

Association of Family Therapists of Northern California 2004

EDITOR'S COLUMN

by Roger Lake



This issue of the AFTNC Newsletter celebrates our 40th anniversary conference. Many of the folks I spoke with at the conference itself were quite excited and pleased by what's been happening lately. Our membership is way up

(see Ryan Kolakoski's report in this edition), we are providing CEU credit for almost all of our official meetings (see our final print notice of upcoming events in this edition), and we have a comprehensive family therapy training program that will be launched this year (see the article in this edition.) Like many others, I believe that we owe a great deal to our President, Robert Jay Green, for the changes that have been occurring since he agreed to take the reins. In this issue of the Newsletter, we also have Robert's thoughts on therapy that arise out of the experience of what most of us refer to as: "the Monica Conference." So I will not say much more about

the subject matter of the conference because I agree with Robert that what we do in therapy is not unimportant, but what's very important is how we do it, and who we are as we do it.



So I'd like to simply share some perspectives that arose from the attendees at the conference, and some pictures that capture the spirit of the event.

Let's start out with the event itself:

The conviviality of the Westerbeke Ranch was matched by the quality of the cuisine. The food was surprisingly good, and the family style dining made for abundant conversational

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opportunity. I personally found the place agreeably funky and more reminiscent of the old days at Greenwood Lodge than any place we've been since. Conference centers that have too many bathrooms keep people from having the kinds of conversations that emerge standing in line with others who are waiting to pee, particularly if divided along gender lines. Conference co-chairs Carla Vogel-Stone and



David Celniker did a great job in putting on this conference, and by all accounts I've heard, things ran smoothly. The ceremonial aspect of the conference was probably most interesting to those of us who've been around the longest. At least it looked that way to me. As generally not very ceremonial people, Northern California Family Therapists kept it pretty simple.



Robert Jay Green, Suki Magraw, Gloria Fraser, and Erkia Waechter, current and past Presidents of AFTNC, blow out 40 candles. We like to keep things low key.

We cut a cake, drank toasts, told stories, and played Charades. The stories were kind of

funny, and kind of touching, and pretty personal. Family therapy, it turns out, is pretty personal. The fact that it seemed mostly the older crowd who showed up for this made me mindful that we need to do something to get people in the membership together TO HAVE FUN. I'd like to hear from any of you who have thoughts about this. I personally think that we ought to go back to the old Friday through Sunday format, because it makes more time for socializing. I had a conversation with Mike Searle that reflected on just how important access to this group was in our early years out of Grad School. He spoke about the "confluence of confusion and enthusiasm" that I remember so well when I was trying to learn family therapy. Mike put it succinctly: it was like "too much coffee." Both of us agreed that AFTNC helped us through that time to develop our own work with people, not just by bringing forward new ideas, but also by broadening our visions and collaborative networks.

There was some other interesting buzz at the conference that deserves our attention. Several people pointed out that the room didn't reveal the kind of diversity that we should hope for in a Family Therapy Association. I couldn't agree more. I think that will change if we pay attention to recruiting students, and if we focus on exploring multi-cultural issues in our programs. I do believe we should also reach out to colleagues who would add seniority and diversity to our meetings and conferences. For example, I have begun hounding an old friend from my Watsonville days to come to a meeting. He has years of experience with Spanish speaking clients, and an endearing willingness to follow me into uncomfortable situations. Certainly others have friends like this who could add to the conversation.

And then there was Monica. What fun to hang out with her, to talk over lunch, to watch her present her perspectives and her cases, to hear her own stories, to understand the intersections with the life and times of Family Therapy, a field of practice and philosophy that continues

to threaten the status quo in our culture. Monica is smart, funny, and very PRESENT when she's doing her work.



Monica holds some meaning with her hands. Good body language.

I'm glad we had one of the Masters at this conference. Not that we need that all the time to keep ourselves going, but it was a particularly nice way to spend our 40th. It was also gratifying to hear Monica's enthusiasm for AFTNC and what we have going here in Northern California.

That's the bottom line for me, and why I find myself back on the board and becoming more committed. It takes more than a couple of classes in graduate school to make a family therapist. It takes some kind of village where the life cycle needs of the therapist are watched over. As I reflected on my colleagues at this 40th anniversary conference, I found myself happy to be among you once again.

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AFTNC PRESIDENT'S COLUMN **Some Thoughts on Therapy Following the** **McGoldrick Conference**

By Robert-Jay Green

AFTNC's 40th Anniversary Conference with Monica McGoldrick was a great success, with 85 people attending. The feedback on Monica's presentation was extremely positive overall. Westerbeke Ranch (and its food) got rave reviews. The traditional game of charades on Saturday evening was great fun—*Paradox and Counterparadox* (a family therapy



book written by the original Milan team) was the big stumper. We're definitely going back to Westerbeke next year for our 41st annual conference featuring Insoo Kim Berg, who is a prolific author and one of the creators of Solution-Focused Therapy. For me, it was especially gratifying to hear from Monica how very unique AFTNC is in terms of its collegial ambience and shared sense of purpose.

As I attended the McGoldrick conference and watched the many videotapes Monica showed of her own work, I was most struck by her ability to relate so closely and easily with such a diverse group of clients. I kept noticing how most of the connecting seemed to take place through nonverbal behaviors and tone of voice (conveying warmth, comfort, directness, engagement, confidence, being collaborative and indicating genuine interest in people's life stories). In fact, I heard many AFTNC members make spontaneous comments about Monica being such a "lovely person," a "great human being," so "down-to-earth," "easy to relate to," "willing to show her mistakes," and so on. At the same, I heard many AFTNC members make comments about how they work so differently from Monica in terms of not using extended family genograms as a vehicle for connecting nor using traditional coaching methods with one family member. I also heard a few complaints that Monica's presentation did not allow for easy note-taking and was not structured in terms of teaching points and specific techniques that one could take away.

The combination of these comments and my own reactions reminded me of that old Marshall McLuhan phrase "the medium is the message." That is, the main message for me in Monica's way of working was not about genograms, or Bowen theory, or coaching methods, or concepts and techniques that could be written down. The meta-message was that she modeled a way of relating to people of diverse backgrounds that is very rare among therapists of any theoretical orientation but which lies at the heart of therapy. At the same time, this way

of close (but still professional) relating is extremely hard to describe and teach in a didactic format. Partly, this is because the emotional aspects of the therapist/client relationship (which are so much anchored in nonverbal behavior) are extremely hard to communicate in words. There are no simple directives one can give therapists for generating warmth toward or comfort with clients in general. Simply telling therapists to reflect feelings or give compliments can backfire if the nonverbal aspects of these communications are not congruent with the content of what is being said. Telling therapists to “be warm” or “be genuine” simply puts them in a “be spontaneous” paradox because true warmth and genuineness must, by definition, be guileless and uncontrived. In fact, few contemporary authors in the field of couple and family therapy focus in-depth on the process of alliance building, the most notable exceptions being Sue Johnson (see her book *Emotionally focused couple therapy with trauma survivors*, 2002) and Bill Pinsof (see his book *Integrative problem-centered therapy*, 1995). Ironically, however, most clinical supervisors believe that therapist relationship skills, rather than techniques or theoretical orientations, are the more important aspects of effective treatment (see A.J. Blow & D. Sprenkle, “Common factors across theories of marriage and family therapy: A modified Delphi study, *Journal of Marital & Family Therapy* Vol. 27, No. 3, pp. 385-, 2001).

After 30+ years in the field, I also have come to believe that each of the most popular family therapy orientations is too limited and too focused on specific change-oriented interventions, rather than on the vicissitudes of the therapeutic alliance. I don't think treatments succeed or fail based primarily on the particular theoretical orientation of the therapist. Rather, I believe that treatments succeed mainly on the therapist's ability to develop and maintain an emotionally positive therapeutic alliance with all members of the system in treatment. The latter requires: (1) giving sufficient emotional validation and support to each member of the

couple/family, (2) successfully managing negative emotions within the couple/family so that members are not hurting each other in sessions, and (3) regulating the therapist's negative emotional reactions to couple/family members (i.e. managing “negative countertransference”).

Too many of the current approaches to family therapy either take for granted or neglect to adequately address the importance of the emotional bond between therapist and clients. No array of clever, change-oriented techniques is effective in the absence of a positive emotional connection between therapist and client. First and foremost, clients need to feel that the therapist is caring, collaborative, trustworthy, fair, reliable, knowledgeable, and that she/he understands and appreciates their feelings. This is true regardless of the therapist's theoretical orientation. Within each theoretical orientation, there are therapists who are very skilled at forming close and collaborative relationships with clients and those whose relationship skills need improvement. Yet the majority of current family therapy theories and training programs deal with these common therapeutic factors in a cursory fashion if at all, preferring instead to focus on abstract theories and very specific change-oriented techniques.

When therapy breaks down, it almost always is because of some emotional rupture and failure to repair (or failure to establish in the first place) a positive therapeutic bond with family members. In fact, therapists' and clients' negative internal emotional reactions to each other (even when not directly expressed) are among the major factors predicting early termination or poor outcomes. These negative emotions tend to be expressed indirectly in terms of behaviors like the therapist not returning phone calls promptly; not inquiring how the client is reacting to interventions even when the therapist observes the client's disapproval; the absence of spontaneous mutual warmth, humor, and responsiveness between

therapist and clients; therapist passivity in sessions; or the therapist's unequal responsiveness to family members in sessions.

Although it would be nice to assume that all therapists are inherently capable of forming positively toned therapeutic relationships with all clients, there is an enormous range of skill among therapists in this respect. Also, certain kinds of clients (e.g., those traditionally and pejoratively labeled "borderline" or "narcissistic") can challenge any therapist's relationship skills. The very best therapists tend to be those who can easily establish positive therapeutic alliances with the widest array of clients in terms of cultural diversity and in terms of clients' negative emotionality. Thus, a major focus of training should be on how a particular trainee can use her/his emotions in forming therapeutic alliances and in preventing those alliances from breaking down. This focus should include intercultural therapist/client matches (race, gender, social class, sexual orientation, age, religion, etc.), which are more likely to dissolve for lack of a strong positive emotional connection, or to be negatively tinged and lead to experiences of oppression for the client. In my view, a major focus of all training programs should be the development of therapist alliance-building skills, especially emphasizing cases in which the client displays a lot of negative emotionality and cases where the therapist and client are from different sociocultural groups. Learning about relationship skills is best implemented through close observation of the therapist's behavior in role plays and in sessions (i.e., via live, videotape, or audiotape-based case supervision). AFTNC's new postgraduate training program will have these alliance-building skills as a major theme.

Although I am emphasizing its centrality here, I think of a positive working alliance as a necessary but not sufficient condition for therapy to be effective. That is, I think of the relationship as a partial intervention in itself (a "corrective emotional experience") as well as

being the necessary groundwork for other, more specifically change-oriented interventions to have an impact. The other main ingredient in effective therapy I would call "focus."

Successful therapy requires establishing relatively clear collaborative goals with clients (a focus) and using interventions that are relevant to those therapeutic goals throughout. For example, in consultations for "stuck" cases, I frequently have found that a clear sense of direction or "goals" were never established at the outset of a treatment; or, once having been established, the therapy conversations meandered or avoided dealing with the main presenting problems.

By using the word "goals" I don't mean to imply some superficial, limited purpose, but rather that the client and therapist should share the same vision of what a desirable outcome might be and what the path might be for getting there. As the old aphorism holds: "If you don't know where you are going, you are not likely to get there." This also reminds me of something that a bag lady character in a Lilly Tomlin play once said: "I always wanted to be someone, and now I realize I should have been more specific."

In therapy, you can't get there together if you don't have a strong positive emotional relationship and if you don't know quite where you're going. I think that effective therapist/client systems have reasonably explicit and clear (albeit evolving) goals, and the conversations in the sessions are always brought back to those main foci. This point may seem obvious, but a lot of ineffective therapy sessions end up veering off into conversations relevant to the therapist's orientation rather sticking to issues relevant to the clients' presenting problems. Therapists need to keep their eye on the ball (on the shared goals) and help their clients do likewise. This requires a client-specific formulation of the problem and goals, but it does not require that the therapist use one particular theory. I often feel that the specific interventions chosen by therapists (unique outcome questions, sandtrays, enactments,

genograms, psychodynamic interpretations, whatever) are much less important than whether the interventions are explicitly related to the client's presenting problems and the established goals. That is, the client and therapist should readily understand what the connection is between the agreed-upon goals and what is happening in the sessions. Too often, clients seem not to understand that connection, and they often are reluctant to ask for explanations, even when they think the therapy is not really addressing their main concerns and is going nowhere.

To summarize this viewpoint, I believe therapy is effective to the extent that it is characterized by a strong positive emotional alliance, relatively clear goals, and conversations and tasks whose relevance to the goals is obvious to all parties. By contrast, therapy that does not consistently maintain a positive emotional alliance, has extremely vague goals, and/or consistently includes conversations and tasks that are tangential to the client's experience of the problem(s) is unlikely to be effective. I believe these statements hold true regardless of the therapist's preferred theoretical orientation.

I question whether it is even necessary to have a specific theoretical orientation. Obviously, one cannot *not* have an idea about what is causing the client's problem, and one cannot *not* use techniques. Virtually anything a therapist says or does can be considered an aspect of technique that is based on some idea (a theoretical concept). But how much does a therapist need to adhere to a specific theoretical orientation in order for therapy to be successful? Or to put it differently, how eclectic can one be and still be effective?

I believe that a successful therapy case requires that the therapist have a workable problem formulation (a hypothesis about what is causing the problem) and a general treatment plan (an evolving path toward the goals) in order for the therapist to be able to select meaningful things to say and do in the sessions. The problem

formulation and treatment plan should be explicit (able to be articulated verbally or in writing) and tailored to the client's and problem's uniqueness. However, I don't think a therapist's formulations and plans have to derive from a single theoretical orientation in order for that therapist to be effective. The formulation for a given problem will typically involve two or more levels of functioning (biological, psychological, interpersonal, nuclear family system, extended family system, face-to-face network, community, and/or sociocultural factors). Without digressing too far, I'd like to suggest that given the enormous variety of client belief systems and presenting problems in the world, each theoretical orientation may be best suited for certain kinds of clients and presenting problems and not as applicable to others. It also seems that less experienced therapists may have a greater need to adhere to a single orientation in order not to lose their focus over the course of treatment, but I think they do so at the risk of reducing their flexibility to respond in the most helpful way.

The task of the "eclectic" or "integrative" therapist is to create with the client a workable and coherent problem formulation and treatment plan tailored to the particular client's problems, and the process of doing so is what I once called an "emergent design" (see Green & Herget, *Family Process*, Vol. 28, pp. 37-58, 1989). The therapeutic task requires improvising from the formulation and treatment plan in such a way as to be both emotionally engaged and purposeful in one's goal-oriented actions during the session. Effective therapy, in this view, does not require that the therapist adhere to a single theoretical orientation with all cases or even across all problem areas within a given case.

This kind of meta-theoretical approach to therapy is not entirely new and is mainly an outgrowth of comparative psychotherapy research and the movement toward psychotherapy integration. It constitutes a new kind of "theory of therapy," encompassing what makes the implementation of any "brand" of

therapy effective. Versions of it were first proposed in the 1970s by individual psychotherapy researchers such as Jerome Frank, Edward Bordin, and Hans Strupp; and by family therapy researchers in the 1980s such as Leslie Greenberg and William Pinsof (see their book, *The Psychotherapeutic Process: A Research Handbook* 1986). Mary Herget and I also used it to some extent at the Redwood Center in our research on Milan teams in the mid-1980s (see “Outcomes of systemic/strategic team consultation: III. The importance of therapist warmth and active structuring,” *Family Process*, Vol. 30, pp. 321-336, 1991). Most recently, the meta-theoretical approach is best represented in books such as *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients* (edited by John C. Norcross) and *The Heart and Soul of Change: What Works in Therapy* (edited by Mark Hubble, Barry Duncan, & Scott Miller).

Having participated in many of our field’s fads and fancies since 1970, this meta-theoretical framework represents my current personal list of the “eternal verities of therapy”—the essential components of effective treatment. Although I will never use Bowenian techniques to the extent that Monica McGoldrick does, the conference reminded me once again of the centrality of therapist relationship skills, which cannot be acquired through books and lectures. The indelible images of Monica relating so closely, comfortably, and confidently in sessions—even with computer in hand and genograms as the focus—was the take home message for me.

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INTEGRATING PSYCHODYNAMIC THINKING IN FAMILY THERAPY

by Steve Kanofsky & Bob Lieb

*(Editor’s note: This piece reflects the creative work that arises within AFTNC. Chatting with Steve Kanofsky at the annual conference led to his wondering if the newsletter might run something on a paper he has recently published. Since I have been inviting exactly this kind of material, I was delighted to agree, and even more pleased when I read it and found it to be the collaboration of Steve with Bob Lieb, and Rick Maisel, therapists I know and respect. I also found it immediately useful in thinking about the therapist’s role in family therapy, the issue that Robert Jay talks about in his President’s column this month. So here’s a summary of the article, with some description of the intellectual background, and a more focused discussion of its application to family therapy. The paper is: “Toward a Constructivist Control Mastery Theory: an Integration with Narrative Therapy” by Robert J. Lieb and Steven Kanofsky. *Psychotherapy: Theory, Research, Practice, Training*, 2003. Vol. 40, No. 3 pp. 187-202. Email me at: RogerLake@aol.com if you’d like a scanned copy of the paper.)*

In our article, Bob and I argue that Control Mastery theory, a contemporary psychoanalytically based theory, stands at the crossroads of the constructivist turn in the field of psychotherapy among the three dominant, but previously divergent, approaches in the field: psychoanalysis, cognitive behaviorism, and family systems theory. We suggest that Control Mastery’s historical roots in classical psychoanalytic thought have impeded awareness of its connection to constructivism and the idea that the meaning of people’s lives is actively created and not simply discovered. The initial purpose of our article is to establish Control Mastery as a constructivist theory and, on that basis, forge a progressive, theoretical integration, with other constructivist approaches. Of these approaches, we have primarily chosen the narrative therapy work of Michael White and his associates.

We believe that Narrative’s root metaphor of stories, even more than Control Mastery’s root metaphor of pathogenic beliefs (problematic inferences about the self and others inferred from traumatic early experiences) offers a fertile

landscape in which clients' problems can be deconstructed along the potent theoretical lines formulated by Control Mastery theory. We also argue that a heightened sensitivity to cultural and intergenerational contexts adds to the power of our deconstructive efforts. Equally important, new "mastery stories" can be constructed through attention to language, bodily based experience, and the therapeutic relationship. The positive outcome of this theoretical integration, we believe, is a capacity to more effectively infer and support the clients' (whether individual, couple, or family) goals for therapy. We utilize case examples throughout the article to illustrate the pragmatic implications of our integrative model.

There's an interesting AFTNC link to the genesis of the article. Bob and I met as staff therapists at the old Family Therapy Clinic at Pacific Presbyterian Hospital back in 1987 (now called California Pacific Medical Center). We were both hired and trained in family therapy by Rodney Shapiro, a former AFTNC president and current member. Rodney was one of the few teachers in that era to integrate family systems thinking and psychodynamic theory, which has continued to be an ongoing interest for both of us. In fact, one of our main hopes in writing the article is to argue that those of us who have found useful ideas in the realm of psychodynamic theory don't have to throw all of those ideas out the window when we put on our constructivist hats, regardless of the modality we're working in. Probably more important than any early theoretical compatibility, Bob and I were also both Philadelphia area transplants who had given up our allegiance to the Phillies to become suffering fans of the San Francisco Giants, as well as having a chronic addiction to the Grateful Dead.

That should have been enough to keep us entwined forever. Bob left the clinic after completing his postgraduate hours, moving on to direct the family therapy program at the Sequoia Hospital alcohol and drug recovery unit while I continued at the Family Therapy Clinic

at CPMC. Unfortunately, we then lost contact for a number of years until we accidentally bumped into each other sometime in 1994 on a street near CPMC (Bob almost ran me over with his car as I remember it). In our rather brief street side meeting, after a sufficient update about the state of our families, the Giants, and the Dead, in another pure coincidence, we realized that we had both been integrating Control Mastery Theory into our clinical work across modalities; Bob had just written an article describing the theory's application to the treatment of alcoholism, while I was applying the theory to the family and couples treatment and training that I was doing. Looking back, I think that we were both drawn to Control Mastery because, more than any other psychodynamic theory that I'm aware of, it paid the most attention to what was actually happening in the family in understanding what brought clients to treatment. In Control Mastery, as with Systems Theory, sex and aggression took a far back seat to children's inherent need to form enduring attachments with all family members, even at their own expense.

The feeling of synchronicity grew even further when Bob and I discussed our concurrent new theoretical interest in Narrative Therapy, which I'd been learning about from Rick Maisel, an old friend from CSPP (and long time AFTNC member) who I'd been inviting to do some teaching about Narrative to the interns at the Family Therapy Clinic. We'll let the article describe the compatibility between the two theories in depth; suffice it to say that, initially, we were struck by the optimism and non-pathologizing stance of both theories and decided that it might be fun to carry on the conversation in a setting a bit safer than the street corner. I suggested that we continue the discussion with Rick, luring Bob further with the advertisement of Rick's extensive Grateful Dead collection. The deal was sealed.

Thus began one of the most rewarding, stimulating, and just plain fun collaborations of our professional lives. Jazzed up on Peet's

coffee, with the Dead playing in the background, the three of us met every few months at Rick's house in Berkeley while we discussed and argued about the overlap and uniqueness of the two theories. Rick commonly played the foil, arguing more for the distinctiveness of the theories and the advantages of Narrative, while Bob and I more frequently pointed out the commonalities and the areas where one theory improved upon the other. When a friend in the San Francisco Psychotherapy Research Group (the Control Mastery umbrella organization) heard about our collaboration, we were invited to test our ideas (that's Control Mastery lingo) publicly at their Friday lecture series in the spring of 1996. With an initially positive reception (we, apparently, passed the initial test) the three of us followed with a series of continuing education presentations to the mental health community over the next three years.

It was Bob's idea to shift the focus to writing about our ideas sometime in 1999, and I gladly agreed to join in. Rick was already at work on his book about Narrative Therapy and eating disorders and had precious little free time for anything besides changing diapers (not his own) and going to jam band shows; thus, we took our internalized version of Rick with us and embarked on the long, sometimes frustrating, sometimes exhilarating, but always delightfully collaborative writing project that prompted this introduction. I hope that you all enjoy the product as much as we have enjoyed the process.

Roger asked me to comment a little on the application of our model to family therapy, since the article doesn't specifically address itself to this modality, other than the brief section on integrating a multigenerational perspective into the deconstruction of "pathogenic stories" (this terminology is a further attempt to form a bridge between the theories). We certainly hope that readers can see ways to use our integrative model across modalities; we do it ourselves all the time. Let

me give a brief example to help demonstrate how some of these ideas were translated in one particular family therapy case, with a reminder that this model offers more a way of thinking about cases than any particular techniques. In fact, one of the benefits of the model, we believe, is that it allows us to borrow the techniques of various schools of therapy as long as these techniques prove useful in overcoming the pathogenic stories that each client or family brings to treatment and weaving more preferred and adaptive stories. As we emphasize throughout the article, our clients and families become the final arbiters over whether any particular technique or intervention proves beneficial.

Joe, a 16-year-old male, was seen in family therapy with his mother, Donna, and stepfather Ben (all pseudonyms), after Joe had his second arrest for drug possession. During the initial family sessions, Donna described herself as "overly empathic" and very reluctant to set limits regarding Joe's problematic behaviors, including his refusal to participate in family chores and meals. Ben felt that Joe was walking all over both of them, but his own efforts to intervene had led to an escalating cycle of resentment and now detachment between himself and Joe. In this case, use of a multigenerational genogram was instrumental in deconstructing the family's central pathogenic stories and suggesting nodes for intervention. The genogram clarified a multigenerational pattern of substance abuse on both Donna's side of the family and on the children's father's side. In fact, Joe's father had died of a drug overdose several years prior to the start of therapy, and Donna's father and grandfather both died in alcohol related accidents after many years of addiction.

Soon after his father's death, Joe began a pattern of drug abuse, selling, and fighting that had continued until his recent arrest. Donna reported that Joe was acting just like his father, which she saw as a source of horror and Joe saw, in initial sessions, as a source of pride. My initial

hypothesis, which I shared with the family, was that in addition to the genetic pull for addiction that Joe was up against, Joe was being quite loyal, especially to his father, but also to other substance abusing relatives throughout the family, and believed that it was more noble to live out this story of family loyalty than to allow himself to be drug free.

While they all seemed in relative agreement with this early formulation, in accord with Control Mastery's emphasis on an unconscious plan for health, Joe then informed me that he had prompted the recent arrest by telling a friend that he was about to go sell drugs and that his friend should call the police. Joe stated that his drug using friends couldn't stop laughing at him and telling him how stupid he was since the arrest meant being sent to Juvenile Hall and now being put on probation. In our integrative model, his sharing this information with me would be seen, in one view, as an example of his testing the pathogenic story with me (transference testing) that men in his family are supposed to ruin their lives with drug use; would I agree with his friends that he was stupid and minimize the significance of this action, or would I see the strivings for a different kind of life that this action seemed to represent? In Narrative terms, this new behavior and his sharing it with me and the family could be seen as a "unique outcome" that represents the seeds of a more preferred story - that he has the desire and the right to live a healthy and drug-free life. My initial response was to state that I thought his prompting the arrest was a brilliant move and that I'd be happy to work with him and his family in continuing to help him move in this new direction. With a further deconstructive slant, I suggested that I could see what he was up against given the strong pull of the multigenerational pattern of substance abuse, in addition to the prescriptions for aggression and drug using behavior within both his particular subculture and the gender norms for most American male teens (this cultural strand became a topic of further discussion throughout the therapy). Joe seemed quite relieved by this

stance (evidence of a passed test in Control Mastery language), Donna and Ben rallied strongly around his goal to stop using, and we all agreed that his attending 12 step meetings would be of further benefit in his new efforts towards sobriety.

For Donna, following through with limits around Joe's attendance at 12 step meetings and his oppositional behavior at home proved another story, literally and metaphorically. Again, multigenerational exploration proved crucial as we deconstructed another pathogenic story that inhibited her limit setting. For example, we learned that Joe's father's addictive behavior became even worse soon after Donna decided to end the marriage, culminating in the overdose. Additionally, she revealed that her father's death occurred two weeks after her mother had decided to end her marriage after years of tolerating his addictive behavior. We thus came to understand another multigenerational pathogenic story that setting limits contributed to the death of family members, and she described her ongoing terror that setting limits with Joe would further increase his oppositionality and self-destructive behavior. Further understanding of the multigenerational aspects of this pathogenic story was of tremendous relief and motivation to both Donna and Ben, who both developed new compassion for her struggles to set limits. In the constructive realm, we also paid particular attention to those times when Donna's limit setting with Joe had a positive outcome, and began to develop an alternative and preferred family story that the limit setting actually made it that much easier for Joe to overcome his guilt about overcoming the loyalty to both his old drug using peer group and the multigenerational web of drug abuse in which he had been caught. While there were many other plots and detours in the story of this family's recovery, a follow up letter from Donna three years following the end of treatment revealed that Joe had a successful job, remained drug free and had developed into a "very good man."

We certainly hope that AFTNC members find some of these ideas stimulating and useful in your own therapeutic endeavors and welcome any feedback, constructive or deconstructive (preferably not destructive), as you have an opportunity to read the article and decide the model's relevance for your own ways of practice. To request a hard copy of the article, please contact Bob or me by either phone or e-mail.

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PERSPECTIVES ON POLYAMORY

By Michael Bettinger & Geri Weitzman

The April meeting of the AFTNC will be devoted to polyamory, a lifestyle in which a person may have more than one romantic/sexual relationship, with consent and enthusiasm expressed for this choice by each of the people concerned. Polyamory is distinguished from infidelity by the presence of honest communication between partners and lovers about the existence of each of these relationships in their lives. The umbrella of polyamory includes (but is not limited to) open relationships, polyfidelitous arrangements, swinging arrangements, non-hierarchical poly arrangements, triads, quads, and line marriages. It can be thought of in simpler terms as responsible non-monogamy. Geri Weitzman and Michael Bettinger will discuss the nature of polyamory and how it works in practice for people who are heterosexual, bisexual, gay, lesbian, and for those who refuse to have their romantic or sexual orientations labeled and categorized.

That polyamory is the topic of an AFTNC meeting is indicative of how much the field of family therapy has changed. Family therapy is no longer about the mom and dad or the single parent family. Family therapists have come to

understand and accept same-sex relationships, lesbian and gay male couples raising children, and now we are beginning to understand and accept that some stable, committed families have more than two adults, sometimes raising children, sometimes not.

Part of the discussion will involve Murray Bowen's theory of differentiation of self versus fusion to distinguish stable and functional polyamorous families from those that are chaotic and dysfunctional. It is quite possible that Murray Bowen would not have understood or appreciated using his theories to explain the stability of polyamorous families. It is likely that Bowen would have seen everyone involved in polyamorous families as being quite fused, i.e., having a low level of differentiation of self. Yet for a polyamorous family to be stable and functional, the individuals involved need a fairly high level of differentiation.

Various models of polyamory will be presented. These include the Primary/Secondary Model, where a person has a primary partner and secondary partners; the Multi-Primary Individual Model, where there is more than one primary partner, the Multi-Primary Family Model, which some people call group marriage, and the Multi-Secondary Relationship Model, where an individual may have more than one relationship, though none of these relationships rise to the level of commitment one has with a primary partner.

Another part of the discussion will center around countertransference when working with people involved in polyamorous families. Sexual behavior is a highly charged emotional issue and polyamory is likely to bring up feelings, both positive and negative. How a family therapist can deal with the negative feelings will be addressed.

And lastly, how do we work with polyamorous families? Who should attend a family therapy session? When should someone be excluded? What should children be told? The practical

issues of working with polyamorous families will also be discussed.

So, come to the April meeting, along with your questions, concerns and countertransference, and let's have a discussion of family therapy and polyamory in twenty first century America.

MICHAEL BETTINGER, PH.D. is a therapist in private practice in San Francisco. He is the author of *"It's Your Hour: A Guide to Queer-Affirmative Psychotherapy"*. Phone 415-563-6100, email: mcpsycle@well.com.

GERI WEITZMAN, PH.D. is in Private Practice in San Francisco. She is the author of the article "What Psychology Professionals Should Know About Polyamory". Phone 415-517-7965, email gdw@numenor.org, www.numenor.org/~gdw/psychologist

NEW AFTNC POSTGRADUATE FAMILY THERAPY TRAINING PROGRAM

by Jane Ariel, PhD & Ellen Pulleyblank-Coffey, PhD

For those of you who were not at the Annual Conference, this is an announcement of a new AFTNC family therapy training program that will begin in October 2004. Below is a brief introduction; a further description and details can be found on the AFTNC website.

The Postgraduate Family Therapy Training program reaches out to therapists in the Bay Area who wish to deepen their work with couples, families and communities. It rests on a philosophical foundation that recognizes that human problems are rooted in personal, systemic, economic and cultural experience.

Families in transition and crisis, couples in conflict, children at risk, and many others often come into therapy feeling isolated and overwhelmed. This training teaches how to develop therapeutic solutions that build on strengths, resources and resiliency. The program emphasizes ways to extend respectful, collaborative practices into the wider community, including homes, schools, courts and other public institutions. It teaches therapists how to work in partnership with

clients and the multiple community systems that impact their lives.

How You Can Help

We are asking members of AFTNC to be helpful in a number of ways. If you know people who might be interested in the program, please let them know about it. We prefer licensed people, but at the very least require a certain amount of experience with families. Part of the program is also built on a mentoring relationship with an experienced therapist. If you would be interested in being in that role, please contact us through our email address: PGtraining@yahoo.com. Also, if you know of any listserves or organizations that would be important to approach in finding students, please let us know.

If you have questions, you can call **Jane Ariel** at 510-261-1334 or **Ellen Pulleyblank Coffey** at 510-849-1608.

REPORT ON THE 10/19 AFTNC MEETING

By *Carla Haimowitz, PhD*

Therapy with Lesbian/Gay Parents & Their Children, a presentation by Jane Ariel and Dan McPherson, moderated by Anne Bernstein.

Many warm feelings and thoughts went through me as I signed in for CEU credits and found a comfy chair in Jane Ariel's living room. I was grateful for some nice woman gardening in the dark a mile from the location of the gathering, for giving me useful directions. I wondered if one of my clients would be here and how we'd feel seeing one-another in this context. I saw colleagues I knew from other groups and in other eras, but didn't know they'd be at the AFTNC meeting. I reflected that I used to go jogging with Jane 25 years ago at a track near our home, and that I'd been to the this house a few years ago for an engagement party for one of her housemates.

The presentation was immediately enriched by the participants' introductions and inquiries--and I was struck by the intelligence, experience, and authentic warmth of this group of people.

About thirty people were in attendance, and there was generous, lively, cooperative participation by a large part of the group. I felt grateful to be there and thought we could probably discuss anything in this group with a worthwhile outcome. People came in late, and I was wondering what to do about a woman who clearly needed a seat when there was none left. She had a dress on and couldn't sit on the floor. I was relieved when Mary Coombs managed to find something for her to sit on. Questions led to more questions, and there was not a feel of "We know and we will tell you" so much as opening of many doors.

The presentation was wide ranging. Here are some significant points:

1. The effects of how long parents were in the closet before they came out--this is an issue unto itself, but is more dramatic and impactful if a parent comes out when their child is in adolescence, or older, versus when the child is younger.
2. Gender is one of the ways we define ourselves most clearly, and we talked about the use of the book *Katie no pocket*, as a parent was trying to describe how she could be a mother but have a penis--the distinction between role and body. Other media were mentioned as well, such as the use of the videos *Dress Codes*, and *Normal*; or the book *Heather has Two Mommies*; and the use of the web site for *Children of Lesbians and Gays* (www.colage.org). The importance of articles, books and other materials was emphasized in order to demystify and normalize.
3. In general, research shows that children of gays and lesbians are no less well adjusted because of having parents in that minority. Indeed, since most lesbians and gays are

making a very conscious choice to have children, the children are consciously wanted.

4. Perhaps the most important point of agreement was that the more comfortable the parents are with their lesbian or gay or bisexual or transgender identity, the more comfortable the children are. This seems to be true even in circumstances when the children would be removed from the home if the law knew the parents were homosexual. The children cannot be told outright, but they know and know that it cannot be spoken--too dangerous for the family as a whole.

Other issues addressed were adoption, especially trans-racial adoption; the effects of separation and divorce; life cycle changes; foster parenting. Questions were raised about non-monogamous parents, the effects of such freedom: more choices, less structure; the more even division of childcare tasks in homosexual relationships; the lack and need for language to help describe relationships; the needs for legal resources; the relative ease with which gay men can find female role-models for their children, in comparison to lesbian mothers finding male role models for their children; the taboos of talking about sex and sexuality; the fact that gays and lesbians who choose to have children tend to be in higher financial brackets, with higher education, and tend not to be extremely authoritarian nor overly permissive parents.

In general, there was an awareness of how much has changed and how much more needs to be changed in order to make room psychologically and legally for gay and lesbian parents. I had come thinking I knew what I needed to know about gays and lesbians and their children from thirty years of clinical experience in the Bay Area with a hundred families with gays and lesbians as parents. Soon I realized, with shame, that I might have "blown it" with a lesbian neighbor who recently became a mom. She is the non-biological mother of an adorable

11-month-old. She and the biological mother live with their baby across the street, but she is the one who I see most often taking their cutie pie for a walk. The baby is visually an exact replica of his biological mother, and I comment on this often, possibly exacerbating the non-biological mother's feelings of being less important. So one of the many things I learned through this discussion was how I might be causing pain to the equally committed and loving non-biological mother who does not resemble the child.

Thank you, AFTNC.

REPORT ON THE 12/7 AFTNC MEETING

By Roger Lake

About twenty of us met on a sunny December afternoon at Gloria Fraser's beautiful house in Marin to talk about and react to Monica McGoldrick's presentation at the Annual Conference. Meeting during the holiday season always involves tradeoffs, and many who attended the conference and might have enjoyed some opportunity to reflect on it weren't in attendance. What they missed was an engaging presentation on Bowen theory by Robert Jay Green, who took some time to talk about the issue of differentiation of self, and the ways that construct has emerged over time in the literature and practice of family therapy. We also had an opportunity to view the Monica video on loss that Bart Rubin considers her best teaching tape, and came to understand why he always cries when he sees it. There was plenty of food, and the opportunity to earn CEU credits while relaxing in the home of a friend. Meetings like this are rare opportunities, particularly for practitioners new to the field, to hang out with REALLY senior folks in a comfortable setting. I think that this is immensely valuable to working therapists and a great benefit of membership in AFTNC.

FINAL PRINT NOTICE FOR WINTER/SPRING CE SERIES

Many AFTNC members have been taking advantage of our new ability to provide CE units at each of our speaker events. Below is a list of currently planned activities for the next 6 months, and fuller descriptions appear in the following pages of this newsletter. Please keep in mind that information about the CE Speaker Series and copies of all newsletters are now posted on the website www.aftnc.com, so you can always look there if you misplace your newsletter. *Because we are trying to cut down on mailing costs, this newsletter will be the ONLY hardcopy invitation you will receive about these events (although we will send reminders via the listserv).* So please make note of them now (especially those of you who are not on the listserv):

January 25, 7:00-9:00 pm

"ADHD and Family Therapy." Organizer: Bart Rubin. Speaker: Larry Diller, MD. Location: Casi Kushel's, Alamo (central Contra Costa County).

February 20, 6:00-9:00 pm

Annual Student Meeting on "Career Options in Couple and Family Therapy." Organizers: Kuuipo Ordway & Taghi Amjadi, AFTNC Student Committee CoChairs. Location: CSPP/Alliant International University, Alameda. No CE units for this student-centered career topic.

April 4, 7:00-9:00 pm

"Polyamorous Relationships and Therapy." Organizer: Michael Bettinger. Speakers: Geri Weitzman & Michael Bettinger. Location: Michael Bettinger's, San Francisco.

May 16, 7:00-9:30 pm

Annual Meeting Open to Nonmembers: "Biting the Hand that Starves You: A Narrative Approach to Anorexia/Bulimia" Organizer: Suzanne Pregerson. Speaker: Rick Maisel. Location: Jewish Family & Children's Services (atrium), Berkeley.

AFTNC PRESENTS: ADHD AND FAMILIES: UPDATE & CONTROVERSY
Larry Diller, MD

Sunday, January 25, 2004, 7-9 PM
East Bay

PRESENTER: Larry Diller, M.D. has been in private practice in behavioral pediatrics/child and family therapy since 1980 in Walnut Creek. He also has been an Assistant Clinical Professor, Division of Behavioral & Developmental Pediatrics, University of California, San Francisco, since 1981. He is the author of numerous articles and two books on psychopharmacological treatment of ADHD, *Running on Ritalin: A Physician Reflects on Children, Society, and Performance in a Pill* (Bantam, 1998); and *Should I Medicate My Child? Sane Solutions for Troubled Kids With and Without Psychiatric Drugs* (Basic Books, 2002).

DESCRIPTION: Dr. Diller will address a variety of subjects on ADHD and its treatment which over the recent past have made headlines or generated controversy including: the evaluation and treatment of ADHD in preschoolers; “forced” medication by school districts; teacher “gag” laws; the recurrent issue of over/under medication for ADHD; new medications — helpful or “hype;” direct to consumer ADHD advertising; and the impact of these new developments on family relations. In addition to the discussing the scientific, social, and ethical issues, Dr. Diller will focus on clinical practice with ADHD children and families.

CE UNITS: For this event, 2 CE units are pending (for psychologists, MFTs, and MSWs) under the auspices of Alliant International University. To sign up for these units at the door, there will be a \$10 per person fee (must be paid by check or credit card, not cash, made out to “AIU”) for doing the CE paperwork. Also, there will be the usual CE sign-in/sign-out time requirements so please arrive 5-10 minutes early if you are interested in CEUs. There is no charge for attending this event unless you want CE units.

DRIVING DIRECTIONS:

Casi Kushel’s: 40 Austin Lane, Alamo, CA 94507

- 1) Take Hwy 24 to Hwy 680 South towards San Jose. (When 24 splits into 3 directions take one of the right hand lanes).
- 2) Take the 3rd Alamo Exit, which is Stone Valley Rd East.
- 3) The exit spills you out heading East and very quickly there is a fire station on your Right. Put on your left blinker and turn left about 2 ½ car lengths at the small street marked Austin Lane. You can often see the yellow “Not a Through Street” sign before you can read the Austin Lane street name.
- 4) The 2nd house on the RIGHT is #40.

CONTACT PERSON:

Robert-Jay Green, AFTNC President, EMAIL: mail@robertjaygreen.com. Office phone: 415-749-0100, cell phone (for day of the event): 415-640-6780.

ASSOCIATION OF FAMILY THERAPISTS OF NORTHERN CALIFORNIA (AFTNC)
ANNUAL DINNER FORUM FOR GRADUATE STUDENTS & RECENT GRADUATES:

CAREER OPTIONS IN COUPLE & FAMILY THERAPY
(FOR PRIVATE PRACTICE, AGENCY, AND ACADEMIC SETTINGS)

Join us for a lively panel of recent graduates and leading bay area family therapists to discuss career focus and opportunities

Friday, February 20, 2004, 6:00-9:00 PM
(no admission charge, refreshments provided)

Food and mingling from 6:00-7:00 PM, panel discussion from 7:00-9:00 PM

LOCATION: California School of Professional Psychology (CSPP), Alliant International University, 1005 Atlantic Avenue, Alameda, CA 94501

DIRECTIONS: (From the foot of Webster Street in downtown Oakland): Go through the Webster Street tube from Oakland to Alameda. Turn left on Atlantic Ave. Building is at 1005 Atlantic Avenue.

ABOUT AFTNC: Founded 40 years ago (in 1963) by Virginia Satir's first students in California, AFTNC is the oldest organization of couple and family therapists in the world. The aim of AFTNC is to advance the theory and practice of family therapy while fostering collegial relationships among family therapists. Our multi-disciplinary, multicultural membership includes PhDs, PsyDs, MFTs, LCSWs, MDs, and graduate students in the helping professions. Please visit our website at www.aftnc.com and join us for this free panel discussion.

BENEFITS OF AFTNC STUDENT MEMBERSHIP (\$10 student membership fee):

Networking with some of the leading family therapists in the Bay Area and the United States

Priority registration for our 2-day annual retreat conference in the fall of 2004 on Solution Focused Therapy, with world renown author and teacher Insoo Kim Berg from the Brief Therapy Center.

Attendance at our Continuing Education series for members (This year's series includes programs on lesbian/gay parents; ADHD and family therapy; combining Bowenian and multicultural approaches to family therapy; polyamorous relationships; and new advances in Narrative Family Therapy)

Access to our videotape lending library of outstanding tapes in the field of couple and family therapy

Subscription to the AFTNC Newsletter with lively articles focusing on local family therapy issues.

Participation in the AFTNC listserv

For more information regarding the February event, contact AFTNC Student Co-Chairs: Kuuipo Ordway (Email: Weinotbelle@aol.com) or Taghi Amjadi (Email: taghi_amjadi@hotmail.com).

GRADUATE STUDENT MEMBERSHIP APPLICATION

Your Name: _____ School/University _____

Address: _____

Phone: _____ Email: _____

Please fill out the above; enclose the \$10 membership fee (check made out to "AFTNC"); then send to:
Ryan Kolakoski, AFTNC Membership Chair, 391 Taylor Blvd. #250, Pleasant Hill, CA 94523.
email: ryankola@yahoo.com or phone 925-688-2118.

POLYAMORY & ITS IMPACT ON COUPLES & FAMILIES

Sunday, April 4, 2004, 7:00 PM – 9:00 PM

(NOTE: Daylight Savings Time starts April 4, so you would be driving there in daylight)

San Francisco, CA

DESCRIPTION: A significant number of individuals practice polyamory — a lifestyle in which a person may have more than one romantic/sexual relationship, with consent and respect expressed for this choice by each of the people concerned. It also might be described as open, responsible non-monogamy. In this presentation, two experts on polyamory will describe types of polyamory, the impact of polyamory on both traditional and nontraditional families, family systems theory as it relates to polyamory, and clinical interventions with heterosexual and GLBT families in which polyamory is practiced. Special attention will be paid to the therapist's personal reactions regarding the issue of monogamy. This presentation will emphasize special issues facing these couples and families and guidelines for therapy.

CE UNITS for LICENSED PSYCHOLOGISTS, MFTs, & MSWs: CE approval (2 units) for licensed MFTs, LCSWs, and Psychologists is pending in conjunction with Alliant International University. Charge will be \$10 processing/paperwork fee payable by check or credit card to "AIU." Please arrive a few minutes early if you want the CE Units.

PRESENTERS:

Michael Bettinger, Ph.D. Private Practice, San Francisco. He is the author of *It's Your Hour: A Guide to Queer-Affirmative Psychotherapy*.

Geri Weitzman, Ph.D., Private Practice, San Francisco. She is also the author of *What Psychology Professionals Should Know About Polyamory*, which was presented at the 8th Annual Diversity Conference in Albany, New York in 1999.

DRIVING DIRECTIONS:

Michael Bettinger's, 2 Coventry Court, San Francisco, CA 94127

From Market St. in Downtown San Francisco (or from the Market/Castro Intersection):

- 1) Take Market Street heading West past Castro St. Market St. goes uphill and becomes Portola.
- 2) Turn left on Fowler (just past the Tower Market).
- 3) Take Fowler for two blocks.
- 4) Turn right on Terresita, go five blocks and bear right on Sequoia, (just after the stop sign on Terresita), take to end.
- 5) Make right on Bella Vista.
- 6) Make second right on Cresta Vista, go 100 yards.
- 7) Grey house on the right is 2 Coventry Court.

FOR FURTHER DIRECTIONS CONTACT:

Michael Bettinger, PhD, EMAIL: mcpsycle@well.com, Tel 415-333-5546

(Or on the day of the event contact Robert Green, Cell Phone: 415-640-6780)

AFTNC Annual Open Meeting & Reception

**BITING THE HAND THAT STARVES YOU:
A NARRATIVE APPROACH TO ANOREXIA/BULIMIA**

Richard Maisel, PhD

Private practice, Berkeley; Adjunct Faculty, Alliant International University;
Author: Richard Maisel, David Epston & A. Borden, *Biting the Hand that Starves You* (Norton '04)

May 16, 2004, 7:00-9:30 pm, Berkeley

Please bring along family therapy colleagues and students as a way to introduce them to AFTNC. If you want 2 CE units (approval pending), there will be a \$10 fee payable by check or credit card to "AIU". After the presentation, there will be a reception with refreshments

LOCATION: Jewish Family & Children's Services (Atrium, 2nd Floor), 2484 Shattuck Ave (near Dwight Way), Suite 210, Berkeley. You will need to buzz suite 210 to be let in.

PUBLIC TRANSPORTATION: Take BART to the Downtown Berkeley station, walk South on Shattuck Ave to Dwight Way.

DRIVING DIRECTIONS: Take Hwy 880/80 to Berkeley. Exit Ashby Ave heading East (toward the Berkeley hills). Turn left on Shattuck Ave. and drive about a mile to 2484 Shattuck (at Dwight Way). Parking on the street. Cream color building.

CONTACT PERSON: For further information, contact the event organizer Suzanne Pregerson, email SuzannePregerson@earthlink.com, phone (510) 548-1237.

**GLBT RESOURCE LIST FROM
OCTOBER AFTNC MEETING**

LOCAL ORGANIZATIONS

(There are hundreds more, but the ones listed below would be able to refer you to all of the others.)

Billy De Frank Lesbian & Gay Community Center, San Jose. Peninsula's GLBT center offering support, education, referrals, and social activities. 408-293-3040.

Children of Lesbians and Gays Everywhere (COLAGE). National organization with local chapters providing social activities, educational/support programs, literature for children. www.colage.org 415-861-5437.

Human Rights Campaign (HRC). Political and social policy organization that has extensive website called "familynet" covering all issues pertaining to GLBT couples and families) <http://www.hrc.org>.

Lyric. Programs and support for GLBT youths. 800-246-7743.

New Leaf Counseling Services. Low fee counseling and substance abuse services for GLBT persons, San Francisco. 415-626-7000.

Our Family Coalition. Provides social activities, support, and referrals for GLBT parents and their children in Bay Area. www.ourfamily.org; info@ourfamily.org; 415-981-1960.

Pacific Center for Human Growth. East Bay's main GLBT community center with extensive referral list of organizations in Alameda and Contra Costa Counties, as well as support groups and counseling services. 510-548-8283.

PFLAG. Parents, families, and friends of gays, lesbians, bisexuals, transgendered people. National organization with local chapters everywhere, provides support, education, literature, primarily for families of GLBT adults and adolescents who have come out. www.pflag.org.

Rainbow Community Center, Concord. Central Contra Costa County's GLBT center providing support, education, and social activities. 925-692-0090.

San Francisco LGBT Center. SF's community center with referrals to organizations in all Bay Area counties, as well as educational and social events. 415-865-5555.

Spectrum of Marin. Marin County's GLBT community center providing support, education, and social activities. 415-457-1115.

Straight Spouse Network. Support and education for heterosexual partners of GLBT persons. 510-525-0200.

READINGS — GLBT COUPLE & FAMILY ISSUES:

Ariel, J. & McPherson, D. (2000). Therapy with lesbian and gay parents and their children. *Journal of Marital & Family Therapy*, 26, 421-432.

Bernstein, A. (2000). Straight therapists working with lesbians and gays in family therapy. *Journal of Marital & Family Therapy*, 26, 443-454.

Bepko, C., & Johnson, T. (2000). Gay and lesbian couples in therapy: Perspectives for the

contemporary family therapist. *Journal of Marital & Family Therapy*, 26, 409-419.

Green, R.-J., Bettinger, M., & Zacks, E. (1996). Are lesbian couples fused and gay male couples disengaged? Questioning gender straightjackets. In J. Laird & R.J. Green (Eds.), *Lesbians and gays in couples and families*. San Francisco: Jossey-Bass (a division of Wiley).

Green, R.-J., & Mitchell, V. (2002). Gay and lesbian couples in therapy: Homophobia, relational ambiguity, and social support. In A.S. Gurman & N. Jacobson (Eds.), *Clinical Handbook of Couple Therapy* (3rd ed.). (pp. 546-568). New York: Guilford.

Greenan, D., & Tunnel, G. (2003). *Couple therapy with gay men*. New York: Guilford.

IN THE FAMILY magazine. Order subscriptions from Laura Markowitz, Editor, 7850 N. Silverbell #114-188, Tucson, AZ 85743, Phone 520-579-8043, Email: lmarkowitz@aol.com.

Laird, J., & Green, R.-J. (1996). *Lesbians and gays in couples and families: A handbook for therapists*. San Francisco: Jossey Bass (a division of Wiley).

Mallon, G. (in press--due Winter, 2004). *Gay men choosing parenthood*. New York: Columbia University Press.

Mitchell, V. (1998). The birds, the bees ... and the sperm banks: How lesbian mothers talk with their children about sex and reproduction. *American Journal of Orthopsychiatry*, 68, 400-409.

Patterson, C. J. (1992). Children of lesbian and gay parents. *Child Development*, 63, 1025-1042.

Patterson, C.J. (1995). Families of the lesbian baby boom: Parents' division of labor and children's adjustment. *Developmental Psychology*, 31, 115-23.

Stacey, J. & Biblarz, T.J. (2001). (How) does the sexual orientation of parents matter? American Sociological Review, 66, 159-183.

Tasker, F. L. & Golombok, S. (1997). Growing up in a lesbian family. New York: Guilford Press.

MEMBERSHIP UPDATE

By Ryan Kolakoski, Membership Chair

I am pleased to announce that AFTNC currently has 148 paid members for 2004 (91 Professional and 57 Student). This is nearly a 50% increase from 2003, and a robust example of the resurgence that AFTNC has seen over the last several years. However, There are still 80 members from 2002 and 2003 who have not yet renewed their membership. I encourage people to renew their AFTNC membership ASAP, as the 2004 Directory goes to print in a couple of weeks and unfortunately only paid 2004 members can be included. If you have any questions pertaining to membership, please feel free to contact me at ryankola@yahoo.com or (925) 688-2118. We look forward to your continued support in making AFTNC such a vibrant organization.

CLASSIFIED ADS

Getting On MC/EAP Panels:

Feb. 6, 10-12, Oakland. Fran Wickner, Ph.D, MFT. 510-527-4011, franwickner@hotmail.com.

Men's Group for relational issues:

Tuesday Evenings in San Francisco. Roger Lake 415-567-7786.

Newsletter Advertising policy:

Our current policy is that each AFTNC member is entitled to one free 3-line ad for each calendar year to announce workshops, training programs, or groups. Subsequent ads will be billed at the rate of \$10 per line. Other kinds of ads placed by members (e.g., to advertise a private practice) and all ads placed by nonmembers will be charged at \$10 per line. Because the Newsletter is published infrequently, members of AFTNC may find it more useful to advertise via the AFTNC LISTSERV.

Send articles for the newsletter to Roger Lake, AFTNC Newsletter Editor: email RogerLake@aol.com; phone (415) 567-7786. Articles should be sent in word.doc or in rich text format.

— LAST ISSUE NOTICE —

If you haven't sent in your 2004 AFTNC membership dues, this is the last issue of the newsletter you'll be receiving. For membership/renewal information, contact Ryan Kolakoski, Membership Chair (925) 688-2118 ryankola@yahoo.com

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**Only a few days left —
see page 15 for
Jan. 25th presentation info**