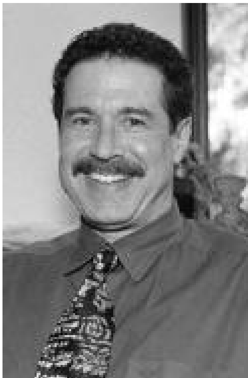
Association of Family Therapists of Northern California

April 2003

AFTNC PRESIDENT'S COLUMN:

WAR, TRAUMA, & FAMILY THERAPY

By Robert-Jay Green



In my last column, I tried to highlight what I believe is the underlying sociocultural assumption of all approaches to family therapy—the idea that psychological problems are only intelligible in social context and with reference to people's strengths and adaptations over time. I also described how this basic assumption distinguishes us from psychotherapists of other persuasions. Nowhere is this distinction more relevant than in this time of increasing terror and moral ambiguity on the international front.

As historians of family therapy have noted, our field was a direct outgrowth of psychiatric revelations during World War II. The dominant theoretical paradigm before the war--traditional psychoanalysis with the belief that early childhood experiences were the source of all emotional disorders--was ill-equipped to explain the sudden onset of psychiatric symptoms in adults after combat. However, it became obvious to some classically trained but open-minded psychoanalysts (people like Theodore Lidz, Lyman Wynne, and John Spiegel, who later become founders of the field of family therapy) that the traumatic context of war was sufficient to produce severe psychiatric symptoms in adults regardless of early childhood experience. In addition, individual psychoanalysis as a treatment method could not begin to meet the enormous mental health needs in the armed services during WWII. Out of necessity, these same psychiatrists discovered that brief interventions and group therapy on the spot (at the front lines) could in many cases prevent greater psychological deterioration afterwards. Psychoanalytic theory had to be modified to take current environmental factors into account if the goal were rapid return to functioning of more than one person at a time. These insights, although seemingly obvious now, were truly revolutionary at the time.

Also noteworthy is that early in its development, the field of family therapy incorporated an explicit analysis of oppressive power relations in society. For example, shortly after Word War II, Nathan Ackerman (another of the founders of

AFTNC COUNCIL MEMBERS

Robert-Jay Green, President	mail@robertjaygreen.com	415-749-0100
Bart Rubin, Past-President	brubin@aol.com	510-741-7286
Sam Tabachnik, Treasurer	DRSTZ@aol.com	510-845-3525
Jane Ariel, Co-Chair Postgraduate Training Committee	janeari@igc.org	510-261-1334
Anne Bernstein, Interim Newsletter Editor	anneberns@wrightinst.edu	510-549-0598
Stephanie Brodsky, Program Committee Chair	stephaniebrodsky@msn.com	707-427-6640 x225
David Celniker, Conference Co-Chair	mrboy@earthlink.net	510-595-6966
Ellen Pulleyblank Coffey, Co-Chair Postgraduate Training Committee	ellen@pulleyblank.com	510-849-1608
Mary Coombs, Video Librarian	coombs@uclink4.berkeley.edu	510-527-3778
Robert Cramer, Student Membership Chair	rccramer@hotmail.com	510-522-1680
Ryan Kolakoski, Membership Chair	ryankola@yahoo.com	925-688-2118
Roger Lake, Newsletter Editor	RogerLake@aol.com	415-567-7786
Carla Vogel-Stone, Conference Chair	canuckette@aol.com	510-522-8363 x118

the field of family therapy) and Marie Jahoda co-authored a book titled Anti-Semitism and emotional disorders: A psychoanalytic interpretation (Ackerman & Jahoda, 1950). They were among the first to propose that prejudice (in this case, against Jews) was the result of unconscious defense mechanisms, particularly projection, by which individuals and social groups diverted inner frustrations, conflicts, hostility, feelings of inadequacy, and deprivations onto innocent outgroups such as racial/ethnic minorities. Later, Ackerman imported this same concept into his work with families, calling the process "prejudicial scapegoating" of the identified patient. Such scapegoating purportedly served the function of reducing other unresolved tensions within the family group, particularly in the parents' marriage.

Thus it can be fairly said that family therapy had its genesis during World War II--in new ideas about anti-Semitism and intercultural conflict; in new understandings about the impact of current trauma on psychological functioning; and in the new group therapy treatments for combat-related stress disorders. The subsequent application of these new concepts and methods to the topic of family relations in schizophrenia led to what we typically think of as the "birth" of family therapy in the late 1950s and early 1960s.

Now we have come full circle. We are once again dealing with war-related psychological trauma and the treatment of families who need our help coping with terror. How do we help parents talk to their children about war and terrorism? How do we help clients cope with real losses and the threat to their security? How will we help the returning veterans cope with the combat-related trauma they experience? And how will we deal with our own feelings and relationships in the midst of the above?

We hope to explore these themes further in our April and May AFTNC meetings, both of which will focus on the topic of terrorism, trauma, war, and families (see the announcements in this newsletter). We hope you will attend these meetings as we seek to rebuild a sense of community and mutual support for AFTNC members during this time of war.

Now I will turn to some news of the Association's activities in the last few months:

Postgraduate Training Committee. I am pleased to report that the initiative I mentioned in my last column—the possible creation of an AFTNC postgraduate training program—is now in the hands of a group of AFTNC members who volunteered to explore its desirability and feasibility. The committee includes co-chairs Jane Ariel and Ellen Pulleyblank Coffey, and committee members Anne Bernstein, Bart Rubin, Jim Sparks, Sam Tabachnik, and Veronique Thompson. Although all positions on the committee are filled now, we assume that many members of AFTNC will want to teach, supervise, or be mentors in such a program. The committee's intent is to have rotating faculty over the years and to be as inclusive as possible of all AFTNC members' participation. For now, suffice it to say that the committee is in a very early stage of developing some ideas, researching other postgraduate programs, and will be soliciting input from all members in the future. Questions and ideas should be directed to committee co-chairs Jane Ariel and Ellen Pulleyblank Coffey.

Annual Conference Retreat. I'm pleased to announce that in addition to having *Monica McGoldrick* as our 40th Anniversary annual conference speaker for November 15-16, 2003, we have contracted with *Insoo Kim Berg* as our annual conference speaker for November 13-14, 2004. Insoo polled highest in the email survey for 2004 conducted by Bart Rubin, and she is very exited about the opportunity to meet with our group. For both the 2003 and 2004 conferences, we have reserved the whole retreat facility of Westerbeke Ranch Conference Center

in Sonoma, from 8:00AM Saturday morning through Sunday evening 5:00PM. Holding these events in mid-November (rather than October) enabled us to have the whole facility for only a one-night stay, keeping costs down, which was the expressed desire of the membership. Those of us who are familiar with Westerbeke Ranch believe it will give our annual conference the kind of retreat-like feeling we enjoyed for so many years at the Soquel facility. Westerbeke can accommodate up to 40 overnight guests in shared rooms, has meeting rooms for groups of 40-120 people, and there are many "overflow" bedrooms at nearby hotels and bed and breakfasts in Sonoma. Also, it is close enough to the Bay Area so that people who wish to commute could do so in about 1-2 hours or less. For more information about Westerbeke Ranch, see their website at *www.westranch.com* Please contact AFTNC Annual Conference Committee co-chairs Carla Vogel-Stone and David Celniker if you can help with the conference arrangements and especially with our 40th Anniversary Celebration at the McGoldrick conference this year.

Program Committee. The February presentation by Ellen Pulleyblank Coffey in Berkeley on "Catastrophic Illness and Families" was extremely stimulating and well attended (25 people). We also had our annual meeting for graduate students on "Building a Career Doing Couples and Family Therapy" at the Albany Library on March 22. Both of these presentations are reviewed elsewhere in the newsletter, and the forthcoming April and May meetings are described in this issue as well. We really need co-chairs and other volunteers for next year's program committee, so if you can help starting with the September program, please contact Stephanie Brodsky (whose 3-year stint as Program Committee Chair will end in June) or me via email or telephone.

Video Library. The AFTNC council approved a small budget allocation so that Video Librarian Mary Coombs could purchase some new tapes. With this money, we recently purchased two superb videos by Sue Johnson (our 2002 conference speaker) on *"Emotionally Focused Therapy with Couples."* If you have any recommendations of additional videotapes to purchase, please let Mary Coombs know.

Newsletter. We are very grateful to Anne Bernstein for stepping in on an interim basis to edit this issue of the newsletter. I'm also very happy to announce that Roger Lake has accepted our invitation to become regular editor of the newsletter beginning with the next issue. Please see Roger's column in this issue of the Newsletter.

Nonprofit Status. As all of you who have been on the AFTNC Council in the past know, the council has for many years debated about whether to attempt formal nonprofit status or stay in the netherworld status of being an informal "club" with no legal safeguards. The current AFTNC council has recently approved a decision to move forward on applying for formal nonprofit status with the State of California, and I will be starting this process with an attorney specializing in this area. If any AFTNC members have legal expertise or contacts to facilitate this effort at the lowest possible cost to us, please let me know.

Website Additions. With the help of Carla Vogel-Stone (AFTNC website chair) and Quinn Stone (Webmaster), the AFTNC website is becoming a very important source of easily accessible information for our members and the public. I strongly recommend that all members pay a visit to the website as soon as you have a chance. In addition to our *Home* page explaining AFTNC's purpose, we have a *Videotape Library* page (with borrowing instructions and a fully annotated list of our videotapes); a *Conference* page with details of the annual retreat conference; an *Events* page describing the speaker series; a *Newsletter* page on which all issues of the newsletter are posted in pdf format starting with the January 2003 edition; and a *Membership* page with a downloadable membership application in pdf

format. You can now refer any colleagues who are interested in joining AFTNC to the membership page for an application, or you can download the **membership application** and send it to friends as an attachment to an email. Prospective members who do not have internet access can contact our membership chair Ryan Kolakoski by telephone.

New AFTNC Listserv. We have established an AFTNC listserv for email communication about matters related to AFTNC and family therapy. All current AFTNC members who have email addresses will be automatically subscribed to the listserv but can easily "unsubscribe" if they prefer by following directions in the listserv messages. We are hoping the listserv will become a major resource for communication among us. Earliest notices of AFTNC meetings will be sent via the listserv, and you are invited to post messages pertaining the field of family therapy and AFTNC. Please do not post messages on other topics. Also, as a courtesy to other listserv members, please put the word "Announcement" at the start of the subject line for any messages you send about services you are providing or workshops. Other rules for use of the website will evolve as we have experience with it, and please feel free to post on the listserv your own ideas about its use

Membership. Thanks to the heroic effort and diligence of our membership chair, Ryan Kolakoski, we have recruited 22 new members in the last three months. Please have prospective members contact Ryan.

On a personal note, I can say that my first three months as president of the association have been exhilarating. I have had the pleasure of personally reconnecting with and re-involving many family therapy colleagues in AFTNC. All of the good will and positive momentum is very gratifying to me and other members of the Council. I hope to get more closely connected with each of you during my term of office. For those of you who can volunteer to help with the association activities described above, please contact me. I can promise that your work will be both supported and appreciated.

ROBERT-JAY GREEN, PhD is Professor & Director of Family/Child Psychology Doctoral Training, California School of Professional Psychology, Alliant International University. He also has a Private Practice in San Francisco specializing in multicultural couples therapy, men's issues, GLBT psychology, and families of origin. TEL: (415) 749-0100; EMAIL: mail@robertjaygreen.com.

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APRIL AFTNC EVENT:

"TERRORISM, TRAUMA & FAMILY THERAPISTS: LESSONS FROM THE ISRAELI EXPERIENCE"

with Yoel Elizur, PhD

Please join us in welcoming Yoel Elizur as our April speaker. Dr Elizur will be speaking about his work with family members' whose PTSD is related to war and terrorism. He will present a videotape that demonstrates the long term impact of trauma on the lives of people who survived a terrorist attack.

Dr. Elizur has worked for 18 years in The Kibbutz Child and Family Clinics, where he was the director of two kibbutz clinics and of the Medical Psychology Center. In this work, he has developed ecosystemic therapeutic programs that involve the kibbutz community in caring for various acute and chronic psychiatric disorders. He continued to apply this approach in consultation with the public provider systems in Israel, helping to develop family-oriented services in Israel's youth correctional institutions, children's group homes, and the army's mental health rear line installation for treating traumatic and post traumatic disorders. His work has been published in articles, book chapters, and books. He co-authored *Institutionalizing Madness* (Basic Books) with Salvador Minuchin,. His most recent project is a collaboration with a mental health self-help group in Israel. Their forthcoming book narrates the lives and displays the art and photographs of participants. He is a professor at the psychology department, Hebrew University of Jerusalem, and is currently on sabbatical teaching at CSPP/Alliant International University and working at UC Berkeley.

Date: Saturday, April 19, 10:00 am – 12:00 noon

Location: Robert Green's house, 2039 Sacramento Street, San Francisco
(between Gough & Octavia on Lafayette Park)

Driving directions from the East Bay:

- Take the 9th Street/Civic Center Exit.
- Turn Right on 9th Street and stay in the right hand lanes.
- Follow signs to Larkin Street when 9th Street crosses Market.
- Continue North on Larkin Street.
- Turn Left on Sacramento Street to # 2039 (beige 4-story house).
- Parking: Look for spaces around the park.

Public transportation from the East Bay:

- Take BART to the Embarcadero Station
- Go up to street level on the North side of Market Street.
- In front of the Hyatt Regency, take the #1 California Bus (outbound) to the intersection of Sacramento and Gough Streets
- 2039 Sacramento Street (beige 4-story house) is across the street.

Please contact Stephanie Brodsky at 510-525-9578 if you have any questions.

SAVE THE DATE:

AFTNC'S OPEN MEETING IN MAY:
"SOCIAL AND PSYCHOLOGICAL ISSUES IN TIMES OF TERRORISM &WAR"

AFTNC's May meeting has always been open to nonmembers and is an important way to introduce prospective new members to our organization. Please invite your colleagues and graduate students to this major event.

Date:	Sunday, May 18, 7:00 pm–9:00 pm
Description:	A panel of experts who have worked in this field internationally and locally will discuss such issues as how to talk with families and children about war, treatment of combat-related PTSD in adults, and the effects of war on our own lives and work as therapists.
Moderator:	(tentative) Keith Armstrong, MSW, Director, PTSD and Families Project, Department of Psychiatry, Veterans Administration Medical Center, San Francisco.
Presenters:	Diane Ehrensaft, PhD, and Toni Heineman, PhD, Northern California Psychoanalytic Institute, will describe results of their research on children's reactions to the 9/11 terrorist attack. Casi Kushel, MFT, Private Practice, Walnut Creek, will report on her recent work with children and health care providers in Afghanistan. Ellen Pulleyblank Coffey, PhD, Private Practice, Berkeley and Adjunct Faculty Member, Wright Institute, will report on her recent work with families and mental health care workers in Kosovo.
Discussant:	Yoel Elizur, PhD, Professor of Psychology, Hebrew University—Jerusalem; Visiting Faculty Member (2002-2004), California School of Professional Psychology, Alliant International University — San Francisco Bay Area Campus.
Location:	Arlington Park Clubhouse, 1120 Arlington, El Cerrito, CA 94530-2500
Directions:	From San Francisco & Oakland: I-80 East toward Sacramento/Vallejo, Take the Potrero Ave. Exit, Bear Right on Potrero Ave, Turn Right on Arlington Blvd. to #1120 Arlington Blvd. (Arlington Park & Clubhouse). From Marin: I-580 East, Take the Cutting Blvd Exit toward Harbour Way, Turn Left on Cutting Blvd, Turn Right on Carlson Blvd, Bear Left on Potrero Ave, Turn Right on Arlington Blvd to #1120 Arlington Blvd. (Arlington Park & Clubhouse) From Vallejo: I-80 West, Take the Cutting Blvd Exit and head toward Cutting Blvd., Turn Left on Cutting Blvd, Turn Right on San Pablo Ave, Turn Left on Potrero Ave, Turn Right on Arlington Blvd to #1120 Arlington Blvd. (Arlington Park & Clubhouse)

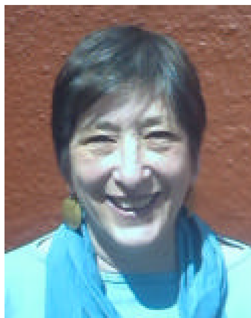
Note that information about all AFTNC events is always posted on our website at: www.aftnc.com. Please contact Stephanie Brodsky at 510-525-9578 if you have any additional questions

FEBRUARY MEETING

FAMILY THERAPY WITH FAMILIES FACING CATASTROPHIC ILLNESS — BUILDING INTERNAL AND EXTERNAL RESOURCES

Ellen Pulleyblank Coffey, PhD

At the January 19, 2003 meeting of AFTNC, Ellen Pulleyblank Coffey, Ph.D. presented on "Family Therapy with Families Facing Catastrophic Illness-Building Internal and External Resources." A shortened account of her presentation follows.



Ten years ago my late husband Ronald William Pulleyblank, with the help of his doctor and with a small group of witnesses, had his ventilator turned off, after living on it for seven years. Those years and the ones since then have radically affected my life and my work. Ten years after his death, twenty- five family and friends dedicated a redwood tree in Ron's name. In this beautiful event, after so long, we were able to place his illness and death back in what Lawrence Langer calls chronological time.

In his book, *The Holocaust* (Yale U. Press, 1975*)* Langer distinguishes between two kinds of time: chronological time and durational time. He says that we expect to live life in chronological time, made up of a past, present and future. When crises become the norm of life, durational time sets in. This is time without past or future and with a recurring experience of a disturbing present that is difficult to organize, express or forget. Langer writes that because durational time cannot overflow the blocked reservoir of its own moment, it never enters what we usually experience as the stream of time. Often we and the people around us expect our grief to last for a prescribed length of time. Depending on the level of stress during an illness this experience can last for much longer than we might expect.

Other Challenged Assumptions, Dilemmas, Necessary Conversations

1. We each are responsible for ourselves and must make decisions for ourselves.

The Dilemma: A particular illness belongs to the patient. How the patient perceives this illness often determines the decisions he or she wishes to make. At the same time the perception of the illness is often quite different for family members who are responsible for the patient's care.

An example: Harry who is very ill continues to want to drive his children to school. His wife fears that his illness makes it unsafe.

Needed conversations: The couple has to reassess which decisions are independent decisions and which must now be mutual. The roles and the responsibilities in their household also must be reassessed. These conversations need to include the multiple perspectives of all family members and sometimes that of extended family, caregivers and the norms of the community in which they live. The tendency to focus on the needs of the patient over the needs of caregivers and family members often must be challenged.

Note: Who participates in these conversations, and in fact in all conversations, often depends upon cultural values and beliefs. Before developing a treatment plan, an assessment with the family of how decisions are to be made is essential.

2. There are always positive choices to make, actions to take.

Dilemma: Often outcomes are unknown about the course of an illness and/or the effects of treatment. Tolerating ambiguity is often a prerequisite for making decisions.

Example: A patient has fast growing prostate cancer. He has the choice of following a usual course of treatment with mixed outcomes or an experimental treatment with little or no clear outcome data.

Needed Conversations: How can family members increase their tolerance of stressful emotional states due to ambiguity? How can we tolerate the unknown?

3. We often hold the belief that each family should and can provide for ill family members.

Dilemma: Due to the complexity of treatment and duration of treatment there is often too much stress on family resources. This can overload the system and make it impossible for one family to provide physical, emotional, spiritual, social and financial resources adequate for all family members.

Examples: There is an extremely high divorce rate in families with long-term illnesses and also a high illness rate in all family members.

Needed Conversations: How to build a community of support. Advocating for the needs of all family members in the family and in the wider community.

4. It is the job of the medical establishment to maintain life, but not to maintain ongoing care.

Dilemma: Separation between medical decisions made in emergency rooms and the implications for life following these decisions can lead to patients being kept alive beyond their capacity to enjoy life and the capacity of their families to sustain them. As part of this dilemma, there is a medical process in place to save lives, but often no ethical process in place that offers the patient and family members a voice in deciding when enough is or is not enough.

Needed Conversations: Family discussions before there is an emergency about how decisions ought to be made can be very helpful. Though health care directives are useful in this regard, they need to be re-assessed as the situation changes. Convening multiple systems that impact family life so that there is a shared understanding of what is possible and what are the wishes of the family will sometimes address issues of fragmentation that lead to unwanted decisions.

Principles of Treatment

Shared human experience — No one avoids illness and death. It is an experience that bridges, by its very nature, the therapist/client relationship. Therefore, our capacity to be seen is crucial in entering the often lonely experience of illness and death.

Spiritual Practice —
• Thinking of the therapy room or someone's home as a sacred space.
• Evoking the strength of prayer, meditation, not being afraid to ask for help in facing the unknown.
•Starting with silence, leaving time for meditation ending with silence.
•Sharing one's own spiritual practice and prayer.

A Narrative Overlay — Arthur Frank (1998) in his article about illness and deep listening, describes three different kinds of stories related to serious illness. They are: Restitution Stories, in which there is a positive resolution (a favorite of us therapists); Chaos Stories, in which things remain ambiguous (our least favorite); and Quest Stories, in which the exploration of the unknown is a goal of the therapy.

Social Activism — Patients are often marginalized. They are a group fighting not to be silenced, and part of the therapy is advocating with them for their rights.

Summary of Suggested Therapeutic Practices for Therapists Working with Families Facing Catastrophic Illness

Diagnosis — Dilemma: Maintaining the familiar with radical change.

1. Providing a safe container for the expression of intense shock and disbelief.
2. Facilitating conversations about the diagnosis with children and extended family members.
3. Bearing with the family the ambiguity of not-knowing the outcome.
4. Searching for ways to maintain the normal every day of life, especially for children.
5. Shifting anxiety about not knowing to finding out information from others.
6. Discussing ways that other family members and/or friends can participate in the crisis.
7. Helping families make and/or face medical decisions and prepares questions for meetings with doctors.
8. Advocating for families in their dialogues with medical and insurance systems.

Ongoing crises — Dilemma: Sustaining hope with continuing loss.

1. Normalizing a distorted sense of time and feelings of anxiety and depression as predictable responses to ongoing crises.
2. Including your experiences with catastrophic illness and death.
3. Paying attention for and treating overwhelming depression or anxiety in the patient and family members.
4. Facilitating conversations about the meanings of illness and death in the family and in the wider social context.
5. Searching out underlying values, beliefs and family history that have led to these meanings.
6. Looking for stories and practices in the family and in the wider culture that offer other possible meanings and responses to illness and death.
7. Bearing and talking about the ongoing pain with the patient and the family as they. witness the illness worsen.
8. Finding creative ways for the family to spend good times together within their limited circumstances.
9. Allowing for the different experiences and needs of the patient and family members.
10. Facilitating dialogues and planning that take into account these differences.
11. Convening a wider circle of friends and family to facilitate ongoing support networks.
12. Bringing nursing, medical, spiritual and social service providers together with the family to assess ongoing needs and to provide coordinated services.

Conscious death and dying — Dilemma: Knowing the unknowable.

1. Providing openings for conversations about death and dying.
2. Tolerating and experiencing intense grief with family members.
3. Exploring beliefs, meanings and family stories about death and dying.
4. Participating with families in discussions about the economic, ethical, social and spiritual implications of life support systems.

5. Offering opportunities for friends, family members and spiritual teachers to participate in these conversations.

6. Discussing desired rituals and practices in preparation for dying and death.

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**Copy of chapter available from author. Contact at:epulleybl@aol.com.

Ellen Pulleyblank Coffey, Ph.D. is a Clinical Psychologist specializing in family and community practice in Berkeley, California. She consults for local community agencies and is a member of the Kosovar Family Professional Education Collaboration developing mental health services in Kosovo. She is part of a group of AFTNC members establishing a postgraduate program in Family and Community Practice. On October 25, 2003, she will offer a six hour CEU course at Alliant, Alameda Campus on working with families facing catastrophic illness.

PANEL DISCUSSION REVIEW

"BUILDING YOUR CAREER DOING COUPLE AND FAMILY THERAPY"

by David Celniker, PhD, AFTNC Annual Conference Co-Chair

On March 22nd 2003, AFTNC sponsored a panel discussion "Building your career doing couple and family therapy" at the Albany Community Library. Despite heightened attention to war and demonstrations in San Francisco, the turnout was respectable. I personally left the event feeling inspired by my colleagues and hopeful that students would benefit from listening to our experiences (some of us with 6-7 months licensure and others with 20+ years…you know who you are).

The panel members included Bart Rubin, Ellen Pulleyblank Coffey, Alexis Frugé-Green, and myself. We were joined by AFTNC council members Stephanie Brodsky, Cam Cramer, and former editor Shawn Frugé, as well as approximately ten graduate students representing schools such as CSPP/Alliant, JFK, and CIIS.

The number of guests was ideal for an informal, more intimate gathering. Panel members, council members and guests all sat in a circle, and after brief introductions, the panel asked students to generate questions related to their academic, clinical, and professional interests. The following is my recollection of the event (I did not take notes). Questions about how to develop a private practice, APA versus non-APA internships, how to stand out among your peers, MFT and LCSW versus Ph.D., specializing versus generalizing, and how to obtain quality couple and family therapy education and clinical experience were raised.

Comments regarding private practice ranged from some therapists being against private practice, particularly when doing family therapy, to others being satisfied with a full private practice six months into licensure. Others described the benefits of having a private practice and one's own clinic (the private practice for individual work and the clinic for family work). All panel members appeared to agree that family therapy is generally more demanding than individual therapy, and that consultation is essential. Networking was highlighted as critical, and to be started early in training so that connections with other professionals exist when candidates become licensed. Viewing private practice as a business and the importance of integrating a business sense into one's identity was also emphasized.

APA internships were recommended for those who aspire to work in a VA or University setting, and for most full-time academic positions. APA internships were said not to guarantee quality training. Some stated that non-APA internship sites had extremely high quality training. The recommendation of most panel members was to decide where one wants to live and work, and to do an internship in that area to begin the networking process.

For standing out among ones peers, recommendations included talking to professors and established therapists, volunteering for various clinical or research activities, having a special skill or interest, having your name known in the community (i.e., networking), being self-reflective, and presenting oneself as motivated and interested in pursuing specific personal and professional goals.

The comments regarding masters versus doctorate degrees were 1) some areas, employers, and insurance companies pay psychologists higher wages; 2) a doctorate is needed for teaching at most schools; 3) some areas, employers, and insurance companies prefer doing business with masters level providers because they generally cost less; and 4) financially speaking, some masters-level therapists in private practice do as well as doctorate-level therapists because they are out in the professional world sooner and with far less in student loan debt.

With regard to generalizing versus specializing, the take home point appeared to be not to put too much pressure on oneself trying to do one or the other, because many therapists do both. Most panel members appeared to have varying degrees of specialization, but all with a broad general background. If a student has a particular interest in specific theories, techniques, problems, or populations, he or she should pursue those interests. The benefit of a broad training experience allows one to gain proficiency with various disorders and interventions – for private practice, the referral pool is likely to be larger, and for clinical jobs the opportunities greater in number.. The benefit of specializing allows one to gain expertise with a particular disorder, population, or technique – for private practice, specializing can help one stand out, but with a smaller referral pool, and for clinical jobs the opportunities are likely to be fewer.

Finally, and most importantly, family therapy training needs to be sought out. Most schools barely cover the basics. Even among the graduate schools that offer family tracks or family therapy emphasis areas, none provides comprehensive clinical experience and supervision. Anyone who has seen a family in therapy will tell you that reading about it doesn't come close to preparing you to do it. The panel encouraged students to look up listings (e.g., CAPIC) of training sites, talk to current and former interns, supervisors, and staff, join family therapy associations (hint hint), go to family therapy conferences (hint hint) and panel discussions, talk to experienced therapists and professors, and keep one's ears and eyes open for the new AFTNC Postgraduate Training Program in Family Therapy that is currently being developed.

CONSIDERATIONS ABOUT THERAPY AND POLITICAL ACTIVISM

by Andrea Aidells,MFT, LCSW; Roberta Stern, LCSW; Barbara Petterson,MFT; Rose Phelps,MFT; Kathy Anolick,MFT

We are a group of therapists who have been meeting monthly since 9/11/2001 to talk about peace, war and how we deal with these issues as individuals, therapists and supervisors. In writing this article, we seek to present an overview of questions that we are grappling with in our conversations.

Our meetings have inspired lively and challenging discussions that inevitably return to a core question: what does it mean to work as a therapist during such a critical time in the world? Our clients and we face a range of feelings, including sorrow, despair, fear and anger about the war and the current climate of hate and retaliation. Often our discussions center on how we, as mental health workers, can help support our clients through this traumatic period. Most of the time, however, we consider such complex therapeutic issues as: how much do we disclose our own views to clients; should we be bringing up the topic of war in sessions or supervision; should our own political views be evident as in bumper stickers, magazines, etc; how do we deal with clients who have perspectives that are strongly different from ours; what if we are seen by clients at peace marches; how do we contain our emotional distress and despair about world events while conducting therapy or supervision; how can we be authentic in the therapeutic encounter and yet hold some kind of therapeutic neutrality; is therapeutic neutrality really possible or even advisable in such provocative times?

Some of our clients have felt relief talking about reactions to the pre-war climate and have made some connection between their personal problems and the serious world events unfolding around them. Other clients have avoided any reference to such events. We also find that we, our clients and our friends use a similar array of

coping methods: denial, withdrawal, taking action, seeking community, pursuing spiritual connection; reading information or avoiding reading information; etc. We have found ourselves living out our own words to clients: needing to counter isolation and helplessness with connection, action, community, support and conversation with each other. We have also shared resources with each other including articles that provide relevant or new perspectives.

As world events have worsened over the last several months, many of us have felt an urgent obligation to publicly speak out against social injustice and against what we see as a cruel, unjust and unprovoked war. This act of aggression threatens to destroy another culture and jeopardizes civil liberties in our own country. In sharing this common interest in political activism, we are supporting each other to oppose the war through participation in peace activities in our communities. We are beginning to explore the intersection of political activism and therapy through our work for peace.

One outcome of our discussions is this article. Another may be to promote and participate in other forums among our profession to discuss these issues. In doing so, we hope to honor diversity of opinions among us just as we promote tolerance for difference in the world. Our overall goal is to further support and dialogue with each other in regard to these very compelling issues. We welcome feedback about our thoughts here. We also invite those of you who are interested in joining our group to contact Roberta Stern, LCSW, at (5l0)649-5854 or rozydeco50@hotmail.com.

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IN MEMORIUM

JEANNETTE GUREVITCH

by Jane Ariel, Ph.D.

When Jeanette Gurevitch died suddenly on January 21st of a cardiac arrest at 54, it was impossible to believe that she was no longer with us. Wouldn't she walk into her office the next day or be at a breakfast gathering, or help conceptualize the next step in the creation of the Rainbow Adult Community Housing? Our community has lost a vibrant, intelligent, fierce, sensitive colleague whose energy was felt in many different venues. As a long time beloved Bay Area therapist, she will be missed enormously by her clients and peers. I was part of a study group with Jeannette and five other women. We read psychological literature and analyzed its relevance to our thinking and practice. Her contributions were incisive and her clinical capacity informed by a theoretical acuity which was always quite stunning . More than this, though, she was deeply human, humble in her way and constantly curious about everything.

Jeannette did not participate in AFTNC in recent years, but she saw many couples and some families and was keenly aware of using systemic approaches in her work. Those of you who knew her will surely join me in remembering her with great respect and caring. I feel very fortunate to have known her, and it is with much sadness that I write these words.

PARALLEL EFFORTS IN MEXICO

By Samuel Tabachnik, Ph.D.

I would like to introduce to the membership a journal of which I recently became aware that enriches not only our knowledge of clinical and theoretical issues, but also cross- and intercultural perspectives. "Psicoterapia y Familia" (Psychotherapy and the Family) is a publication sponsored by the Mexican Association of Family Therapy. Those of you who have attended AFTA conferences are aware of the high caliber of some of the leading members of this association.

A new direction is being set for "Psicoterapia y Familia" by Jacqueline Fortes de Leff, the incoming editor. She indicates that their efforts are directed toward stimulating theoretical debate, and communicating ideas and knowledge of the therapeutic work with families, couples and the individuals being developed in Mexico and in other countries. They are seeking inter- and multidisciplinary contributions at the national and international level. This journal explores issues relevant not only to the population of Mexico but to issues of international import as well. The journal includes several sections: Clinical, Theory, Research, Training, Dialogues (looking to stimulate the dialogue between disciplines), and Book Reviews.

A brief overview of some of the writings in a recent issue:

Jorge Perez Alarcon's " In between theories, languages, and simulations: The action in the therapeutic process" and Marcelo Pakman's " Poetic and micro-politics: Family therapy in times of postmodernism and globalization" reflect on our epistemologies and our actions in the clinic and in teaching. The first proposes to incorporate the concept of action from social, linguistic and interactional perspectives to client/therapist work in a therapy of transformations rather than simulations. Pakman proposes reflective action by teachers and students about professional practice, analyzing the restrictive forces and proposing a new epistemology derived from the integration of various ways of knowing and their relationship to therapeutic action. Ignacio Maldonado's " Spirituality and psychotherapy" and Sergio Stern's "Buddhist meditation and therapeutic listening, three orienting questions" are an exploration into the relationship between spirituality and psychotherapy from the perspective of the authors' experience with Buddhism.

Jacqueline Fortes de Leff's " Nos-Otros Tu y Yo (We, You and I) focuses on the process of constructing individual and familial identities and its clinical applications.

The articles are published in Spanish but each article includes an abstract in English. The new issue just came out and you will be able to look into its contents by going to their website: www.amtf.com.mx. For subscription costs please call or write:

Asociacion Mexicana de Terapia Familiar, A.C.
Jalisco # 8
Col. Tizapan San Angel
01080 Mexico D.F.
Mexico
Tel. (55) 5550-0546 and (55) 5543-3251
Fax. (55) 5550-4757

Email: jfortes@prodigy.net.mex or amtf220@hotmail.com

INTERIM EDITOR'S STATEMENT

by Anne C. Bernstein, Ph.D.

It is my pleasure to serve as Interim Editor for this issue of the AFTNC Newsletter and to welcome Roger Lake to the position of Newsletter Editor.

REVITALIZING THE NEWSLETTER

By Roger Lake

I'm overjoyed that Robert-Jay has stepped up as president of AFTNC and has begun the task of rebuilding this oldest of all family therapy associations.

Last year Bart Rubin asked me to edit the AFTNC Newsletter. Having served on the Board in the 80's, I knew it would be too much to take on. But when Robert-Jay called me a few weeks ago and asked if I'd be willing to become editor, I reconsidered and realized that it would be an opportunity to get involved with a group of folks I've always enjoyed.

So this article is really a request for your help in letting me know what you want from a newsletter. The truth is, I already have some ideas about this because I was the newsletter editor in the early 90s. Those were the days before most of us used email to communicate. At that time, the newsletter tried to reflect the ordinary activities of AFTNC. We covered the monthly meetings, reviewed the annual conference, and tried to make the Board's activity transparent to the membership. We also ran classified ads, kept people apprised of the content of the video library, and ran the occasional movie or book review. Nothing special, and probably most members only glanced at it.

All of that still makes sense to me if I think of the newsletter as a four page flyer that comes in the mail every month (except July and August) and tries to keep people up to date. I'm just not sure that's what we need. We have a web site and a listserv that can function in that way –and doesn't require postage. So I'm left wondering about content for a newsletter published quarterly.

What seems clear to me is that we should use the newsletter to present our own experience in the field. As we try to rebuild our connections with each other and connect with a new generation of family practitioners, we surely have stories to tell and experiences to share.

What I'd like to know is: Who wants to share?

Let me give you some ideas. Sue Johnson's presentation last fall revitalized my interest in videotaping my work. I haven't taped since the mid 80's, when I last worked in a setting that made video equipment available. Digital video technology has developed to the place that I can afford to start doing it again. I can imagine writing a piece on that project at some point. I suspect there might be others of you who could contribute your experience in this area, from technical, theoretical, and practical perspectives. I've also spent the last five years working with the Council on Contemporary Families, trying to find a way to influence the "Family Values" discussion in the media. Several of you have been with me in that. Our experience as clinicians in that context would be worth an article.

Important point. I'm particularly interested in content from the students and trainee's perspective.

So please, as I shoulder this editorial responsibility, send me your thoughts and your writing. You can reach me at RogerLake@aol.com.

I look forward to your help.