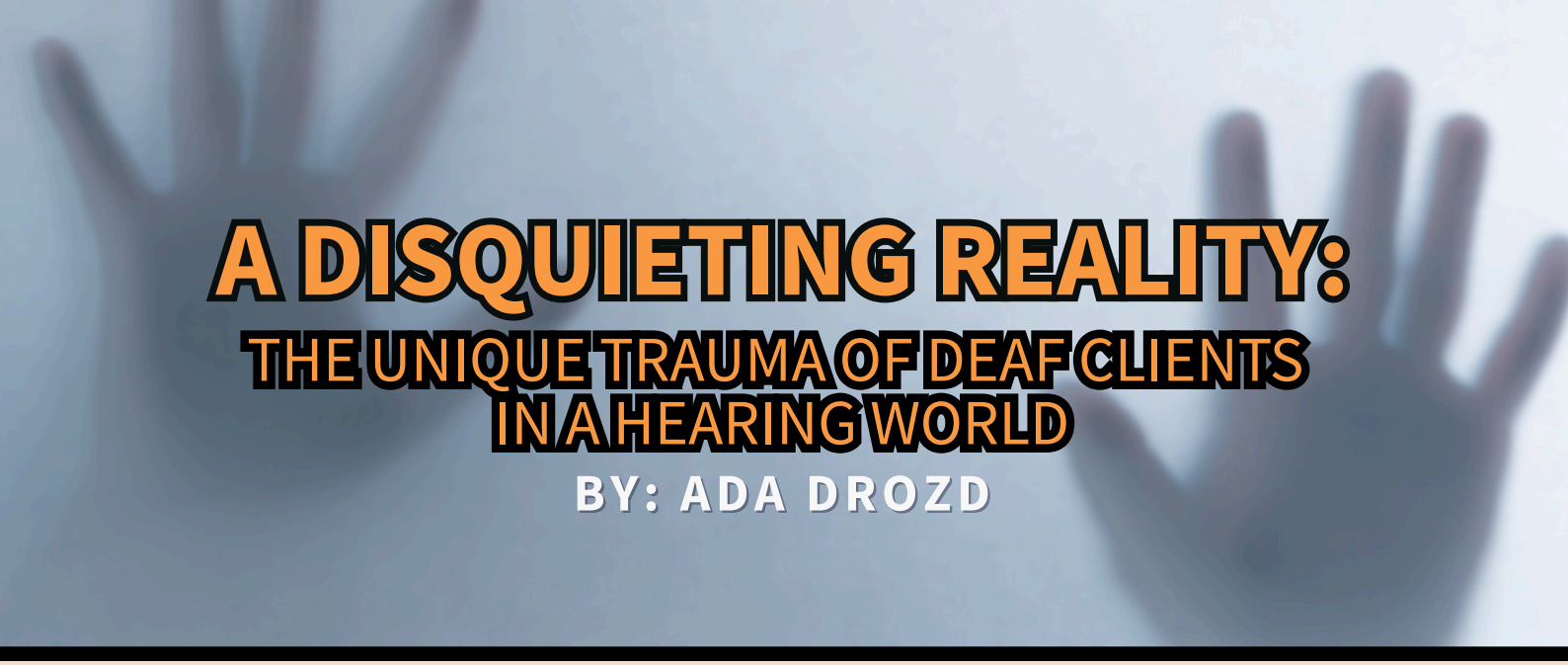


2027 TAMFT AWARD NOMINATIONS CLOSING SOON!

- Lifetime Achievement Award
- Master's Level & Doctoral Level Student Achievement Awards
- Professor of the Year Award
- Outstanding Supervisor Award
- Notable Committee Volunteer Service
- Susan Speight Governmental Leadership Award
- Distinguished Service to TAMFT Award
- Master Clinician Award

NOMINATE BY:
OCTOBER 30, 2026

SUBMIT



A DISQUIETING REALITY:
THE UNIQUE TRAUMA OF DEAF CLIENTS IN A HEARING WORLD

BY: ADA DROZD

A DISEMBODIED VOICE

Growing up as a child of deaf adults (CODA), I understood from my earliest days that to be Deaf was to live as a silent member of society. Even at 4 years old, my ability to hear and speak meant I was seemingly of more use to the world at large than two fully grown, fully competent adults who just happened to be Deaf. Throughout my youth, I served as the disembodied voice of my parents in multiple ways and settings, whether it be on the phone, in businesses and shops, at parent-teacher conferences, or even at extended family gatherings, where my parents were the only two Deaf people at the dinner table. What I could not have known at the time was the profound impact of this reality on the emotional and mental wellbeing of Deaf individuals just like my parents, or the way these familiar stories would find me again in my career as a therapist to those in the Deaf community.

THE PAIN OF LIVING IN SILENCE

Communication inaccessibility is understood as one of the foremost challenges facing members of the Deaf community. For many of the Deaf clients I see, these profound communication difficulties result in a unique form of trauma known as Information Deprivation Trauma (IDT), in which a lack of access to information itself becomes traumatic. Beginning in early childhood, many Deaf individuals experience reduced access to incidental learning through their surrounding environment. This deprivation impedes important opportunities for learning about the world, developing coping strategies, improving conflict resolution, and building and maintaining relationships. Communication gaps with caregivers can also lead to disruptions in attachment, and once in school, insufficient access to communication for Deaf students can leave their individual educational and emotional development needs unaddressed.

HAUNTED BY INJUSTICE

Individuals who experience IDT often struggle from the development of chronic maladaptive coping mechanisms, and sometimes even the development of life-threatening conditions that could have been prevented with adequate information access. Compounding these issues are often the effects of Collective Trauma, as the Deaf community has historically been faced with a litany of systemic barriers to health and wellbeing, including limitations in access to healthcare, education, employment, and mental health treatment. Additionally, Deaf individuals are also at increased risk of experiencing Identity-Based Trauma, resulting from the experience of being “othered” by mainstream society through the ongoing occurrence of microaggressions, cultural invalidation, and institutional marginalization.



CONTINUED...

WHAT IT MEANS TO BE HEARD

The scary truth is that there is no way to change these pervasive systemic barriers or communication challenges overnight. However, LMFTs in Texas can help move the needle by supporting public policies that promote equitable access to health care, education, and social service programs. Clinicians can also advance the cause of accessible and effective mental health care for the Deaf community by increasing their own awareness and understanding of the unique cultural and communication needs of the Deaf, as well as offering resources in formats that are accessible the Deaf, such as captions or visual aids, and by referring clients to therapy providers who are fluent in the use of ASL. I also hope that the compiled resources below can provide more information and assistance to help make therapy care for Deaf clients in Texas a little less frightful.

GIVING A HELPING HAND

The scary truth is that there is no way to change these pervasive systemic barriers or communication challenges overnight. However, LMFTs in Texas can help move the needle by supporting public policies that promote equitable access to health care, education, and social service programs. Clinicians can also advance the cause of accessible and effective mental health care for the Deaf community by increasing their own awareness and understanding of the unique cultural and communication needs of the Deaf, as well as offering resources in formats that are accessible the Deaf, such as captions or visual aids, and by referring clients to therapy providers who are fluent in the use of ASL. I also hope that the compiled resources below can provide more information and assistance to help make therapy care for Deaf clients in Texas a little less frightful.

References:

Baker, S. H., & Cummings, D. R. (2015). *The mental health of Deaf individuals: A review of the research.* Journal of Deaf Studies and Deaf Education, 20(1), 1-10.

Hall, M. (2017). *Information Deprivation Trauma in the Deaf Community.* Journal of Deaf Studies and Deaf Education, 22(3), 200-214.

Hunt, H. (2025, February 17). *Understanding the Unique Mental Health Challenges Within the Deaf Community.* My Deaf Therapy. www.mydeaftherapy.com.

Hunt, H. (2025, February 19). *Healing Through Community: Addressing Collective Trauma in the Deaf Community.* My Deaf Therapy. www.mydeaftherapy.com.

Johnson, P., Cawthon, S., Fink, B., Wendel, E., & Schoffstall, S. (2018). *Trauma and Resilience Among Deaf Individuals.* Journal of Deaf Studies and Deaf Education, 23(4), 317-330.



ADA DROZD
LMFT-ASSOCIATE
SUPERVISED BY LAUREN SPAULDING, LMFT-S
OWNER, WESTLAKE FAMILY COUNSELING

ASSOCIATE VOICES

THE SCARY SIDE OF THE ASSOCIATE JOURNEY:
"I'M NOT SURE I'LL MAKE IT."

BY: CRYSTAL BENJAMIN

"I'm not sure I'll make it."

Maybe you've thought it.

Maybe you're seeing clients at multiple sites. Maybe therapy isn't your full-time job, so you're building clinical hours around the job that actually pays the bills. Then there's supervision. Trainings. Certifications. Student loans. Family responsibilities. Life.

It adds up.

And while trying to make all of this work, you're also developing as a clinician. You sit with clients through difficult moments, receive feedback in supervision, make mistakes, learn, and try again. Still, that question can creep in: "Am I good enough at this?"

Maybe **this** is the scary side of the Associate journey we don't talk about enough.

It isn't only about accumulating hours. Sometimes, it is wondering whether you can afford to keep going. It is watching other clinicians move forward and questioning your own timeline. It is trying to find quality supervision, deciding which trainings you can afford, and figuring out where you fit in this profession.

I've had my own moments of wondering whether I would make it to independent licensure. My journey certainly didn't happen on the timeline I once imagined.

And maybe yours hasn't either.

Some Associates move directly from graduate school into clinical work. Others are raising children, caring for family, changing careers, working multiple clinical jobs, or maintaining full-time careers outside of mental health. Some of us return to the licensure journey years later.

There isn't one right way to arrive here.

We are doing meaningful clinical work while continuing to develop our skills under supervision and working toward independent licensure. Growth is part of this stage, but so are uncertainty, frustration, pride, excitement, and sometimes exhaustion.

I don't want us to only encourage one another through the difficult parts.

CONTINUED...

I want us to talk about them.

What is making your Associate journey harder than it needs to be? What is helping? Are you struggling to find hours or quality supervision? Are the costs becoming difficult to sustain? Are you working another job to make this journey possible? What do you wish someone understood about being an Associate?

Tell me.

As your TAMFT Associate Representative, I want to listen first. I want to understand what is happening in your world, and I want to help make sure those experiences are heard within TAMFT.

One story may feel personal. But when we begin hearing similar stories from Associates across Texas, those individual experiences can become a collective voice.

That is what I hope **Associate Voices** can become.

A place where we can talk honestly about what this journey takes. A place to share the wins and the hard parts. A place where Associates can feel connected to one another.

You don't have to make your struggle sound pretty for it to matter. And please share the good stuff too. Your win may be exactly what another Associate needs to hear.

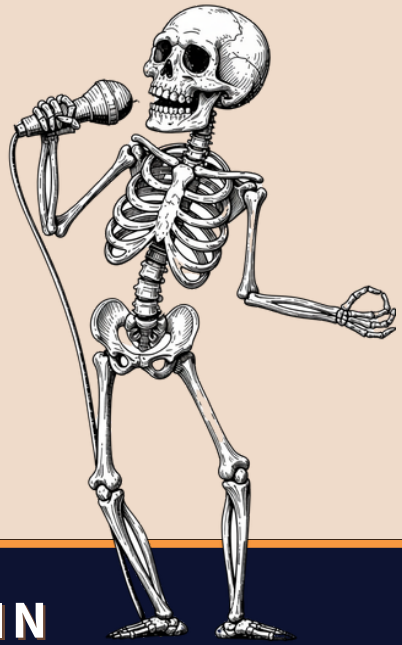
So, if you've ever thought, "I'm not sure I'll make it," I hope you'll reach out.

Your experience matters. Your voice matters. And you don't have to navigate the road toward independent licensure alone.

Have a story, concern, question, or idea? I'd love to hear from you.

Connect with me: hello@thrivrconnectcounseling.com

Editing note: I used ChatGPT as an editing tool to help refine the organization, clarity, and flow of this piece. The experiences and perspectives shared are my own.





MEET CRYSTAL BENJAMIN

I'm Crystal, a Caribbean-born LMFT Associate who returned to the licensure journey 15 years after earning my master's degree. I'm a Lecturer in Human Development and Family Sciences at Texas Tech University and the owner of Thrive & Connect Counseling Services, where I support individuals and couples navigating betrayal trauma. My road toward independent licensure hasn't been straight, which is one reason creating space for our different Associate experiences matters so much to me.

STUDENT CORNER

MEMBERS

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

Hello, future MFTs!

The Student Committee has been making steady progress in several important areas that support student leadership, engagement, and connection across Texas. One of our recent accomplishments has been updating the organization's bylaws to better reflect the needs of our students and provide a stronger foundation for student leadership. These updates will help guide our work and ensure that the committee continues to operate effectively.

We are also continuing to develop the Student Drive, an initiative focused on increasing student engagement and participation throughout Texas. Our goal is to create more opportunities for students to become involved, share their perspectives, and contribute to the growth of the organization. In addition, we are working to finalize the design and details for the TSAMFT T-shirts, including the Bonfire setup, pricing, and payment process.

Another important area of focus is creating opportunities for peer meetings. These gatherings would allow students to connect with one another, build community, exchange experiences, and provide mutual support throughout their academic and professional journeys. By strengthening these connections, we hope to foster a more welcoming and collaborative student community.

Thank you all for your continued support and involvement. We look forward to building on this progress and creating even more opportunities for students to connect, participate, and grow together.



Together, we are TSAMFT.
Questions? Reach out to us at Info@tamft.org
Connect with us on social media @TSAMFT



Mia Maples - TSAMFT President



MEMBER SPOTLIGHT

JENNIFER FAST, PSYD



Jennifer is a clinical psychologist and clinical director at Stanford Couples Counseling, where she has worked since moving to Texas in 2018. She helps individuals and couples navigate trauma, relationships, and life transitions through a collaborative, integrative approach. She values the learning and connections fostered by TAMFT. Outside of work, she enjoys life on her family's small farm southeast of Dallas, home to an assortment of much-loved animals.



KENDALL CAMPBELL, LMFT

Kendall Campbell has spent 12 years helping couples rebuild trust and move forward after infidelity and addiction. Practicing in Austin, he offers in-person sessions and virtual sessions to clients across Texas, helping partners rebuild communication, work through conflict, and move from betrayal toward a relationship they can trust again.

LEILA ANDERSON, M.MFT, LMFT-S



Leila Anderson, LMFT-S, is a systemic clinician, supervisor, and private-practice owner in Round Rock, Texas. She brings more than a decade of experience across residential, psychiatric, correctional, community, and private-practice settings, with particular expertise in complex trauma, shame, and high-acuity clinical work. Leila's approach is grounded in systemic thinking, self-of-the-clinician, and the belief that strong clinical work depends on both technical skill and thoughtful use of self. She owns Arc Psychotherapy, serves on the TAMFT Board of Directors, and is passionate about supporting the growth, identity, and leadership of marriage and family therapists across Texas.



PAUL JUREK, LMFT-S, LPC-S

A native Texan and Army veteran, Paul has been licensed as an LMFT in Texas since 1992. His career spans psychiatric hospitals, leadership at two MHMR centers, the Veterans Administration, and private practice.

Based in Denton, Paul specializes in neurodiversity, providing diagnostic evaluations and treatment while supervising LMFT Associates. He also offers transpersonal counseling for clients experiencing negative psychological effects following spiritually transformative experiences.

Did You Know?

CONTINUING EDUCATION OPPORTUNITIES

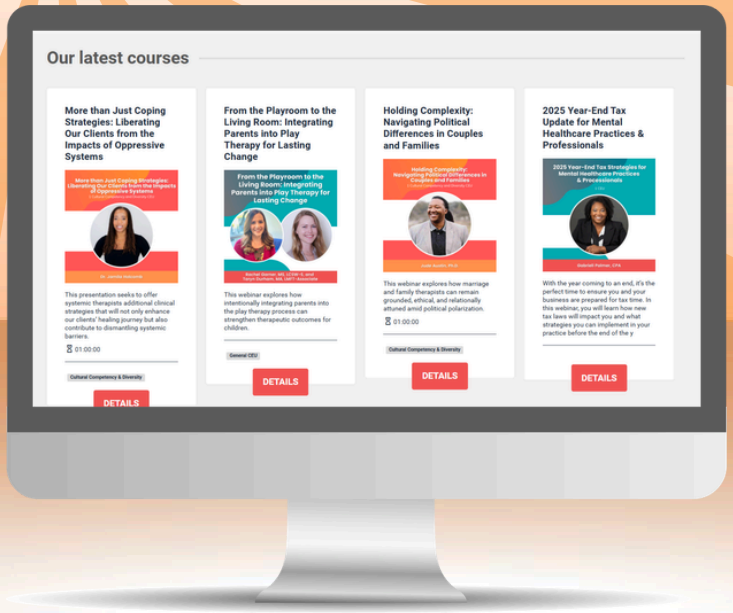
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FOR FREE!

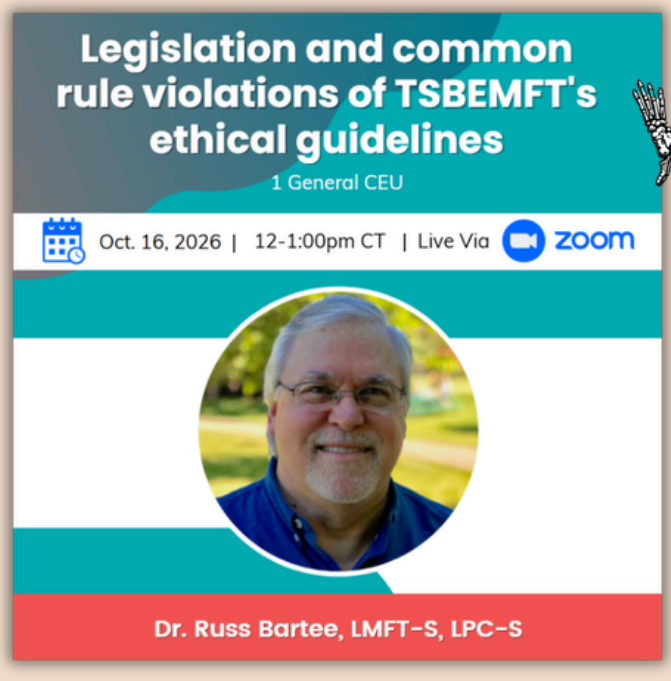
ONLINE COURSES

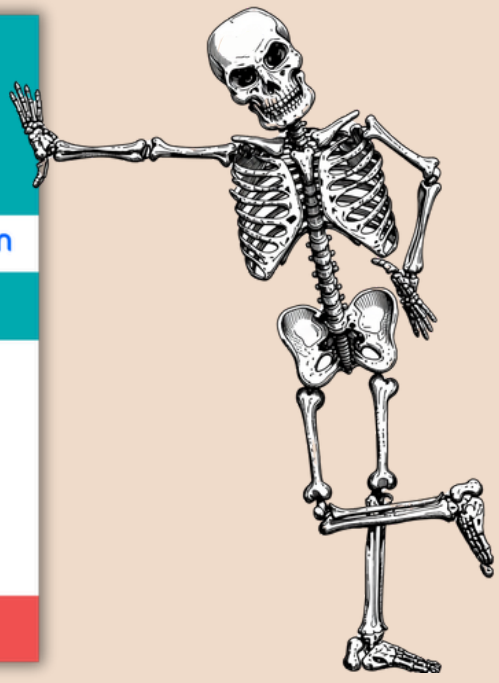
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0:43

Episode 17: Beyond the Strong, Silent Type



RENÉ GARCIA
LMFT-S LPC-S

Episode 16: Community Affinity Network



DEANNA BARRETT
LMFT-A

Episode 15: Therapist Insecurities



MARION VICKERMAN
LMFT-S

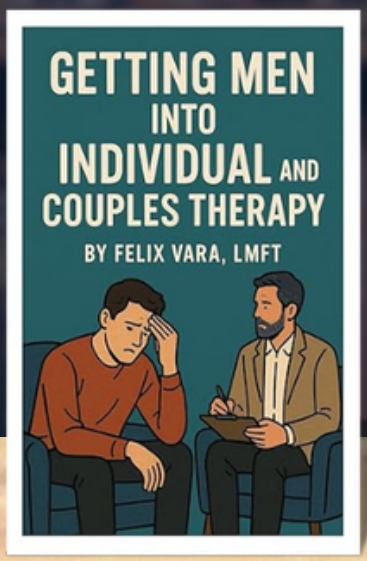
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AUTHOR'S CORNER







Hi TAMFT Writers:

This is an area dedicated to MFTs who have authored and co-authored publications in peer-reviewed journals, chapters, and books.

TAMFT Members, please click below if you would like your work recognized in a future newsletter!

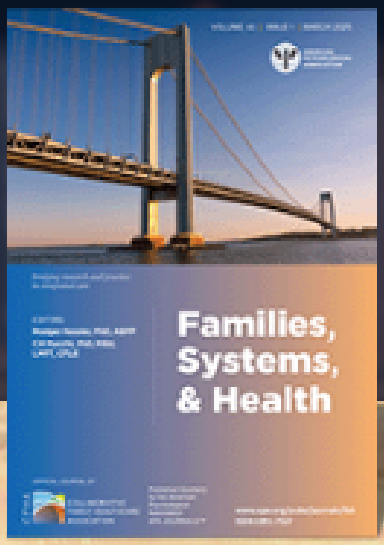
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SUBMIT


CARLOS PEREZ
DECONSTRUCTING TOXIC MASCULINITY
A Redefining for Society

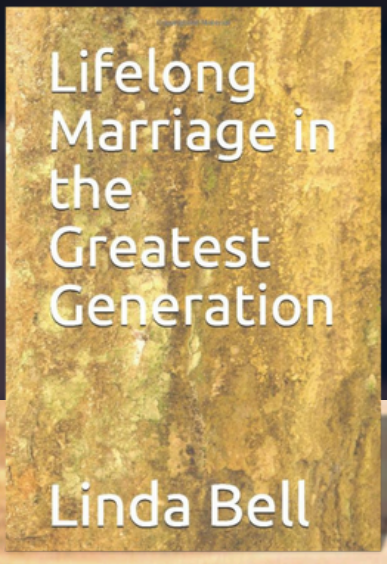



Families, Systems, & Health

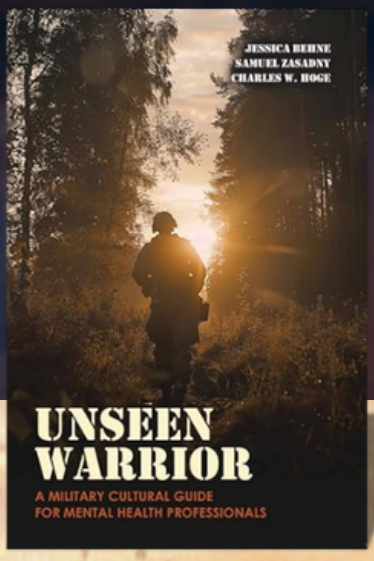



Linda Bell
Creating Love and Respect in Families: from Generation to Generation




Lifelong Marriage in the Greatest Generation
Linda Bell




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A MILITARY CULTURAL GUIDE FOR MENTAL HEALTH PROFESSIONALS