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## CFLE SPOTLIGHT

### Shirley May Harmon Hanson, RN, Ph.D., CFLE, LMFT

*A significant number of CFLEs have been certified for 20, 25, and even 30+ years! These CFLEs have a wealth of experience and knowledge and we thought it only fitting to give them a little recognition while also benefiting from their wisdom. So, from time to time we will ask a featured CFLE to complete a selection of questions/ statements (in bold in the list below) covering both their professional and personal lives and will share some of the best responses in this column. In this issue we spotlight **Shirley May Harmon Hanson**.*

My professional career began in 1960 when I earned my nursing degree (BSN) from Pacific Lutheran University (Tacoma, WA). I practiced clinical nursing in many locations over time, including Alaska, Washington, Oregon, and Pennsylvania. It was while completing my master's degree (MSN) in 1965 in community health/public health from the University of Washington (UW) that I became convinced that my life's work would be focused on practicing with and teaching about families and health. Since I had started teaching at the university level, I went back to earn my PhD also from the UW (psychology and education) followed by postdoctoral work at the University of Pennsylvania in Marriage and Family Therapy (MFT).

My teaching career was usually in Schools of Nursing at Seattle University, University of Washington, Washington State University, University of Pennsylvania, and Oregon Health Sciences University. I was also involved in developing and/or teaching in Marriage & Family Therapy/Counseling at Portland State University, George Fox University, and the University of Oregon/Northwest Christian

College. I had opportunity to travel and speak worldwide and served as visiting professor including South Korea and Australia.

My research areas of interest included child/adolescent/ family mental health, men in families, single-parent families, family assessment, and family health nursing. These interests led to research studies and many articles and books on these topics from 1970 through 2018.

Yes, I had a personal life during these many professional years. My late husband, Larry Hanson, was a college teacher, and he passed away in 2003. We had two children together: Derek and Gwen. My son and daughter are married to Kim and Joe, respectively, and I am grateful to have three wonderful grandsons (Jadon, Asher, and Skyler).

Most importantly for this Network is to expound on the importance of NCFR in my professional life from 1979 to the present. One of my mentors from UW recommended I check out NCFR. I went to my first NCFR meeting in November 1979, and I felt that I had arrived at the interdisciplinary professional group that focused on family theory, practice, policy, and research. NCFR was the right fit for my academic career. Although I remained involved in nursing and MFT organizations throughout my career, NCFR and CFLE became my family and the source of professional strength over many



**Shirley May Harmon Hanson**

*CFLE Spotlight continued on page 2*

## The newsletter for Certified Family Life Educators of the National Council on Family Relations

### Mission Statement for the CFLE Network:

*Network*, the quarterly newsletter for the Certified Family Life Educator (CFLE) designation provides news, information, resources and materials regarding the practice of family life education. It also provides CFLEs with information regarding the status and ongoing development of the CFLE program.

### CFLE Advisory Board

**Chair:** Scott Tobias

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### How to contribute to the CFLE Network:

Articles accepted for publication will be edited using standard editorial practice, and given priority based on 1) relevance to the *Network* theme, or 2) brevity due to space limitations and 3) how articles form a complementary collection. For information and guidelines, contact the editor, Dawn Cassidy at [dawncassidy@ncfr.org](mailto:dawncassidy@ncfr.org). For all submission please supply an email address to allow readers to contact you.

The views expressed in *CFLE Network* may not represent the views of the entire organization.

### How to advertise in the Network

Please see the specifications and price list at [www.ncfr.org/cfle-network/advertise-network](http://www.ncfr.org/cfle-network/advertise-network).

NCFR reserves the right to decline any paid advertising at our sole discretion. Deadlines for each of the quarterly issues are:

- winter issue – December 15
- spring issue – February 15
- summer issue – June 15
- fall issue – September 15

Send submissions to Dawn Cassidy at [dawncassidy@ncfr.org](mailto:dawncassidy@ncfr.org).

*CFLE Network* is published quarterly by the National Council on Family Relations  
661 LaSalle Street, Suite 200  
Saint Paul, MN 55114  
Toll free: 888-781-9331 Fax: 763-781-9348  
[www.ncfr.org](http://www.ncfr.org)

Third class postage permit.

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National Council on Family Relations

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### CFLE Spotlight continued from page 1

years. I am grateful for the interchange of information with so many of the NCFR family scholars across the years in all the disciplines represented within NCFR.

I served in NCFR as an active member from 1979 to the present (2018), secretary for the NCFR Board, and initiated the family nursing, men in families, and single parenthood focus groups. From the family nursing focus group, I was instrumental in helping develop the Families and Health Section, which today is an active and vital part of NCFR. I am honored to be a NCFR fellow.

I wrote my first book on family assessment and intervention as an outcome of my NCFR membership/inspiration, to be followed by two books on men in families with Fred Bozett, who I met at NCFR. The single parenthood book also included members of NCFR. Finally, I developed a textbook *Family Health Care Nursing: Theory, Practice, and Research (FNT)*, which is now in its sixth edition. This textbook has been translated into several languages and sold across the world. Because *FNT* is an edited book, many scholars across the United States, Canada, and the world are now involved. Dr. Joanna Kaakinen headed up the last couple of editions. Our own Dr. Debbie Coehlo has been on the editorial team.

I first became a CFLE in 1988 and have watched the development of this important branch within NCFR. Our leader, Dawn Cassidy, has been an inspiration to me personally, not to mention her influence on the whole organization of NCFR. I am proud to call myself a Certified Family Life Educator.

**The perfect weekend includes** being productive at home or with my work on Saturday and being with friends and family on Sunday. This includes going to my church.

**I would not change** the way I worked with families in my career. I worked with families in the best of times and the worst of times. I was privileged to be part of their physical and mental health team at home and in offices and institutions.

**The best advice I can give someone just getting into Family Life** work is to understand the influence of your own family on the work you choose to do. This may

involve doing some individual and/or family therapy that anyone would benefit from.

**I think it is important for people** to have an understanding of their own "issues" and how these have an impact on the families with whom they work.

**My favorite books and movies** have changed with time. As a young girl, I loved books about Nancy Drew and Cherry Ames. As a college professor, I did a lot of reading pertaining to whatever I was teaching or writing at the time. My latest read is *Being Mortal: Medicine and What Matters in the End* by Atul Gawande.

**Most people may be surprised to know that I** collected parent/child/family statues in my life. People may not be surprised to know that I also collected nurse doll statues, a collection that I recently gave to the School of Nursing at my first alma mater, Pacific Lutheran University.

**CFLE is important to me because it** identifies me with the other people working with families in different ways from how I do.

**Never underestimate the value** of health, love, friendship, and faith in a higher being.

**The world would be a better place if more people** could forgive themselves and others.

**Wise sayings or mottos that guide me** are "do unto others as you would have them do unto you" and "God grant me the Serenity to accept the things that I cannot change, Courage to change the things I can, and Wisdom to know the difference."

**The best thing about working with families** is broadening my understanding on the many ways that individuals can come together to become a family.

**The most frustrating thing about my job** was not always having access to the whole family as a unit of care or analysis while knowing that anything I did for the individual affected the entire family.

**The most rewarding part of my job** has been working with families of all ages, ethnic groups, and cultures across the world and in all configurations.

**The best way to encourage employees is** to treat them with respect and to be genuinely interested in who they are as people.

*CFLE Spotlight continued next page*

## Revision of the Certified Family Life Educator Code of Professional Ethics

by Bryce Dickey, M.S., CFLE, Dorothy Berglund, Ph.D., CFLE, Susan Meyerle, Ph.D., CFLE, and Dawn Cassidy, M.Ed., CFLE

Inherent in establishing a meaningful professional credential is the presence of an effective and comprehensive code of ethics. While there are no hard and fast rules about how often ethical codes should be revised, organizations and professions have an obligation to ensure that their ethical standards of practice are current and relevant. Professional codes of ethics are revised as professions and societies change. As our knowledge of healthy families and healthy family functioning, and societal issues impacting families changes, (e.g., NCFRS 2012 affirmation of same-sex marriage and parenting; separation of parents and children at the border; hate speech; #metoo; refusal to serve clients that don't fit with one's beliefs or values; off duty behavior, and increased scrutiny due to social media), it can be necessary to expand or alter the boundaries



Dorothy Berglund



Bryce Dickey



Susan Meyerle

of professional practice. In 2017, members of the Certified Family Life Educator (CFLE) Advisory Board determined that a revision of the CFLE Code of Ethics was in order, both to assist practitioners in dealing with these more complex societal issues, and to provide guidance in enforcing CFLE certification and re-certification standards.

### History

The CFLE credential, first launched in 1985, did not have a Code of Ethics until 2009 when it adopted the principles included within the Minnesota Council on Family Relations (MNCFR) *Ethical Thinking and Practice for Parent and Family Life Educators* (MNCFR, 2016) process. In the mid-1990s, members of the MNCFR Ethics Committee created an ethical thinking and practice case study process through a series of state and national focus groups. Included within the relational ethics approach was the identification of 30 principles centered around the parent and Family Life Educator's relationship with *parents and families; children and youth; colleagues and the profession; and community and society*. NCFR Director of Family Life Education, Dawn Cassidy, participated in the creation of the ethical thinking and practice process as a member of the MNCFR Ethics Committee, with the understanding that the resulting process could be used for the CFLE credential.

It is important to clarify that the MNCFR *Ethical Thinking and Practice for Parent and Code of Ethics* continued on page 23

### CFLE Spotlight continued

**I feel most peaceful** when people accept and appreciate who I am and what I have to offer.

Young human and animal babies can always **make me laugh or smile**. I can laugh very easily at myself and with those who surround me.

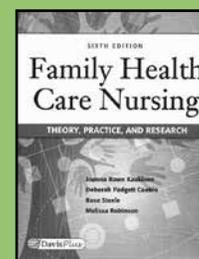
**I played the following musical instruments in my lifetime:** piano, organ, clarinet, and oboe. I have loved to sing all my life.

**In my younger years, I played** tennis, racketball, basketball, and softball, and I ran. I loved to downhill and cross-country ski.

**The legacy I would like to leave behind** is to find a balance between work and play earlier in one's professional life, a feat that many of us struggle with over our lifetime. ✨

### TITLES AVAILABLE FOR REVIEW

**Family Health Care Nursing. Theory, Practice, and Research. 6th Ed.** Joanna Rowe Kaakinen, Deborah Padgett Coehlo, CFLE, Rose Steele, & Melissa Robinson.



**Mom and Dad are Always So Busy.** B. Annye Rothenberg, Ph.D.

**Marriage for the Everyday. 365 Conversation Starters Designed to Deepen Couple Relationships.** Bobbye Wood & Britton Wood, Ph.D., CFLE Emeritus.

**Preserving Family Ties: An Authoritative Guide to Divorce and Child Custody.** Mark D. Roseman, CFLE.

**Grief Counseling and Grief Therapy, 5th Edition. A Handbook for the Mental Health Professional.** J. William Worden. e-version.

**Falling in Love...Finding God. Marriage and Spiritual Exercises of St. Ignatius of Loyola.** M. Bridget Brennan & Jerome L. Shen.

**The Only Life I Could Save.** Katherine Ketcham.

**Family Matters. An Introduction to Family Sociology in Canada. 3rd Edition.** Barbara A. Mitchell.

**Teenage Pregnancy and Young Parenthood. Effective Policy and Practice.** Alison Hadley with Roger Ingham.

**Why Siblings Matter. The Role of Brother & Sister Relationships in Development & Well-Being.** Naomi White & Claire Hughes.

**Grandparents in Cultural Context.** David W. Shwalb & Ziarat Hossain, Eds.

**How the Child's Mind Develops. 3rd Edition.** David Cohen.

**The Unity-Based Family. An Empirical Study of Healthy Marriage, Family, and Parenting.** H.B. Danesh with Azin Nasserli.

**Prenatal Development and Parent's Lived Experiences.** Ann Diamond Weinstein.

These books are available to review in the CFLE newsletter, *Network*. If you are interested in reviewing any of the books listed, please contact Maddie Hansen at maddiehansen@ncfr.org. This opportunity is available only to CFLEs.

## Yan Ruth Xia receives Fulbright Distinguished Chair Award

**Yan Ruth Xia, Ph.D., CFLE**, is the recipient of the Fulbright Distinguished Chair Award for 2018–2019. This prestigious award is given to scholars with an extensive publication and teaching history and will provide Dr. Xia with a grant to conduct research and teach in China during the fall and spring semesters of 2018–2019.

## New MFLN Newsletter

**Ellie McCann, M.S., CFLE**, is part of a team of professionals behind the new Military Families Learning Network (MFLN) newsletter, *Family Transitions*. This free newsletter provides education, resources, and engagement opportunities for professionals working with military families to build resilience and navigate life cycle transitions. MFLN is a collaboration among the Department of Defense, U.S. Department of Agriculture, and Cooperative Extension. Subscribe at <https://militaryfamilieslearningnetwork.org/family-transitions/newsletter/>

## Parent Education and Family Life Education Policy Brief

**Glen Palm, Ph.D., CFLE**, and **Betty Cooke, Ph.D., CFLE**, have co-authored NCFR's latest policy brief: *Parent Education*

and *Family Life Education: A Critical Link in Early Childhood Education Policy*. The brief reviews early childhood education policy, along with research on the role and effectiveness of parent education and Family Life Education. Recommendations emphasize the importance of two-generation early childhood education programs focused on both young children and their parents. A continuum-of-services model is presented that acknowledges the diversity of parent education and family needs based on social location.



## CFLE-Approved Academic Programs—Newly Approved and Renewed

NCFR is pleased to announce the first-time CFLE approval of three programs: **University of North Texas at Dallas**, *Child Development and Family Studies* undergraduate program; the **Concordia University Wisconsin**, *Family Life* graduate program; and the **Bridgewater College** undergraduate program in *Family and Consumer Sciences*.

Additionally, six programs were renewed for an additional 5-year period. These include **American Public University** *Human Development and Family Studies* undergraduate, **Central Washington University** *Family & Child Life – Family Science Specialization* undergraduate, **Kent State University** undergraduate and graduate programs in *Human Development and Family Studies*, **Oklahoma State University** *Human Development and Family Science* undergraduate, and the **Southeast Missouri State University** undergraduate *Family Studies Option*.

## CFLEs Elected to NCFR Leadership Positions

Ten CFLEs were elected to serve in the following NCFR offices beginning in November 2018. **Spencer Olmstead, Ph.D., CFLE**, and **Elise Radina, Ph.D., CFLE**, were elected to the Fellows Committee and **J. Kale Monk, Ph.D., CFLE**, as Students & New Professionals Program Co-Representative. Newly elected Section Officers include **Scott Tobias, Ph.D., CFLE**, Chair-Elect and **Jaimee L. Hartenstein, Ph.D., CFLE**, Secretary/Treasurer, for the Advancing Family Science Section; **Sarah Kuborn, CFLE**, Students and New Professionals

*CFLE in the News continued next page*



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# Academic Advisory Board + Best Practices = Benefits for Program, Faculty, and Students



by Deborah Gentry, Ed.D., CFLE, NCFR Academic Program Liaison, debgentry@ncfr.org

Of all the tasks associated with my role as APR Liaison, one of my favorites is to chat with academic program contacts by e-mail, phone, or face-to-face conversation. The context for such chats is typically an inquiry about pursuing approval for the first time; a discussion of next steps to take after a program has attained its initial approval; or having to do with the process of periodic renewal of approved status. For the most part, these conversations entail moments of

visioning, brainstorming, anticipation, and/or excitement. On occasion, the idea of forming and utilizing an academic advisory board surfaces, either for the program in its entirety or just for the CFLE component: possible types, functions, tasks, benefits, cautions, and best practices. Limitations for the length of this column necessitates my attending to these topics with relative brevity. However, readers can turn to various references cited at the close of the column for more insight.

peopled with professionals who maintain CFLE credentials) tasked with helping to publicize the program to various community and workplace entities. Subcommittees of the board could take on different foci for their work. For example, friend-raising or fundraising. Or a subcommittee could seek to add to an existing list of potential guest lecturers/speakers, sites for fieldtrips, and sites for internships/practicums. Yet another could solicit funds for student scholarships, technology and facility upgrades, and small grants to support faculty or student professional travel.

## CFLE in the News *continued*

Representative for the Education and Enrichment Section; **Anthony G. James, Ph.D., CFLE**, Chair-Elect, **Sarai Coba-Rodriguez, Ph.D., CFLE**, and **Jenné Duncan, CFLE**, Students and New Professionals Representatives for the Ethnic Minorities Section; **Amber J. Seidel, Ph.D., CFLE**, Chair-Elect, **Erin Yelland, Ph.D., CFLE**, Secretary/Treasurer, and **Sara Feeney, Ph.D., CFLE**, Communications Specialist for the Families and Health Section. Congratulations CFLEs!

## 2018 NCFR-Sponsored and Section-Sponsored Award Recipients

Five CFLEs received NCFR and Section-Sponsored awards. **Shelley MacDermid Wadsworth, Ph.D., CFLE**, received the Felix Berardo Scholarship Award for Mentoring and **Francesca Adler-Baeder, Ph.D., CFLE**, and **Ted G. Futris, Ph.D., CFLE**, received the Margaret E. Arcus Outstanding Family Life Educator Award. NCFR Section-sponsored award winners included **Saria Coba-Rodriguez, Ph.D., CFLE**, Ethnic Minorities Section's *New Professional Best Paper Award*, and **Rochelle L. Dalla, Ph.D., CFLE**, and **J. Kale Monk, Ph.D., CFLE**, were recognized by the Families and Health Section for *Outstanding Professional Paper/Publications Award* and, for *Outstanding Student and New Professional Paper Award* respectively. ✨

In academic settings, there are governing boards and advisory boards. While governing boards have significant policy-making and fiduciary roles to play, advisory boards are composed of relevant, accomplished experts offering advice and insight for guiding curricular, assessment, research, occupational, marketing, and/or fund- or friend-raising initiatives. If the multifaceted benefits of advisory boards are to be realized, then an active, working entity is preferred to a "letterhead" entity, that is, one that simply exists for publicizing the names of the prestigious members who have agreed to serve in name only. Indeed, one of the "best practices" of creating and maintaining a vital, productive advisory board is to ensure its members, in the whole or in subcommittees, are engaged in meaningful tasks they can readily see are valued.

An advisory board, especially one amply populated with experts who maintain the CFLE designation, could be tasked with helping to assess a program's curriculum. Among the enhancements they might recommend at the end of their efforts could be to redesign one or more courses and then subsequently ready the necessary documents for applying to become a CFLE APR-approved program. In anticipation of some administrative skeptics of this potential move, board members could collectively or individually share various rationales for obtaining approved status. A newly approved CFLE APR program could form an advisory board (also amply

Long-standing approved programs could call upon advisory board members, particularly those with a CFLE designation, to help brainstorm innovative ways to address the "areas for improvement" identified by APR Committee reviewers during a first approval or renewal process. Or, taking on a different kind of focus, board members could help facilitate faculty research projects, including those with a scholarship of teaching and learning emphasis. They might be able to identify possible research sites or sources of funding to support project implementation.

Each of these scenarios has, at least indirectly, begun to speak to the potential benefits an academic advisory board could have for students, faculty, and the program itself. In addition to augmented, cutting-edge courses (including service learning and internships/practicums experiences), students can graduate from a program that is viewed by community organizations and agencies as credible, high quality, and useful. Faculty members have opportunities to acquire updated information about policies and procedures (such as licensing); community demographics and services; and agency/organization budgeting and management strategies from various advisory board members. Upon sharing this knowledge with students, perceptions of faculty credibility likely improve. Increasingly,  
*APR Update continued on page 6*

## APR Update continued from page 5

institutions of higher education are placing assessment of student performance and learning among their top priorities. When an advisory board is used as one of several assessment mechanisms and the outcomes of its activities help to evidence high-quality programming, then chairs, directors, deans, provosts, and presidents are well satisfied (Blaisure, 2012; Dove, 2012).

As I have researched the topic of academic advisory boards, I have come across some accounts of poor outcomes. For example, some or all members of an advisory group can overstep boundaries with each other as well as with program faculty and leaders. The advice-giving or consultative role transforms into one that seems more dictatorial. Most of the unfortunate outcomes that are reported can be prevented, or at least minimized, by following a variety of best practices, of which there are many. I have chosen to feature those that are most frequently mentioned in the literature.

- Bring together a board of proper size for your purposes. Recommended size varies anywhere from 8 to 28 members. A board solely focusing on CFLE matters could perhaps suffice with 12 to 15 members.
- Ensure board membership is diverse in multiple ways. Including a student member is wise.
- Extend a personal invitation to serve, then follow-up with a formal written letter of invitation.
- With input from members, refine the mission, goals, and objectives for the board.
- Articulate clear expectations by formulating formal bylaws and procedures. Abide by these bylaws and procedures in an effort either to elect or appoint officers. It is important the chairperson be dynamic and collegial.
- With input, identify short- and long-term tasks and intended outcomes. Decide whether there is a need for subcommittees.
- With input, determine how often to meet and how long meetings will typically last. Much depends on the urgency and complexity of the workload.
- Keep board members well informed, actively engaged, and feeling useful and appreciated.

- Amply prepare for meetings and work to ensure agendas are carried out efficiently. Be sure to document meeting highlights, as well as work outcomes, via minutes and reports.
- From time to time, invite faculty and other unit staff to interact with board members, perhaps during the social time that occurs before or after a board meeting.
- Determine ways to appropriately recognize, thank, and perhaps even compensate board members for their work and support.
- Be prepared to following bylaws and procedures to replace board members who fail to meet various expectations (e.g., attendance, work completion, poor collegiality, and so on).
- When the time is right, bring the work of a board to a proper and fitting close.

I am curious about how many, and in what ways, CFLE-approved programs utilize advisory boards. The Directions and Guidelines document does not feature a prompt calling for this information to be provided in the narrative section of application materials. I encourage readers to write to me at [debgentry@ncfr.org](mailto:debgentry@ncfr.org) to tell me about various advisory board-related involvement they have had. Another venue for sharing experiences and posing questions related to this topic would be relevant NCFR electronic discussion groups (e.g., CFLE—Academic Program Review, CFLE—Certified Family Life Educator, Advancing Family Science Section, or the Academic Administrator and Leadership Focus Group). ✨

### References and Resources

Bishop, J. P. (2015). Creation and maintenance of an emergency management program advisory committee: How to develop and utilize an advisory board. Retrieved from [https://www.academia.edu/12633487/How\\_To\\_Develop\\_and\\_Utilize\\_An\\_Academic\\_Advisory\\_Board](https://www.academia.edu/12633487/How_To_Develop_and_Utilize_An_Academic_Advisory_Board)

Blaisure, K. (2012). The role of advisory boards in assessment. In J. McElroy (Ed.), *Function and value of advisory boards for academic programs*. Symposium conducted at the meeting of the National Council on Family Relations, Phoenix, AZ. Retrieved from [https://www.ncfr.org/sites/default/files/2017-01/ncfr\\_symposium\\_proposal\\_example\\_-\\_function\\_and\\_value\\_](https://www.ncfr.org/sites/default/files/2017-01/ncfr_symposium_proposal_example_-_function_and_value_)

[of\\_advisory\\_boards\\_for\\_academic\\_programs\\_0.pdf](https://www.ncfr.org/sites/default/files/2017-01/ncfr_symposium_proposal_example_-_function_and_value_of_advisory_boards_for_academic_programs_0.pdf)

Dickey, B. (2012). Creating and maintaining a family studies advisory board. In J. McElroy (Ed.), *Function and value of advisory boards for academic programs*. Symposium conducted at the meeting of the National Council on Family Relations, Phoenix, AZ. Retrieved from [https://www.ncfr.org/sites/default/files/2017-01/ncfr\\_symposium\\_proposal\\_example\\_-\\_function\\_and\\_value\\_of\\_advisory\\_boards\\_for\\_academic\\_programs\\_0.pdf](https://www.ncfr.org/sites/default/files/2017-01/ncfr_symposium_proposal_example_-_function_and_value_of_advisory_boards_for_academic_programs_0.pdf)

Dove, L. (2012, November). Benefits of advisory boards for students, faculty, and board members. In J. McElroy, *Function and value of advisory boards for academic programs*. Symposium conducted at the meeting of the National Council on Family Relations, Phoenix, AZ. Retrieved from [https://www.ncfr.org/sites/default/files/2017-01/ncfr\\_symposium\\_proposal\\_example\\_-\\_function\\_and\\_value\\_of\\_advisory\\_boards\\_for\\_academic\\_programs\\_0.pdf](https://www.ncfr.org/sites/default/files/2017-01/ncfr_symposium_proposal_example_-_function_and_value_of_advisory_boards_for_academic_programs_0.pdf)

McElroy, J., & Dove, L. (2012, November). Types and functions of advisory boards. In J. McElroy (Eds.), *Function and value of advisory boards for academic programs*. Symposium conducted at the meeting of the National Council on Family Relations, Phoenix, AZ. Retrieved from [https://www.ncfr.org/sites/default/files/2017-01/ncfr\\_symposium\\_proposal\\_example\\_-\\_function\\_and\\_value\\_of\\_advisory\\_boards\\_for\\_academic\\_programs\\_0.pdf](https://www.ncfr.org/sites/default/files/2017-01/ncfr_symposium_proposal_example_-_function_and_value_of_advisory_boards_for_academic_programs_0.pdf)

Nehls, K., & Nagai, J. (2013). Objectives of volunteer advisory boards in higher education: Recommendations and postulations from an institutional study. *The International Journal of Volunteer Administration*, 29, 41–52.

Olson, G. A. (2008, February 22). The importance of external boards. *The Chronicle of Higher Education*. Retrieved from <https://www.chronicle.com/article/The-Importance-of-External/45960>

University of Wisconsin Health and Wellness Management. (n.d.). Advisory board member responsibilities and guidelines. Retrieved from <https://hwm.wisconsin.edu/advisory-board-responsibilities-and-guidelines/>



# Expanding NCFR’s Webinar Program— Claire Kimberly Hired as Webinar Coordinator

by Dawn Cassidy, M.Ed., CFLE, Director of Family Life Education, [dawncassidy@ncfr.org](mailto:dawncassidy@ncfr.org)

NCFR has made some exciting changes to our webinar program with the creation of a webinar coordinator position. This added role will enable us to expand on the success we have had in providing webinars relevant to Family Science including Family Life Education specifically.

Since spring of 2013, NCFR has offered more than 40 online learning sessions designed to provide current and research-based information relevant to Family Life Educators and Family Science faculty, researchers, practitioners, and students. Our first webinar, *Ethical Thinking and Practice*, was presented by Beth Gausman, Mary Maher, and Bill Allen, who shared information and insights about the ethical guidelines process developed by members of the Minnesota Council on Family Relations Ethics Committee. Since that initial offering, we have gone on to offer webinars targeted specifically to researchers, college faculty, Family Life Educators, and therapists. Topics have included research methodology and statistics, family policy, Family Life Education, family therapy, cultural engagement, and educational methodology.

The webinar program has also addressed two NCFR Global Ends:

- Global End Policy 1: NCFR will provide opportunities for professional development and knowledge development in the areas of family research, theory, education, policy, and practice and
- Global End Policy 2: NCFR will support the dissemination and application of research- and theory-based information about the well-being of families.

Family scholars and practitioners alike have benefitted from this professional development that NCFR webinars provide, both as participants and presenters. We are fortunate to have many NCFR members and Certified Family Life Educators (CFLEs) who are willing to share their scholarship, skills, and experience with others through this online platform.

Jennifer Crosswhite, NCFR’s director of research and policy education, and I have been largely responsible for identifying topics and presenters for our webinar offerings and for moderating both the webinar rehearsals and live broadcasts. Staff members Allison Wickler, director of marketing and communications, and Maddie Hansen, education and certification coordinator, have provided technical support. Over the years, we’ve researched best practices in identifying successful methods for webinar delivery and marketing strategies. With each webinar we’ve improved on how we present, the relevance of the topics, preparation of the speakers, engagement of the audience, and the overall webinar experience. Attendance numbers have continued to increase and so has the positive feedback we’ve received.

Although there are unlimited topics and approaches for NCFR to provide online education, the capacity for NCFR staff has been limited to expand the webinar program. This is where the webinar coordinator position comes in. NCFR has had success in tapping into the knowledge, expertise, and

capacity of our members to provide NCFR programs and services through consulting positions. Examples include the creation of multiple consulting positions including Deborah Gentry, Ed.D., CFLE, as Academic Program Review liaison, Judy A. Myers-Walls, Ph.D., CFLE, as editor of *Family Focus*, and, most recently, Elaine Anderson, Ph.D., as editor of NCFR’s *Research and Policy Briefs*. This model of engaging active NCFR members to formally assist staff in carrying out the goals and objectives of the organization has proven to be very successful.

And so, it seemed a logical next step to apply this approach to the development and delivery of an expanded NCFR webinar program.

We are so pleased that Claire Kimberly, Ph.D., CFLE, accepted the position



**Claire J. Kimberly**

of Webinar Coordinator. Dr. Kimberly’s background in the family field, working in both the community and academia, is an asset to this position as is her history as an NCFR member and CFLE. Her involvement working with students and affiliates, and service to the NCFR Academic Program Review committee has provided her with a familiarity and understanding of the structure of NCFR as an organization and of the needs of the membership. The ability to have a membership representative play this role in coordinating the online program is a major step toward making sure member and CFLE education needs are being met.

Similarly, members and CFLEs are encouraged to share their ideas and feedback about how NCFR can best use the webinar program to meet their needs. What topics do you want to hear about? Would you be interested in presenting a webinar through NCFR? Please reach out to Dr. Kimberly at [clairekimberly@ncfr.org](mailto:clairekimberly@ncfr.org) to share your ideas. ✨

## Network

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## Gun Violence Prevention: The Role of the CFLE in the Movement to Save Families

by Julia M. Bernard, Ph.D., LMFT, CFLE

Coming from a family that likes to hunt, guns were part of my upbringing. I was raised on a ranch, where I had to periodically take a shot at a chicken hawk or snake trying to snatch up our livestock. But after Sandy Hook, something in me changed. It wasn't the first school shooting I remembered (I was in college when Columbine happened), but it was the first one that occurred after I became a mother. Holding my infant in my arms, I watched the coverage of the tragedy unfold. I had to do something.

As a mental health professional, I knew the toll this was taking on others throughout this country. Not long after the shooting, I saw a call to action on a Facebook post. Moms Demand Action for Gun Sense in America was looking for moms (and dads, family members, single folks) who were tired of the gun violence and were ready to support common sense legislation. Here was a nonpartisan group that was advocating for laws that made sense to me. One of the areas this grassroots group of volunteers advocates for are changes in how families responsibly store their guns. Their mission resonated with me.

Moms Demand Action was started by Shannon Watts, a stay-at-home mom, on December 15, 2012, in response to the devastating shooting at Sandy Hook Elementary School. Five and half years later, this grassroots organization has chapters in

all 50 states and works at local, state, and federal levels to improve America's gun laws. Moms Demand Action members visit their representatives when gun legislation comes up; teach the Be SMART program on gun safety at parent-teacher association meetings, churches, and more; and advocate on behalf of gun violence survivors.

Being raised in a guns-everywhere culture, I vividly recall having a family friend shoot himself in Russian roulette. He was 11. I also recall losing a cousin to interpersonal gun

**We must be comfortable having the conversation about the dangers of firearms, the risks families take with their children, and the lack of research in this area.**

violence. Additionally, Moms Demand Action, along with the Everytown Survivor Network, works to empower survivors of gun violence to use their experience to advocate for solutions that would prevent similar gun deaths.

For me, the most appealing part of Moms Demand Action is the opportunity to do community outreach and programming. As a Certified Family Life Educator, I knew I could make an impact in the gun violence

prevention movement. I was trained as a Be SMART trainer and was able to do the training for the public at our local library, as well as share the message at festivals and town events.



Julia M. Bernard

Moms Demand Action developed the Be SMART program because every year, nearly 300 children aged 17 and under gain access to a gun and unintentionally shoot themselves or someone else. Additionally, nearly 500 more young people die by suicide with a gun. These deaths are preventable with responsible gun storage. We know we can keep our kids safer by introducing these five easy steps to parenting and everyday life:

- Secure guns in homes and vehicles.**
- Model responsible behavior.**
- Ask about unsecured guns in other homes.**
- Recognize the risks of teen suicide.**
- Tell your peers to be SMART.**

As a CFLE, my part in the organization is to be involved in our local chapter with Be SMART. In a 30-minute program, I can share stories that can change lives and teach people to advocate for their children's safety. I can give them gun locks to take home and secure their weapon. I can teach them to model responsible behavior like keeping guns out of reach of children and secured safely without being loaded. I can teach them to ask about unsecured weapons and have conversations about what kinds of exposure their child might have a friend's house. Just like starting a discussion about foods your child might be allergic to, it's just as simple to start a discussion about guns in the home and how they're secured. When they answer that they do have guns, they might instantly tell you how they store them if they are responsible gun owners. And if

*Prevention continued on page 10*



# Spotlight on Erie, PA: What One Community Is Doing to Combat Local Gun Violence and What Family Life Educators Can Learn for Their Own Communities

by Adrienne L. Riegler, Ph.D., CFLE

Upon moving to Erie, PA, in 2015, my husband and I were invigorated by the beautiful Great Lakes scenery, sense of camaraderie and grit (something it takes to withstand an average annual snowfall of over 100 inches—a record-breaking 200 inches fell last season), and cautioned to “just stay away from the east side of town” if possible. I’ve since heard this warning given to many newcomers, a blanket statement to avoid the violence and gun activity characterizing the city sections with high poverty and low resources. Despite these bleak realities, natives and transplants alike seem cautiously optimistic about this midsized, postindustrial, rustbelt-turned-tourist town and emerging business/tech hub. On the state’s only freshwater coastline, Erie is nestled on the southern coast of Lake Erie in the far northwest corner of Pennsylvania, nearly equidistant between Cleveland, OH, and Buffalo, NY. Once a shipping and transportation hotspot with a population hovering around 100,000, the city’s fate in most recent decades has fared similarly to those neighbors and mirrored that of larger industrial cities such as Detroit and Pittsburgh (its neighbor 2 hours south).

Erie has recently ranked among the highest on lists of racial disparities in cities its size, has incurred heated battles over state public education funding and has witnessed a sharp increase in gun violence over the past decade, peaking just as we arrived. According to a local news article based on Erie police data, while gun violence in general has declined slightly in recent years (five homicide victims died of gunshots in 2017, compared with six in 2016), shooting victims increased slightly from 57 to 59 between 2016 and 2017, respectively. Yet police data also reveal that officers responded to 45% fewer “shots-fired” calls last year than 3 years earlier (186 in 2017 down from 286 in 2015). Perhaps not

surprisingly, this gun violence is mainly centered within the heart of the city on the—you guessed it—near the east side. Youth and gang-related activity seem to be the focal point of conversations surrounding the violence in these neighborhoods; however, gun-related activity remains a concern throughout the city limits.

With a background in sociology and family studies, having recently purchased a home within the city limits, and having a child entering kindergarten in the city school district this year, I was particularly interested

**Moving beyond referrals for trauma therapy and similar tasks, CFLEs could offer program evaluation, connections with grant funding, and facilitate group conversations that bridge divides between parents, schools, cities, and community resources.**

in finding out what local parents and other concerned community members were doing considering these concerns regarding gun violence. I am affiliated with Erie City Moms, a local group that purposefully meets in the heart of “center city” to build relationships between mothers from all walks of life. When the opportunity presented itself to promote our group to neighborhood moms at an “alternative to violence” event sponsored by a congregation in a local park this summer, I gladly volunteered.

At this event I met Daryl Craig or “Brother D,” as he introduced himself to me. He is the leader of the local *Blue Coats* peace initiative, a volunteer group of concerned parents, some of whom have lost a child to gun violence themselves. The *Blue Coats* are contracted with the school district in efforts to reduce

school violence. It was announced this September that the *Blue Coats* are one of groups that will benefit from a \$148,000 grant as part of a larger state-wide initiative to reduce gun-violence.

Additional recipients of these grant funds include Erie’s Mercyhurst University Civic Institute and its Unified Erie, a data-driven violence-reduction initiative, focused on prevention, enforcement, and successful reentry post incarceration or participation in the juvenile justice system. Unified Erie has held three “call-ins” over the past 2 years. These coordinated efforts include law enforcement and social services aiding at-risk teens in turning away from crime.

At the park event, Brother D shared with me some of his passion for leading antiviolence initiatives. Although he recognized that parents play a large role in the lives of their children, he was quick to point out that for many children, it goes far beyond what parents can do. He is also involved with MVP, a “most valuable parents” group that creates discussion in a weekly meeting at school district headquarters to move blame away from parents and provide them support as teens make poor choices. In his view, mothers and fathers play a valuable role, but the community also must step up and surround youth with support and education about alternative ways of living apart from gang and gun activity.

Brother D and other *Blue Coats* are affiliated with another initiative lead by local trauma surgeon, Dr. Gregory English of UPMC Hamot, a local trauma center. I recently spoke with him about Flipside, a program that aims to



Adrienne L. Riegler

*Spotlight on Erie continued on page 10*

## Prevention continued from page 8

they have them but they are unsecured (in a closet, under a bed, in a nightstand), then you can say you aren't comfortable with your child going there and suggest meeting at your home or at a neutral location like a park. The program also goes through recognizing the risk for teen suicide. Knowing the warning signs and minimizing the access to a weapon can help save the life of a teenager. Being able to use my skills as a CFLE to spread the gun prevention message is so rewarding. If I can help even one family prevent a tragedy, I feel like I am doing pretty well.

According to the Centers for Disease Control and Prevention, in 2014, 33,594 people died from firearm injuries in the United States, accounting for 16.8% of all injury deaths in that year (Kochanek, Murphy, Xu, & Tejada-Vera, 2016). Contrary to popular belief, research has shown us that private firearm ownership is positively correlated with more reports of firearm-arm-related assault, robbery, or homicide rates reported by official law enforcement agencies (Monuteaux, Lee, Hemenway, Mannix, & Fleegler, 2015). Farah, Simon, and Kellermann (1999) reported that parents of children aged 4 to 12 years, properly and safely stored their firearm 48% of the time. They reported that 13% kept weapons loaded and unlocked, 12% kept weapons loaded and locked, and another 27% kept their firearms unloaded but unlocked. Compared with other causes of

death, gun violence was addressed in fewer publications and has received less funding than predicted compared with other mortality rates. Gun violence, for example, killed as many people as sepsis, but received funding for 0.7% of what sepsis research received. Gun violence is the least researched cause of death (Stark & Shah, 2017). In an age of lockdowns and active shooter trainings, we need to be doing more on a personal level with families to prevent tragedies from happening.

## Just like starting a discussion about foods your child might be allergic to, it's just as simple to start a discussion about guns in the home and how they're secured.

Certified Family Life Educators are well poised to help in the prevention of gun violence. We know what our communities need and what parents need and can adjust our programming to include programs like Be SMART. We must be comfortable having the conversation about the dangers of firearms, the risks families take with their children, and the lack of research in this area. If we can save one child with the inclusion of this information, then it was well worth it to bring up the topic. Families are receptive to the idea of safety. Law enforcement officials will support efforts by providing free gun locks. Much like conversations about child

safety seats, the more we can make gun safety and Be SMART a routine practice, the easier it will be to save lives. ✨

### Julia M. Bernard, Ph.D., LMFT, CFLE,

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## References

- Farah, M. M., & Simon, H. K., & Kellermann, A. L. (1999). Firearms in the home: Parental perceptions. *Pediatrics*, *104*, 1059–1063.
- Kochanek, K. D., Murphy, S. L., Xu, J. Q., & Tejada-Vera, B. (2016). Deaths: Final data for 2014. *National Vital Statistics Reports*, *65*(4). Hyattsville, MD: National Center for Health Statistics.
- Moms Demand Action for Gun Sense in America. (2018, September 10). About Moms Demand Action for Gun Sense in America. Retrieved from <https://momsdemandaction.org/about/>
- Monuteaux, M. C., Lee, L. K., Hemenway, D., Mannix, R., Fleegler, E. W. (2015). Firearm ownership and violent crime in the U.S. *American Journal of Preventive Medicine*, *49*, 207–214.
- Stark, D. E., & Shah, N. H. (2017). Funding and publication of research on gun violence and other leading causes of death. *Journal of the American Medical Association*, *317*, 84–85. doi:10.1001/jama.2016.16215.

## Spotlight on Erie continued from page 9

educate at-risk youth about what happens when someone gets shot. He noted that although several youths have experienced gun violence firsthand, having a loved one who may have been wounded by gun violence, many others fail to realize the full extent of the potentially fatal impact (the flipside of gun violence) bullets can have. They think you can “pluck it out with tweezers” he explained.

Nearly 300 junior high– and high school–aged students have participated over the 3 years since Dr. English has organized Flipside each month. Brother D helps to identify at-risk youth in the community. Alternatively, a local judge will designate teens who have

come through the system and would benefit from this firsthand look at the results of being shot. Participants (usually in groups of 7–12) are taken into the trauma bay and brought into the emergency department. Program staff essentially “trace the path of the bullet,” as Brother D described it. Dr. English further explained that they show participants what a resuscitation involves, how a thoracotomy is performed, and what happens if they cannot save a person's life. He described how powerful it can be to talk about what it feels like to have to tell young families that they couldn't save their child from a gunshot wound. “The idea is to let them know that it's no joke.” Flipside

is loosely based on the Cradle to Grave program at Temple University Hospital in Philadelphia, where participants are guided “through all of the startling procedures that were conducted on [a 16-year-old] in an [unsuccessful] effort to save his life” according to the program website.

Although I haven't spearheaded these initiatives myself, I encourage other CFLEs to do some face-to-face exploration about ways in which parents and community members are dealing with gun violence in their own communities. Dr. English noted that although Flipside has been effective, it would benefit

*Spotlight on Erie continued next page*

# Disrupting Unhelpful Social Narratives About Gun Violence

by Marcy L. Peake, M.A., LPC, NCC, CFLE

Gun violence can affect families through random violence, domestic violence, during the commission of a crime, accidents, interactions with law enforcement, and death by suicide. Just as gun violence infiltrates a family via various avenues, prevention and processing in the aftermath are also varied. In my work with youth and families involving gun violence, whether as victims or perpetrators, I have realized that there are different motivations when pulling a trigger and different strategies for processing the violence.

In my opinion and experience, one approach to prevention will not be successful, just as the U.S. "War on Drugs" and "War on Crime" initiatives have not yielded desired results. These initiatives seemingly ignored the contributing factors of drug abuse and crime, instead preferring to incarcerate rather than address the social ills and Unhelpful

Social Narratives (USNs) (Peake, 2018) that contributed to the epidemics of drugs, crime, and gun violence.

Gun violence has become a mainstream news topic as school and other mass shootings are seemingly increasing. However, gun violence is not new and is very much part of the colonization and founding of the United States. The signing of the Declaration of Independence marked the beginning of the Indian Wars with the implicit goal of ethnic cleansing, which the Second Amendment later supported. As Dunbar-Ortiz (2018) writes, "Settler-militias and armed households were institutionalized for the destruction and control of Native peoples, communities, and nations."

Gun violence is foundational to the history of this country and continues to be pervasive today. In my work, I strive to disrupt

unhelpful social narratives that continue to perpetuate fallacies that somehow shape our conversations, beliefs, and strategies to solving problems. There are several USNs to disrupt about gun violence.

School shootings are not new and date back to the mid-1800s, the first death noted when

**I strive to disrupt unhelpful social narratives (USNs) that continue to perpetuate fallacies that somehow shape our conversations, beliefs, and strategies to solving problems. There are several USNs to disrupt about gun violence.**

a law professor at the University of Virginia was shot dead by a student. Since this first recorded school shooting, numerous others occurred throughout the 19th century to present day. Until recent school shootings or rampage shootings committed by a young person occurred, one USN about this type of gun violence depicted gangbanging students of color shooting one another in inner-city schools and neighborhoods, commonly referred to as *street shooters*. Although gun violence occurs in inner cities by shooters of various race, depicting this population as the only offenders of gun violence provided a false sense of safety and security for rural and suburban middle- and upper-class families. The USNs about who had access to guns and who did not, who by physical appearance could be considered dangerous and who was not, and the notion that gun violence was only an inner-city problem and "not our problem" created opportunities for shooters who did not fit these narratives to walk into schools unnoticed and unchecked.

*USNs continued on page 12*



Marcy L. Peake

## Spotlight on Erie continued

the program and the community to directly measure its impact, something CFLEs could do. Family Life Educators have the skills and knowledge to bolster the efforts of parents on the ground. Moving beyond referrals for trauma therapy and similar tasks, CFLEs could offer program evaluation, connections with grant funding, and facilitate group conversations that bridge divides between parents, schools, cities, and community resources. It likely requires trips to "the east side" and intentionally seeking out conversations and relationships with people whose background and experiences greatly differ from your own. Perhaps it means teaming up with local parents and teachers to brainstorm breaking down barriers that prevent young people from making positive choices. A few e-mails sent to local colleges, think tanks, health care centers, places of worship, and law enforcement agencies could go a long way in establishing a network of key stakeholders in reducing gun

violence in your own community. CFLEs are equipped with the resources that community partners need to initiate networks and further the reach of existing efforts.

Regarding Erie, gun violence is still a concern, but these combined local efforts are promising. Most recently, homicide rates have declined slightly, perhaps a reflection of that same tenacity and grit that it takes to survive hundreds of inches of annual snowfall. Certified Family Life Educators are poised to tap into local community efforts already underway and coordinate new initiatives in locales where efforts need to be established. It might start with a walk across town, in your own snow boots, for a chance to take a proverbial walk in someone else's. ✨

**Adrienne L. Riegler, Ph.D.**, is a mom of two young sons; is involved in the local Erie, PA, community; and is an adjunct lecturer at Penn State University, The Behrend College. She can be contacted at [adrienne.riegler@gmail.com](mailto:adrienne.riegler@gmail.com)



lowering recidivism rates. The coordinators of one program, the Indiana Canine Assistant and Adolescent Network, found that upon participation of training service animals while incarcerated, improvements in the following domains were noted among offenders: (a) patience, (b) parenting skills, (c) helping others, (d) self-esteem, (e) social skills, (f) normalizing effect; (g) calming effect on the environment (Turner, 2007). There are several similar programs across the country, and from my review, these programs exist in institutions but could be adapted as prevention programs.

The Office of Juvenile Justice and Delinquency Prevention recommends various national gun prevention programs that are community-driven interventions with a focus on deterrence strategies. Some programs referenced include Operation Ceasefire, Indianapolis Violence Reduction Partnership, Operation Peacekeeper and Cure Violence. Other efforts include hot-spot policing in which departments of public safety target interventions to known areas of high violence.

There are many approaches, thoughts, theories, and opinions about how to best

prevent and reduce gun-violence, some rooted in USNs, which then lead to little to no desired results. I recommend that when considering gun-violence prevention programs for youth and families, practitioners first seek to understand their community and individuals at risk of committing the violence and interrogate the USN's about gun violence in these communities. As with other interventions, knowing the variables, cultures, and traits of families allows Family Life Educators to research strategies, programs, and initiatives that are a best fit. ✨

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#### References

Bushman, B. J., Calvert, S. L., Dredze, M., Jablonski, N. G., Morrill, C., Romer, D., . . . Webster, D. W. (2016). Youth violence: What we know and what we need to know. *American Psychologist, 71*, 17–39.

Center of the Developing Child, Harvard University. (2018). *Resilience*. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/resilience/>

Dunbar-Ortiz, R. (2018). Settler colonialism and the Second Amendment. *Monthly Review*. Retrieved from <https://monthlyreview.org/2018/01/01/settler-colonialism-and-the-second-amendment/>

Development Services Group. (2016). Gun violence and youth, literature review. Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ojjdp.gov/mpg/litreviews/gun-violence-and-youth.pdf>

Peake, M. (2018). Why OST workers must disrupt unhelpful social narratives. *Youth Today*. Retrieved from <https://youthtoday.org/2018/08/why-ost-workers-must-disrupt-unhelpful-social-narratives/>

Turner, W. G. (2007). The experiences of offenders in a prison canine program. *Federal Probation Journal, 71*(1). Retrieved from [http://www.uscourts.gov/sites/default/files/71\\_1\\_6\\_0.pdf](http://www.uscourts.gov/sites/default/files/71_1_6_0.pdf)

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*Perspectives is a regular Network column edited by Dr. Clara Gerhardt, CFLE, Professor in Human Development and Family Science at Samford University. In this article, Dr. Melissa Kozak shares her experience in teaching about gun violence. Student Katrina Schlechte provides her reflection on the learning experience.*



## Disarming the Teaching and Learning Process

by Melissa Scott Kozak, Ph.D., CFLE

Teaching is scary. I strive to create a course experience that is relevant, relational, and reflective for students and me. This can be intimidating, especially when teaching Family Policy. Think of the topics that you want to avoid because they are “sensitive,” “controversial,” and “hard.” All of those topics are relevant to family policy, so how can we include “hard” topics in our coursework in meaningful and effective ways?

To avoid including topics that *only* I think are relevant, I survey students before the semester begins to ask about their interest in family policy issues, which may include write-in topics. As the most recent spring semester approached, my schedule was ready and included topics that were consistently of interest to students (e.g., education, reproductive rights, adoption, foster care). Gun violence was not on their list nor on mine.

On Monday February 12, I remember discussing federal versus state power, which included gun policy. I told students that we would not cover that issue but did reaffirm that our schedule was flexible to meet their needs or discuss current events. After our next class on Wednesday February 14, a shooting occurred at Marjory Stoneman Douglas High School in Parkland, Florida. As I thought about how to discuss this in class on Friday, Katrina, one of the class members, e-mailed me to ask if we “could take a moment” to talk about gun policies. I knew that this was an important topic to at least one student. It was a reminder that teaching and learning should be collaborative, not isolating, and that we could share our vulnerabilities. One month in, and it was time for all of us to break down the barriers that make it “hard” to talk about things that are “sensitive,” “controversial,” and emotionally charged. To do this, I adapted the National Issues Forum Institute’s (NIFI; 2014) method of deliberation by integrating

Bogenschneider’s Family Impact Checklist (Purde Extension, n.d.). According to NIFI, deliberation is “the discovery of a shared direction, guided by what we value most.” Weeks earlier, I had introduced students to deliberation and the Family Impact Checklist to communicate about family policy issues. This was the first time we attempted a discussion using both tools. I appreciated the deliberation method because NIFI describes it as “an unbiased kind of talking ... [that] unlike debate, or lecture, or an airing of grievances, deliberation asks us to begin with what we hold most dear and share our personal experiences with a given issue.”

In the classroom, it is important that I teach students *how*, not *what*, to think. Part of that learning process involves reflection and discussion with others who may not share our beliefs.

Deliberation begins with participants reflecting on their personal experiences. I asked students individually to

- describe their experiences,
- record questions, and
- rank order the family type and principle from the Family Impact Checklist.

In response, students were asked to deliberate with three to five of their peers and compare responses. Students recorded questions they had for their peers and what their peers said that resonated with them.

As a small group, students researched the following:

- current policies;
- their desires for policies at the community, state, and national levels; and
- the drawbacks or trade-offs for their desired policies.

We concluded that the deliberation with a whole-group discussion and students revisited the rank order of family type and

principle and recorded what they learned from the process.

As students deliberated, I circulated and participated in the process. I answered questions, contributed to conversations, and listened. I learned so much about their personal experiences with guns, violence, and policy. They learned what values they shared or did not share. Importantly they learned, as NIFI states, “what we, as a people, will or will not accept as a solution.”

Even when students disagreed, they listened to each other and asked questions respectfully to enhance understanding of their peers’ perspective. When we debriefed the deliberation process, students said they appreciated having an opportunity to discuss a topic that is often ignored because it is “scary.”

As an educator, I have a responsibility to my students to address topics I instinctively want to avoid. I always learn so much more when I do, because teaching is a *collaborative, shared experience*. ✨

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Melissa Scott Kozak

# Deliberating in the Classroom: Student Perspective

by Katrina Schlechte

I remember the day very clearly. The news spread quickly, and soon it seemed as if everyone knew about the tragic shooting in Parkland, Florida. Yet another school shooting. My mind immediately began to wander; questioning why this seemed to keep on happening and why it seemed as if no one was really asking why. Everyone was talking about it, yet simultaneously no one seemed to be talking about it at a deeper more insightful level. Conversations were shallow, echoing “Did you hear?” or “How horrible!” I was ready for more. I yearned to dive deeper and investigate why this was happening, what policies there were related to gun control, and what perspectives were moving forward.

Convincing my peers to discuss issues, particularly ones involving sensitive and controversial topics, is a difficult and daunting task. I didn’t want to offend anyone, especially my peers. I wanted to tread carefully, neither offending nor being offended. I shied away from being frustrated by yet another conversation in which in feel as if my comments fall on deaf ears. Instead, I was seeking constructive counterarguments. Nor did I particularly want to walk up to a fellow 20-something-year-old with preconceived ideas, possibly echoing opinions they did not personally think through, and ask, “What are your thoughts on gun control?” In other words, nothing regarding the situation was in my favor.

Then, I remembered. I did not have to approach this undertaking alone.

I was enrolled in Family Policy, and I knew this was where I needed to turn. Before the semester began, Dr. Kozak sent a survey about our policy interests and reinforced in class that our topics would be framed by our responses. At the start of the semester, we also learned about the process of deliberation. This process of discussion based in explanation rather than argument, combined with Dr. Kozak’s flexibility in class topics, created a safe space in which I could ask about such a charged subject. And so I did. And Dr. Kozak responded “Yes.” I was immediately affirmed in seeking this conversation, and also appreciated that

my identity as a student did not limit my ability to discuss a difficult subject.

In our next class, we went through the deliberation process. Dr. Kozak provided us with a worksheet where we had the opportunity to write about gun policies before sharing in small groups, answering questions ranging from personal experience to opinions and family impact. This was effective because it enabled me to take time and think through what I wanted to say before saying it. By approaching the subject from the standpoint of a family scientist, it pushed me to engage more actively than just contributing my opinions to the conversation.

**The point of me seeking higher education is not only to learn more about what I believe and know to be true, but also to be challenged in what I know, so that I can have the opportunity to adapt my beliefs or to confirm what I am learning and the choices I exert in forming my opinions.**

Importantly, we were asked to write what resonated with us regarding our peers’ thoughts. This pushed me to genuinely listen to and consider what my classmates had to say, while providing me with comfort that this would be a reciprocal process. I spoke, but more important, I listened.

To my left, I heard the story of a classmate whose sister, in the act of dropping off a youngster at childcare, was killed, the victim of a random shooting. In the distance, I heard another classmate addressing the large number of guns they have in their household. Neither response was right or wrong. And neither reflected my experiences. Nor did they both align with my personal beliefs. And yet both were valid. Both points of view were, and still are, important. They are significant in that they are opinions other than my own, ones that I can listen to and use when considering my

own thoughts. This is because they offer an alternative perspective. The point of me seeking higher education is not only to learn more about what I believe and know to be true, but also to be challenged in what I know, so that I can have the opportunity to adapt my beliefs or to confirm what I am learning and the choices I exert in forming my opinions.



**Katrina Schlechte**

The day we discussed gun policies was a day I’ll never forget—not only because it was a challenging topic, but because we were entrusted with this sensitive subject matter. It felt like the first time in a classroom setting that I was empowered to discuss a subject that was important to me, regardless of the surrounding climate. As a result, I have been able to move forward, equipped with the resources to engage in conversations with my peers in a productive and powerful way that allow voices to be heard and opinions to be validated. ✨

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## References

- National Issues Forums Institute. (2014). Deliberation. National Issues Forums Institute. Retrieved from <https://www.nifi.org/en/deliberation>
- Purdue Extension (n.d.). Family Impact Checklist. Retrieved from [https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/06/fi\\_checklist\\_0712.pdf](https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/06/fi_checklist_0712.pdf)

## A Gun in the Home: The Role of Family Education in an Era of Gun Violence

by Tami Moore, Ph.D., CFLE



Tami Moore

Although the topic of school shootings and the safety of children in classrooms is worthy of all the attention it has garnered recently, there is another side to gun “violence” that gets much less scrutiny. Family-owned firearms are the implements used in both accidental and suicidal deaths by gun on a daily basis, resulting in family crisis, unresolved guilt and grief, and often the dissolution of families through divorce or separation.

According to an in-depth study of family gun ownership and family-member death by gunshot (Center for Injury Research and Prevention, 2018), 1.7 million children live in homes with unlocked, loaded guns. The report revealed that more than 75% of first and second graders knew where their parents keep firearms and 36% admitted handling the weapons and more than 80% of guns used by youth in suicide attempts were accessed in the home of the victim, relative, or friend. Availability of firearms in the home setting greatly increases the chance of teen suicide by gun (Witham, 1996).

Lewiecki and Miller (2013) presented the risks and benefits of gun availability in the household. Protection against home intruders and a deterrence of crime are two possible

benefits. Another is connected to the sporting activities of lawful game hunting. Accidental or intentional injury or death to a family member or friend is the obvious risk. “The impulsivity of suicide provides opportunities to reduce the risk of suicide by restricting access to lethal means” (p. 27.)

While the arguments against increasing security measures targeted at gun ownership are grounded in the Second Amendment to the U.S. Constitution, research supports a link between gun ownership rates and rates of gun mortality. Krug, Powell, and Dahlberg (1998) found that the United States had the highest overall gun mortality rate and the highest proportion of suicide by firearms among 36 wealthy global nations. In the United States in 2015, children under age 3 were involved in more than 50 shootings—by their own hand (Ingraham, 2015).

The statistics for adolescents and adults and suicide by gun are also sobering. Kellerman et al. (2018) found that most suicides by gun occur in the victim’s home. Homes where handguns and other firearms were not locked up and were kept loaded were more likely to be the scene of such deaths than were homes with secure storage in place. Few victims

acquire the guns used in suicide within hours or days of their deaths. Those guns have usually been in the home for months or years.

Anglemyer, Horgath, and Rutherford (2014) found that, in addition to increasing the risk of suicide, having a gun in the home also increased the likelihood that household members would be the victims of a homicide—especially females. Their evidence also suggests that having a gun in the home increases the risk for others in the community of becoming victims of gun violence. Several school shooters acquired the firearms they used in their homes and from family members.

What can those in our profession do to address the threat of family-owned firearms to the safety of family members—children, adolescents, and adults? As Family Life Educators, we can increase the educational programming available to families about the issues and the actions they can take to secure firearms in their homes if they choose to exercise the right to possess them. We can also focus attention on the creation and delivery of programming to address the needs of bereaved family members when gun violence touches them. The grief—and often the guilt—from such deaths is unique and complex, requiring creative approaches to therapy. As policymakers, professionals can increase awareness about home-based threats inherent to gun ownership and storage, so lawmakers are more fully informed about the impact of gun availability to family safety, and protective agencies can better prepare those who work with grieving families. ✨

**Tami James Moore, Ph.D., CFLE**, is the first author of *Family Resource Management (3rd ed., Sage Publications, 2018)* and Professor and Program Chair of Family Studies at the University of Nebraska at Kearney. As a family-business

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### Next Issue:

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# We've Had Enough: A Guide for Family Life Educators to Navigate the Effects of Gun Violence Within Families

by Kaylee Seddio, Ph.D., CFLE & Wendy Middlemiss, Ph.D., CFLE

## The Tragedy of the Commons

Tens of thousands of people are killed annually as a result of gun violence in the United States. Compared with 22 other high-income countries around the world, gun-related deaths were 25 times higher in the United States (Grinshteyn & Hemenway, 2016). Americans accounted for 82% of all deaths across the 23 countries, while comprising less than 50% of the population; 90% of women, 91% of children aged 0 to 14 years, and 92% of youth aged 15 to 24 years killed by firearms worldwide were from the United States. The report further indicated there were 31,428 firearm deaths reported in the United States in 2010 (Grinshteyn & Hemenway, 2016). Notably, there is an

almost 50% greater incidence of gun-related suicide than homicide in the United States each year. Research from the National Institute of Mental Health (Wintemute, 2015) suggests that these high rates of gun-related suicides could have been prevented if there were fewer guns in homes and if guns were properly secured and out of reach for young persons living in households with firearms. In 2012 alone, 64% of all gun-related deaths in the United States were suicides.

## Research Updates on Gun Violence and Resources

Clearly, there is something unique about the United States that almost nurtures gun violence. However, it may be difficult to determine what that might be. Many



Kaylee Seddio



Wendy Middlemiss

reported numbers of gun-related violence come from retroactive studies. Congress has barred the Centers for Disease Control and Prevention (CDC) from conducting research advocating for gun control. This includes any research related to gun violence prevention. As Family Life Educators (FLEs), it is our duty to follow gun violence trends and work with families and communities to attack this crucial issue. If we are unable to work at the policy level with Congress, we must use our resources within the community to assist the thousands of families who encounter gun violence each year and support families in managing the trauma inevitably associated with these events.

## Supporting Families Through Experiences of Trauma

Traumatic events occur when an individual's subjective experience of an event produces significant physiological and psychological effects (Kindsvatter & Geroski, 2014). Traumatic events are marked by activation of the individual's fight-or-flight stress response. In addition to the activation of their stress response systems during experiences of gun violence, survivors of such experiences often encounter long-term physiological effects as well. These effects are unrelated to the direct effects of the gun-related attack. Over time, survivors may feel desensitized to violence. They may lash out or seclude themselves from the outside world. As FLEs, we cannot predict how gun violence may affect individuals or families because trauma has

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## A Gun in the Home continued

owner, she also serves as the President of the Kearney Area Builders Association and serves on the City of Kearney Planning Commission.

## References

- Anglemyer, A., Horgath, T. & Rutherford, G. (2014). The accessibility of firearms and risk for suicide and homicide victimization among household members: A systematic review and meta-analysis. *Annals of Internal Medicine*, 160, 101–110. <http://annals.org/aim/fullarticle/1814426/accessibility-firearms-risk-suicide-homicide-victimization-among-household-members-systematic>
- Center for Injury Research and Prevention, Children's Hospital of Philadelphia. (2018). Gun Violence: Facts and Statistics. Retrieved from <https://injury.research.chop.edu/violence-prevention-initiative/types-violence-involving-youth/gun-violence/gun-violence-facts-and#.WykmUdJKjRY>
- Ingraham, C. (2015, October 15). People are getting shot by toddlers on a weekly basis this year. *The Washington Post*. Retrieved from [https://www.washingtonpost.com/news/wonk/wp/2015/10/14/people-are-getting-shot-by-toddlers-on-a-weekly-basis-this-year/?utm\\_term=.de703f94bdd6](https://www.washingtonpost.com/news/wonk/wp/2015/10/14/people-are-getting-shot-by-toddlers-on-a-weekly-basis-this-year/?utm_term=.de703f94bdd6)

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- Kellerman, A. L., Rivara, F. P., Somes, G., Reay, D. T., Francisco, J., Banton, J. G., . . . Hackman, B. B. (1992). Suicide in the home in relation to gun ownership. *New England Journal of Medicine*, 327, 467–472.
- Krug, E. G., Powell, K.C., & Dahlberg, L. L. (1998). Firearm-related deaths in the United States and 35 other high- and upper-middle-income countries. *International Journal of Epidemiology*, 27, 214–221.
- Lewiecki, E. M., & Miller, S. A. (2013). Suicide, guns, and public policy. *American Journal of Public Health*, 103, 27–31.
- Ingraham, C. (2015, October 15). People are getting shot by toddlers on a weekly basis this year. *The Washington Post*. Retrieved from [https://www.washingtonpost.com/news/wonk/wp/2015/10/14/people-are-getting-shot-by-toddlers-on-a-weekly-basis-this-year/?utm\\_term=.de703f94bdd6](https://www.washingtonpost.com/news/wonk/wp/2015/10/14/people-are-getting-shot-by-toddlers-on-a-weekly-basis-this-year/?utm_term=.de703f94bdd6)
- Witham, H. (1996). Gun legislation could curb youth suicide. *Australian Nursing Journal*, 4, 11.

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a different impact on everyone. But we can realize that the key to supporting families is that they get help. There are many trauma centers across the country that specialize in treating those affected by violent crimes, many of which offer reduced or waived fees.

### **The Trauma Institute and Child Trauma Institute**

<http://www.childtrauma.com/>

The Trauma Institute (TI) and Child Trauma Institute (CTI) provide intensive therapy retreats for victims of trauma. This process involves meeting with the clinician several days concurrently for 8 hours a day using the Phase Model of Trauma-Informed Treatment, designed to help clients realize their full potential and achieve goals despite previous exposure to traumatic violence. Beyond these benefits, victims of crime are also entitled to services paid for by victims compensation funds. Many specialized treatment options are not covered by insurance, making it difficult for at-risk and low-income groups to receive the treatment they need. TI and CTI have offices in Massachusetts, New York, California, and North Carolina. Additionally, affiliated therapists are located in Colorado, Idaho, and Ohio.

### **Criminally Related Gun Violence**

Victims of trauma perpetrated by criminals are entitled to victims' compensations funds found in all 50 states in the United States. Practitioners and FLEs are encouraged to seek these resources when working with victims and witnesses of violence. Often, treatment centers accepting these funds do not require formal police reports and can cover the costs of family members also seeking treatment.

### **The Ross Center**

<https://www.rosscenter.com/>

The Ross Center provides inpatient and outpatient mental health care for those with posttraumatic stress disorder, emotional and behavioral disorders in children, and mood disorders across three centers in Virginia, New York, and Washington, D.C. The Ross Center offers a unique array of treatment options, including cognitive behavioral therapy and exposure therapy. The clinicians are highly trained in both methods and often accompany clients in real-world situations to treat anxiety and stress-related disorders. Clinicians and psychiatrists are world-renown

and tailor treatments to fit the individual needs of all clients.

### **The Witness Effect**

Victims are not the only ones who suffer at the hands of violence. Children are often witnesses to violence in their homes. Although early childhood exposure to violence can lead to behavioral consequences, such as engaging in illegal activity, the neurological implications are equally as devastating. Aggression is one such consequence. If there are no existing means in place to escape the violence, people will engage in whatever behavior is necessary to survive (Seddio, 2017). Fortunately, most children who witness domestic violence do not go on to experience significant changes in aggression or antisocial behavior. Resilience serves as a protective factor for children exposed to violence. Children in refugee camps often witness violence within the camps or escape out of boredom or fear and become child soldiers (Seddio, 2017; Tsavoussis, Stawicki, Stoicea, & Papadimos, 2014). Although these individuals end up engaging in violence, once rescued and given proper treatment, their behavior becomes consistent with that of typically developing children.

Children from violent families are often used as tools in the court systems either to provoke emotional responses from juries or by defense attorneys who portray them as unreliable witnesses because of their young age (Tsavoussis et al., 2014). The use of witnesses as a courtroom decoy can cause long-term psychological effects. Witnesses often repeat their stories many times, which can increase traumatic experiences; they view photographs of the incidents, often provoking physical symptoms such as vomiting, labored breathing, and feelings of panic. Because poverty is often a risk factor for family violence, resources exist to assist families in navigating the court systems. They offer training for FLEs in working with children who were witnesses to ensure safety throughout the court system and help in getting witnesses the proper treatment if needed.

### **The National Center for Victims of Crime**

<http://victimsofcrime.org/>

The National Center for Victims of Crime is a nonprofit organization advocating for victims' rights and training professionals

who work with at-risk populations. The organization pairs with the National Crime Victim Bar Association, which provides legal services and resources to victims navigating the criminal justice system. Victims in need of an attorney referral can call (202) 467-8716 for assistance. The Center is based in Washington, D.C., but offers confidential referrals for crime victims across the United States.

### **Prevention and Protection**

For families, poverty is a key aspect in identifying risk factors for gun violence. Education can be a protective factor, where more highly educated people tend to have fewer encounters with gun violence. Education is associated with higher income, making this a critical factor when identifying at risk families. In 2010, the Census Bureau reported that the U.S. population comprised 306 million people (U.S. Census Bureau, 2010). That same year, the Congressional Research Service estimated that Americans owned 310 million firearms, excluding military weapons. Pew Research Center estimates that 30% of the U.S. population owns guns (Parker, Horowitz, Igielnik, Oliphant, & Brown, 2017). With knowledge about proper gun safety, keeping firearms away from children and teens, and storing bullets separately from any weapons, gun-related accidents and intended violence is drastically reduced. Unfortunately, many families who experience violence at the hand of a family member or confidant live below the poverty line and do not have the resources to control access to firearms. Several states have passed laws making it easier for family members to temporarily remove weapons, including guns, from the hands of persons at risk for committing violence on themselves or on others.

### **The Coalition to Stop Violence**

<https://www.csgv.org/>

The Coalition to Stop Violence (CSGV) uses a data-driven approach to identify behavioral risk factors to develop evidence-based legislation across the United States. They put forth the Gun Violence Restraining Order (GVRO), legislation allowing law enforcement and families to temporarily remove firearms from loved ones in crisis; such legislation has been passed in California, Washington, and Oregon. This law focuses on the behavior



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of individuals, rather than stigmatizing those with mental illness, most of whom will never become violent. CSGV advocates for background checks, disarming domestic abusers, preventing suicides, and a host of other preventative issues that can be addressed at the policy level.

#### What Next?

Our purpose as FLEs is to assist all families, regardless of class, race, age, or creed. One thing we must remember is that these victims, survivors, and witnesses are all part of a family. Whether they are tied to immediate families or to the nationwide family of individuals who have also encountered violence, there are resources available for everyone. Ensuring families that they are not alone in their struggle is quintessential to recovery and refining how survivors respond to stress or violence.

To fully serve our roles, we must pledge to foster support systems, create sustainable resources, and offer reputable referrals for mental or general health-related care. Working with researchers is a crucial element to provide evidence-based care. Use the CFLE network to connect with FLEs who are also researchers or in academic positions.

Although the CDC may not currently receive funding to help prevent gun violence, it is our responsibility to help curb family violence—for the health of both the people it affects and for our country as a whole. ✨

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#### References

- Grinshteyn, E., & Hemenway, D. (2016). Violent death rates: The US compared with other high-income OECD countries, 2010. *The American Journal of Medicine*, 129(3), 266–273. doi: <https://doi.org/10.1016/j.amjmed.2015.10.025>
- Kindsvatter, A., & Geroski, A. (2014). The impact of early life stress on the neurodevelopment of the stress response system. *Journal of Counseling & Development*, 92(4), 472–480. doi: 10.1002/j.1556-6676.2014.00173.x

Parker, K., Horowitz, J. M., Igielnik, R., Oliphant, B., & Brown, A. (2017). The demographics of gun ownership. Retrieved from <http://www.pewsocialtrends.org/2017/06/22/the-demographics-of-gun-ownership/>

Seddio, K. R. (2017). Trauma, psychopathology, and the refugee crisis: A call to action. *American Journal of Public Health*, 107(7), 1044. doi: 10.2105/AJPH.2017.303857

Tsavoussis, A., Stawicki, S., Stoicea, N., & Papadimos, T. J. (2014). Child-witnessed domestic violence and its adverse effects on brain development: A call for societal self-examination and awareness. *Frontiers in Public Health*, 2, 178. doi: <https://doi.org/10.3389/fpubh.2014.00178>

United States Census Bureau. (2010). Decennial Census of Population and Housing. Retrieved from <https://www.census.gov/programs-surveys/decennial-census/data/datasets.2010.html>

Wintemute, G. J. (2015). The epidemiology of firearm violence in the twenty-first century United States. *Annual Review of Public Health*, 36, 5–19. <https://doi.org/10.1146/annurev-publhealth-031914-122535>

# What Do Firearms and Mental Illness Have in Common with Family Life Educators?

by Mara Biere, M.A., CFLE

Despite repeated police intervention, including a merry-go-round of emergency evaluations and hospital discharges, Jeffrey Yao, the Winchester, Massachusetts, man who stabbed a 24-year-old woman at the public library, was diagnosed with untreated schizophrenia. His parents were aware of his condition and the community at large, yet there was no recourse to providing care to an unwilling patient until he committed a crime of harm to another or himself.

Nikolas Cruz, the Parkland, Florida, shooter, has a long history of mental illness. He had been involved in Junior Reserve Officer's Training Corps and had access to guns. We all know the rest.

The point with these two cases is the fact that both young men had untreated serious mental illness (SMI) and access to weapons.

I am a Certified Family Life Educator who works with family members uprooted by the mental illness of loved ones in their families ([www.growstrongfamily.org](http://www.growstrongfamily.org)). The issue of violence in general and gun violence in particular comes up in the course of the work. Family members are on the front lines, providing care and resources to their adult loved ones who are often too ill to function as independent adults. Individuals with SMI confer great burdens to their families in particular and their communities in general. Within the scope of the work, there is the first priority of developing a safety plan to defuse crises and promote the well-being of all. This usually includes developing a profile of their loved one and making it available to the local police (when they are needed to intervene) as well as whatever community mental health resources are available. Families understand, all too well, the potential for violence when their loved ones are untreated or undertreated. Family members are often handcuffed by a system that excludes their feedback and maintains a stance of the "civil rights" of people with SMI over family investment. That is the current scenario. So, we ask, what is the relationship, if any,

between gun violence and mental illness?

Our society has been impacted by an unprecedented amount of death due to gun violence. Some of these incidents are very dramatic as in mass murders (when four or more people are killed), although gun violence tops the list in suicides and homicides (Baumann & Teasdale, 2018). As so many have pointed out, the main issue with respect to firearms is their availability: "More guns, more deaths." Gold & Simon (2016) note that two thirds of all people who die by

**And because a substantial proportion of the precursors of homicidal behavior can be prevented by early intervention with at-risk youth and their families, prioritize preventive interventions to decrease the burden of future violent behavior among at-risk youth.**

firearms each year have committed suicide (and have a significant psychiatric disorder) and tend to be Caucasian middle age males. The bulk of the remaining third are homicides related to interpersonal violence (and do not have significant psychiatric disorder) and tend to be urban youth of color. The key component in firearm violence, whether by suicide or homicide, is access.

An interesting aside in this discussion is that the rules for hunting with guns are very different from the rules for who can get a gun for nonhunting purposes. Most states require hunters to pass both written and field tests for the safe handling of the guns (Cook & Goss, 2014, p. 57). Nonetheless, the scope of this piece does not include changing the laws or reducing the availability of firearms, although those are worthy endeavors for those who are interested in advocacy. The scope of this piece is to explore the relationship, if there

is one, between gun violence and mental illness.

The research evidence conclusively shows that a large majority of people with SMI are never violent and that most interpersonal violence in the United States (95%–97%) is not attributable to mental illness (Swanson et al., 2014; McGinty et al., 2018). What are we talking about here, in terms of numbers of adults affected by SMI? The Center for Behavioral Health Statistics and Quality (2015) published from the results of a 2014 survey indicated that "1 in 5 adults aged 18 or older (18.1% or 43.6 million adults) had any mental illness in the past year, and 4.1% (9.8 million adults) had serious mental illness." These numbers are consistent with those acquired over the past decade.

This leads us to ask, what, then, does predict the likelihood of gun violence? As Powers (2017, p. 132) summarizes so well, "A history of violent behavior, a history of childhood abuse, substance use at the time of an emotionally charged event and the availability of a firearm.... In addition, substance abuse appears to be a major predictor of violence whether it occurs along with a concurrent mental illness or not."

Nonetheless, there does seem to be a relationship between mental illness and gun violence. According to the mass shootings database (1982–2018) compiled by *Mother Jones* (Follman, Aronsen, & Pan, 2018), of 105 perpetrators, 55 had a prior history of mental illness; 17 had no prior history of mental illness; and the rest? Unclear. All were male except for four females: One committed the act with a male partner; two had prior mental illness, the other had an unknown history. Recent studies have found, for example, that *the likelihood of committing violence is greater for people with a major mental disorder*



Mara Biere

than for those without. Moreover, new data suggest that more than half of the nearly two hundred mass shootings that took place in the United States since 1900 were carried out by those either diagnosed with a mental disorder or with demonstrable signs of serious mental illness prior to the attack (emphasis mine; Duwe & Rocque, 2007; Follman, 2012; Newman, Fox, Roth, Mehta, & Harding, 2006; Phipott-Jones, 2018; Silver, 2006).

What does it mean that the “likelihood of committing violence is greater for people with a major mental disorder than for those without?” Isn’t this bias against the mentally ill? Isn’t this stigma based? Cook and Goss (2014) and Jaffe (2017) both noted that untreated SMI (e.g., schizophrenia, bipolar disorder, and depression), especially when paired with substance abuse, are at increased risk of committing violence against others. In more than 20 studies, individuals with SMI tend to be three to five times more likely to commit violence than are people without such a diagnosis. Most of the violence perpetrated by these individuals tends to be directed at those whom they know and in private spaces. Furthermore, they tend to commit suicide rather than commit homicides by more than two to one, and SMI is estimated to be a factor in 80% to 90% of self-inflicted deaths. To reiterate, “Epidemiologic studies show that the large majority of people with serious mental illnesses are never violent. However, mental illness is strongly associated with increased risk of suicide, which accounts for more than half of US firearms-related fatalities” (Swanson et al., 2015, p. 368). And yet, as we have seen, more than half of the mass murders in the past century have been committed by individuals with an SMI diagnosis.

Cook and Goss (2014, p. 60) suggested that “One strategy for reducing gun violence is to reduce criminal violence generally. This means that if we reduced alcohol and drug abuse, offered better treatment for mental illness, reduced school dropout rates, and deployed police resources more strategically, crime rates would fall and gun violence would be a lesser concern. “This same thinking holds true for suicide by gun rates: Address the conditions that lead to suicide and the rate of suicide by guns would decrease.

Brent et al. used a public health approach and recommend the following: Restrict access to assault weapons and other high-magazine firearms. Treatment of psychosis,

antisocial personality disorder, and substance abuse can lower homicidal risk. Augment treatment infrastructure and workforce to provide improved access and rapid assessment of at-risk patients. And because a substantial proportion of the precursors of homicidal behavior can be prevented by early intervention with at-risk youth and their families, prioritize preventive interventions to decrease the burden of future violent behavior among at-risk youth.

## We can develop safety education plans for families in collaboration with others in mental health and law enforcement environments

The most comprehensive response to this issue comes from Jaffe (2017), the Executive Director of Mental Illness Policy Org, and the author of *Insane Consequences: How the Mental Health Industry Fails the Mentally Ill*. This well-researched volume is a must-read for anyone who is interested in the issues related to mental illness and violence. This well-researched tome is significant in that it poses solutions to reduce the adverse impact of violence by the untreated individual with a co-occurring diagnosis of serious mental illness and substance use disorder. The other piece that is so important to understand is the impact of these individuals on their families—the interpersonal violence that is perpetrated and the trauma of suicidal behavior or success that these families must manage.

In addition to diagnosis, Jaffe recommends the following:

- Use the term *mental illness* in nomenclature to establish the focus on illness that can be treated.
- Ensure that criminal justice leaders are on mental illness policy committees because the criminal justice system has become the mental illness system.
- Preserve hospitals by eliminating limits on the length of hospital stays for people with SMI.
- Redefine the Health Insurance Portability and Accountability Act and other privacy acts so that parent-caregivers are members of the health care team.
- Invest in research and treatment for this population.

- Instead of treatment after violence to self or others, enable involuntary commitments to Assisted Outpatient Treatment. Involuntary treatment criteria include those who are gravely disabled (provide own basic needs); likely to deteriorate without treatment; lacks capacity (unable to understand the need for treatment); and consider past history.
- Screen civilly committed patients and mentally ill prisoners who are about to be released because they are most at risk of violence when untreated.
- Train law enforcement.
- Create and expand mental health courts.
- Enact a “Guilty Due to Mentally Ill” plea mandating long-term mental illness treatment to minimize the risk of repeat offense due to mental illness, including time served in a hospital.
- Fund programs that have evidence that they work for this population including access to doctors and medications.
- Create supported housing and group homes. Establish intensive case management and assertive community teams.
- Open clubhouses.

What does this mean for us as Family Life Educators? We are trained education and prevention professionals. We are uniquely qualified to offer educational materials, resources, and programs to facilitate the discussion on what SMI is, its correlation with violence (including gun violence), and to promote treatment and safety for the community at large. We may enter settings where our essential knowledge about family systems, developmental and life span issues, family, and public policy efforts can be advantageous to everyone. We can examine the solutions outlined here and select materials to advertise, market, and improve the outcomes for our society. We can develop safety education plans for families in collaboration with others in mental health and law enforcement environments. In addition to clinical types of safety plans that families are encouraged to use, Bucher (2018) has published an excellent handbook *Defusing the Mental Health Triangle: Safety Procedures for Families During Crises at Home*. This resource is one very useful and effective tool that FLEs can use. Every Family Life Education professional should be a part of the solution. ✨

*Mental Illness continued on page 22*

# GUN VIOLENCE PREVENTION RESOURCES

A collection of resources including organizations, websites, journal articles, books, tip sheets, etc. suggested by the authors of the articles in this issue of Network.

## Organizations/Programs

**Be Smart:** A conversation about kids, guns, and safety <http://besmartforkids.org/about/>

**Coalition to Stop Gun Violence.** <https://www.csgv.org/>

**Cradle 2 Grave Program.** <https://www.cradletograveprogram.com/>

**Crime Solutions.gov.** <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=207>

**Crisis Prevention Institute, Inc.** [www.crisisprevention.com](http://www.crisisprevention.com)

**Cure Violence.** <http://cureviolence.org/>

**National Center for Victims of Crime.** <http://victimsofcrime.org/>

**National Institute of Justice. Office of Justice Programs.** <https://www.nij.gov/>

[topics/crime/gun-violence/prevention/pages/programs-strategies.aspx](https://www.preventioninstitute.org/focus-areas/preventing-violence-and-reducing-injury/preventing-violence-advocacy)

**Prevention Institute.** <https://www.preventioninstitute.org/focus-areas/preventing-violence-and-reducing-injury/preventing-violence-advocacy>

**The Ross Center.** Optimal Treatment for Anxiety & Mental Health. <https://www.rosscenter.com/>

**Trauma Institute & Child Trauma Institute.** <http://www.childtrauma.com/>



**Unified Erie. A Violence Reduction Initiative.** <https://www.unifiederie.org/home>

## Books

Bucher, N.P. (2018). *Defusing the mental health triangle: Safety procedures for families during crises at home.* Indie Author Books, Thomaston Maine.

Jaffe, D.J. (2017). *Insane consequences: How the mental health industry fails the mentally ill.* Prometheus Books: Amherst, NY.

Philpott-Jones, S. (2018). *Mass Shootings, Mental Illness, and Gun Control.* Hastings Center Report, 48: 7-9. doi:10.1002/hast.832

Worden, J. W., Ph.D., ABHP. (2018). *Grief Counseling and Grief Therapy. A Handbook for the Mental Health Practitioner.* 5<sup>th</sup> Ed. Springer Publishing Company: New York.

## Mental Illness continued from 21

**Mara Briere, M.A., CFLE,** has founded a small social service agency called *Grow a Strong Family*, a non-profit Family Life Education company that offers support, services, education, and skills to families with loved ones with mental illnesses. [www.GrowAStrongFamily.org](http://www.GrowAStrongFamily.org)

## References

Baumann, M.L., Teasdale, B. (2018). "Severe mental illness and firearm access: Is violence really the danger?" *International Journal of Law and Psychiatry* 56(2018) 44-49

Brent, D. A., Miller, M. J., Loeber, R., Mulvey, E. P., Birmaher, B. (2013). Ending the Silence on Gun Violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52. Issue 4, 333 – 338

Bucher, N. P. (2018). *Defusing the mental health triangle: Safety procedures for families during crises at home.* Thomaston, ME: Indie Author Books.

Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

Cook, P. J., & Goss, K. A. (2014). *The gun debate: What everyone needs to know.* New York, NY: Oxford University Press.

Duwe, G., & Rocque, M. (2018, February 23). Actually, there is a clear link between mass shootings and mental illness. *Los Angeles Times*. Retrieved from <http://www.latimes.com/opinion/op-ed/la-oe-duwe-rocque-mass-shootings-mental-illness-20180223-story.html>

Duwe, G., & Rocque, M. (2007). *Mass murder in the United States: A history.* Jefferson, NC: MacFarland.

Follman, M. (2012, November 9). Mass shootings: Maybe what we need is a better mental-health policy. *Mother Jones*. Retrieved from <https://www.motherjones.com/politics/2012/11/jared-loughner-mass-shootings-mental-illness/>

Follman, M., Aronsen, G., & Pan, D. (Updated September 6, 2018). US Mass Shootings, 1982–2018: Data From Mother Jones' Investigation. *Mother Jones*. Retrieved from <https://www.motherjones.com/politics/2012/12/mass-shootings-mother-jones-full-data/>

Gold, L. H., & Simon, R. I. (2016). *Gun violence and mental illness.* Washington, DC: American Psychiatric Publishing.

Jaffe, D. J. (2017). *Insane consequences: How the mental health industry fails the mentally ill.* Amherst NY: Prometheus Books.

McGinty, E. E., Goldman, H. H., Pescosolido, B. A., & Barry, C. L. (2018). Communicating about Mental Illness and Violence: Balancing Increased Support for Services and Stigma. *Journal of Health Politics, Policy and Law*, 43(2), 185–228. <http://doi.org/10.1215/03616878-4303507>

Newman, K., Fox, C., Roth, W., Mehta, J., & Harding, D. (2006). *The Social Roots of School Shootings*, Cambridge, MA: Perseus.

Philpott-Jones, S. (2018). Mass shootings, mental illness, and gun control. *Hastings Center Report*, 48, 7–9. doi:10.1002/hast.832

Powers, J. (2017). Blaming gun violence on the mentally ill is easy, but ignorant. In B. Maury (Ed.), *The reference shelf: Guns in America* (pp. 130–132), Ipswich, MA: H. W. Wilson.

Silver, E. (2006). Understanding the relationship between mental disorder and violence: The need for a criminological perspective. *Law and Human Behavior*, 30, 685–706.

Swanson, J. W., McGinty, E. E., Fazel, S., & Mays, V. M. (2015). Mental illness and reduction of gun violence and suicide: Bringing epidemiologic research to policy. *Annals of Epidemiology*, 25, 366–376. <http://doi.org/10.1016/j.annepidem.2014.03.004>

### Code of Ethics continued from page 3

Family Life Educators is not a code of ethics but rather, a *process*, including case studies, that can be used by Family Life Education professionals to effectively and professionally deal with ethical issues and dilemmas. However, the principles included within the MNCFR process provide guidance regarding ethical behavior that was relevant to CFLEs. In 2009, NCFR officially adopted the principles cited within the MNCFR process as the CFLE Code of Ethics. New and renewing CFLEs were required to sign the CFLE Code of Ethics statement.

While the CFLE Code of Ethics proved useful, concern was expressed that the principles were heavily focused on parent education and did not reflect the full range of content or the audiences included within the practice of Family Life Education. While many CFLEs are involved in parent education, many work directly with individuals, couples, or the elderly, and around a broad range of issues outside of parenting including finances, sexuality, relationships, substance abuse, and homelessness.

The MNCFR ethical guidelines process was focused more specifically on the parent/child relationship due to the active involvement of many members of MNCFR in the practice of parent education. The state of Minnesota was a leader in formally recognizing parenting education as a profession with the implementation of a state-wide Parent and Family Education license required to teach in the Early Childhood Family Education (ECFE) program. This focus on parent education was reflected in the MNCFR ethical guidelines' principles. An example of the parenting focus was Principle I.3. *We will respect cultural beliefs, backgrounds and differences and engage in practice that is sensitive to the diversity of child-rearing values and goals.* The focus on child-rearing limited the meaning of the principle in a manner appropriate for parent education, but not necessarily, Family Life Education.

### The process

Over the course of an 18-month period, the ethics subcommittee of the CFLE Advisory Board met virtually and at the 2017 conference with the goal of modifying the existing principles to better reflect the broad practice of Family Life Education. Working sessions were held with subcommittee members and representatives

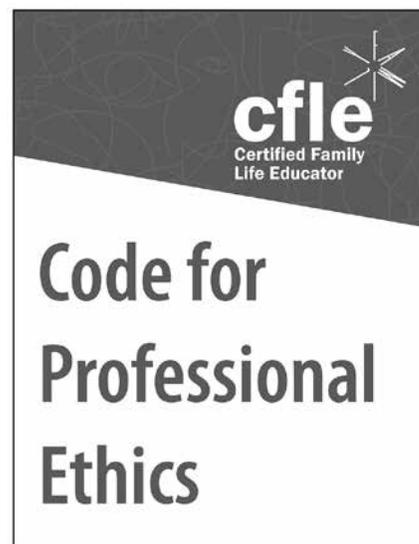
from MNCFR. Collaboration between the FLE Ethics Subcommittee and members of MNCFR was an essential component of the revision process.

A first step included a review of various professional ethical codes to verify that the CFLE code covered behaviors common to helping professions. The codes studied included the American Association of Family and Consumer Sciences *Code of Ethics*, the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct*, the National Association for the Education of Young Children *Code of Ethical Conduct*, the American Association of Marriage and Family Therapists *Code of Ethics*, the National Association of Social Workers *Code of Ethics*, and the National Council on Family Relations *Ethical Principles and Guidelines for Family Scientists*.

With the permission and involvement of members of the MNCFR Ethics Committee, the MNCFR principles and relational ethics approach remained as the *foundation* of the new Code. However, one of the more significant changes included replacement of the MNCFR categories: Relationships with *parents and families* and Relationships with *children and youth* with: Relationships with *Individuals and Families*. The following explanation was provided: "the term 'individual' is used in this document to include children, youth, and adults, with the understanding that there are unique and qualitatively different stages of development for each of these groups." The MNCFR categories of Relationships with: *colleagues and the profession*; and Relationships with *community and society* were carried over to the revised code.

Additionally, some principles were modified to apply to a broader audience. In the example noted earlier the principle: *We will respect cultural beliefs, backgrounds and differences and engage in practice that is sensitive to the diversity of child-rearing values and goals*, was changed to: *The Family Life Educator will respect cultural beliefs, backgrounds, and differences, and engage in practice that is responsive to diversity.*

With much editing from various subcommittee members, emergence of a new code of ethics began to take shape. A final



step included the creation of a preamble to provide context and clarify the purpose of the Code and to recognize the inclusion of core values throughout all principles: *do no harm, respect diversity and practice cultural competence, engage in ethical decision-making, practice with integrity, recognize and build on individual and family strengths, and practice with humility and warmth.*

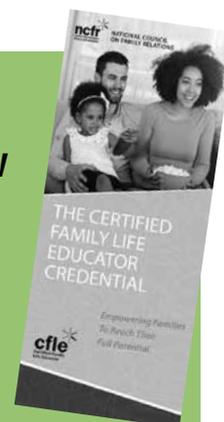
Once the CFLE Ethics Subcommittee finalized the draft, the Code was disseminated to the full CFLE Advisory Board. The CFLE Advisory Board endorsed the changes proposed by the Ethics Subcommittee in May of 2018. The new CFLE Code of Professional Ethics is available on the NCFR website <https://www.ncfr.org/cfle-certification/cfle-code-ethics>.

Code of Ethics continued on page 24

## New CFLE brochure now available!

Order free copies through the NCFR website:

[Ncfr.org/form/cfle-brochure](https://www.ncfr.org/form/cfle-brochure)



**Code of Ethics** continued from page 23

Now that the CFLE Code of Ethics has been updated, the CFLE Advisory Board will begin work on creation of an enforcement process to be used in the event that the practice of a CFLE is called into question.

The CFLE Code of Professional Ethics, which identifies nationally recognized and endorsed *standards of conduct*, can effectively be used in conjunction with the MNCFR ethical guidelines process to assist CFLEs, and all Family Life Educators for that matter, to practice to the highest standards. ✨

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**Acknowledgments**

**CFLE Advisory Board subcommittee:**

Dorothy Berglund, Ph.D., CFLE, Bryce Dickey, M.S., CFLE, Susan Meyerle, Ph.D., CFLE, & Ahlshia Shipley, Ph.D., CFLE.

Special acknowledgement to Betty Cooke and Glen Palm, and all members of the MNCFR Ethics Committee for their work in creating the original *Ethical Thinking and Practice Guidelines* and for their collaboration with the CFLE Advisory Board subcommittee.

**References**

American Association of Family and Consumer Sciences Code of Ethics. [https://higherlogicdownload.s3.amazonaws.com/AAFCS/1c95de14-d78f-40b8-a6ef-a1fb628c68fe/UploadedImages/About/AAFCS\\_Code\\_of\\_Ethics\\_2013.pdf](https://higherlogicdownload.s3.amazonaws.com/AAFCS/1c95de14-d78f-40b8-a6ef-a1fb628c68fe/UploadedImages/About/AAFCS_Code_of_Ethics_2013.pdf)

American Association of Marriage and Family Therapists. [https://www.aamft.org/Legal\\_Ethics/Code\\_of\\_Ethics.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01](https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01)

American Psychological Association Ethical Principles of Psychologists and Code of Conduct. <https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Minnesota Professional Educator Licensing and Standards Board. Early Childhood Family Education. <https://mn.gov/pelsb/aspiring-educators/requirements/>

National Association for the Education of Young Children Code of Ethical Conduct. <https://www.naeyc.org/resources/position-statements/ethical-conduct>

National Association of Social Workers Code of Ethics. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics>

National Council on Family Relations Ethical Principles and Guidelines for Family Scientists. [https://www.ncfr.org/sites/default/files/ncfr\\_ethical\\_guidelines\\_0.pdf](https://www.ncfr.org/sites/default/files/ncfr_ethical_guidelines_0.pdf)