Association of Family Therapists of Northern California
August 2004

AFTNC PRESIDENT'S COLUMN

By Robert-Jay Green

I am very happy to confirm that Roger Lake will be the next President of AFTNC starting January 1, 2005. I will continue as President until Roger takes office, and then I will serve on the AFTNC Council as past-president for one year to support the transition and give input as needed. I also hope to continue writing newsletter columns on family therapy, training, and research from time to time as the spirit moves me.

I feel we are very lucky that Roger has volunteered to serve our organization as President. He is one of the most experienced family therapists in the Bay Area, and he already knows many of you from his very long involvement in AFTNC (currently serving as Newsletter Editor). I hope you will all pitch in to help with the work that needs to be done in the coming years. AFTNC does not run itself. It takes effort and dedication from folks who really care about the future of family therapy in the Bay Area. It also needs the involvement of both senior and junior members of our profession so that us older folks can "pass the baton" and mentor the next generation into the many wonders of this field.

I hope every AFTNC member will take it upon herself/himself to volunteer at some point to help with the organizational work that needs to be done. I know we all lead incredibly busy lives and there are some periods where it's just impossible to do volunteer work. But at some point in your career, I hope each one of you will step forward to help AFTNC personally as I have been doing these past two years.

In AFTNC, we have the following positions and committees, and if you are interested in volunteering for a position, please let Roger know (RogerLake@aol.com) before January 1, 2005.

NEWSLETTER EDITOR OR CO-EDITORS (Solicits articles for the newsletter, writes columns in the newsletter, oversees production and mailing of newsletter by our secretarial service, posts newsletter on website). With Roger becoming president, we need someone else to pick up this role after January 1.

AFTNC COUNCIL MEMBERS

Robert-Jay Green, President	mail@robertjaygreen.com	415-749-0100
Bart Rubin, Past-President	brubin525@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
Suzanne Pregerson, Program Committee Co-Chair	suzannepregerson@earthlink.net	510-548-1237
Casi Kushel, Program Committee Co-Chair	ckushel@pacbell.com	925-932-9898
David Celniker, Conference Co-Chair	dcelniker@earthlink.net	510-595-6966
Ellen Pulleyblank Coffey, Co-Chair Postgraduate Training Committee	ellen@berkeleyfamilytherapy.com	510-849-1608
Mary Coombs, Video Librarian	coombs@uclink4.berkeley.edu	510-527-3778
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
Leilani Kuuipo Ordway, Student Representative	weinotbelle@aol.com	510-758-4223

CE PROGRAM COMMITTEE (plan and organize 4-6 monthly two-hour events in people's homes or larger venues if needed, September-June).

ANNUAL CONFERENCE COMMITTEE (plan and organize our annual 2-day retreat conference held in the Fall).

VIDEO LIBRARY COMMITTEE (Decide on and purchase videotapes, review each tape as it arrives, write brief description for the newsletter/website, store tapes, arrange for pick-up and drop-off of tapes, or mailing of tapes in prepaid stamped mailer packages).

MEMBERSHIP COMMITTEE (Participates in recruitment of new members, collects membership dues, oversees publication of the membership directory).

GRADUATE STUDENT COMMITTEE (Students are needed to represent the major graduate schools in the Bay Area, also to plan annual graduate student event on how to shape a career that includes doing couple and family therapy in different kinds of work settings such as agencies, hospitals, private practice, and academia).

POSTGRADUATE TRAINING PROGRAM COMMITTEE (Plan curriculum, write program description, recruit trainees, teach/supervise as needed. This program's first group of students will be in training from September, 2004 through June, 2005, but new members of the committee may be needed in January 2005 to plan for the group of trainees that would be in training September 2005-June 2006).

Thanks to Casi Kushel and Suzanne Pregerson (CE program committee co-chairs), we have a great line-up of CE events for this coming year (see details elsewhere in this newsletter issue). Our annual retreat conference co-chairs (Carla Vogel-Stone and Lori Ono) are hard at work preparing for Insoo Kim Berg's visit ("Solution Focused Therapy," November 13 and 14, 2004, Westerbeke Ranch, Sonoma). I look forward to seeing all of you at these events this coming year!

Robert-Jay Green, *AFTNC President, is a Professor, Director of Family/Child Psychology Training, and Associate Director of the PhD Program in Clinical Psychology at Alliant International University, San Francisco Campus. In his private practice in San Francisco, he specializes in multicultural couple therapy. EMAIL: rjgreen415@cs.com; TEL: 415-749-0100; Website: www.robertjaygreen.com.*

EDITOR'S COLUMN

By Roger Lake

I've been thinking quite a bit about leadership lately. It appears to be the central question of our contemporary politics, and it is the next task that I face in AFTNC. As most of you know from Robert Green's communication on the LISTSERV, recapitulated in his column in this newsletter, I will be AFTNC president beginning in January. As I write this, I find myself looking forward to that task in a way that I wouldn't have until last year. I want to make it clear to all that I credit that change to Robert's successful efforts to revitalize and invigorate this venerable Association by dramatically increasing our membership, establishing the process by which c.e.u. credit is available for participating in our programs, and by moving us in the direction of establishing our new Post Graduate Training Program that you can read more about in this Newsletter. Robert's organizational talents and his deep personal knowledge of the field and its practitioners has given us, once again, secure footing. I am reassured that, with a relatively small group of AFTNC members, we can do some things that will further the development of individual family therapists, and the larger body of disciplines that contribute to our clinical work.

Robert's column in this newsletter lays out the organizational structure we've been using. I want to make an open appeal to any member, students included, to approach me directly about getting more involved in AFTNC. You can call me, write me, email me, grab me at a meeting, or accost me on the street. I'd just like to hear from you about how you might want to be involved. The model we're working with is continuity, diversity, and cooperation. While I become president next year, Robert becomes Past President and is there to advise and consult during the following year. During that year, I'll have the responsibilities of the President, but will also make myself available to the next Newsletter Editor.

I do believe that this is about the only way we can continue to function as the kind of community based group that we are. All we really need is a continually evolving set of volunteers at the core of AFTNC. That core needs to reflect the diversity that we are trying to further in our training and our programs. I know from my own involvement over the years that most of us have family/professional conflicts that determine how available we can be from time to time. So I know that there are many of you out there who do have time NOW, and will likely have it over the next several years, and I'm really speaking to those of you who can carry some of the weight. You will have a great time, meet people who will be important to your career, and will put your values into practice.

So get in touch. Lunch is on me.

Looking forward to my Presidency, I have some thoughts to share.

The American Family Therapy Academy (AFTA) met in San Francisco in June. The conference theme was "building bridges," and it occurs to me that I see AFTNC as a group that embodies that metaphor in a special way. We are a multi-disciplinary organization (like AFTA) in which multiple perspectives can come together to achieve creative ends. One of the bridges we tend to is the bridge into working with families. There are lots of people doing clinical work with no real training in couple and family therapy. That's how AFTNC began. As the field developed, we were there to provide a place for discussion, experimentation and eventually identification as "family therapists." Our Postgraduate Training Program is founded on those principles, and I look forward to it's first training group.

Another bridge that drew interesting attention at AFTA was the bridge to biological psychiatry. Family therapy has had something of an adversarial historical relationship to psychiatry and biological intervention, and our differences of old have yet to be resolved. Casi Kushel's excellent review (in this issue) of last January's meeting touches on that directly. My own practice has certainly been enhanced by my longstanding collaboration with Tim Cermak, MD, and he has acknowledged the impact of my persistently systemic formulations over the years. When he was on vacation recently, I realized how good I've had it as I dealt with a new case that really needed sophisticated consultation. My impression is that many of us don't have ready access to such expertise.

I'm putting out a special request to those of you who want to work on this bridge. I'd like to hear from anyone who has an idea about how to pursue this, but I'm particularly interested in those of you who interact with or teach Psychiatry Residents, and might have given this some thought.

Roger Lake, *MFT, is in private practice in San Francisco. He likes being a grandfather.*

AFTNC POSTGRADUATE TRAINING PROGRAM

Opens October 2004

by Jane Ariel Ph.D. and Ellen Pulleyblank Coffey Ph.D.

Ellen Pulleyblank Coffey

In the last newsletter, we announced preparations for the development of the AFTNC Postgraduate Family Therapy Training Program. It is now a reality. We have just accepted our first group of trainees. We look forward to the upcoming training with excitement. Getting here has not been easy.

Our first task was to develop as a team. In getting to know one another, we described our current work passions. We then turned our attention to training by examining our most important training experiences. We came up with some of the following answers. We valued being part of a training group in which we felt safe and heard and where discussions included personal, intellectual and clinical experience. We appreciated a reflecting process that required us to share our clinical work with other trainees. We learned most, when we were encouraged to develop a unique therapeutic voice, even when immersed in a particular clinical model.

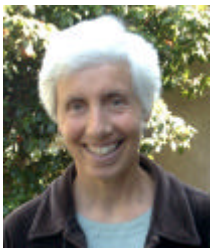
Our next effort in team building included working in dyads, speaking to each other of ideas for the training curriculum, as other team members looked on. During this process, we became aware of our differences as well as our ability to agree on overarching principles that we formulated in the following way.

Principle 1: It is our intention to create a safe environment that encourages teaching and learning that leads to change for students and trainers. Trainers are responsible for asserting leadership in providing this environment.

Principle 2: It is our intention to provide theoretical concepts on which to base treatment skills and strategies.

Principle 3: It is our intention to provide a reflective space as an integral part of the training, for the trainers and the trainees.

We also developed a commitment to basic concepts for the curriculum that are as follows. Our teaching will focus on therapeutic assessments and solutions built on strengths, resources, and resiliency. We will emphasize ways to extend respectful, collaborative practices into the wider community, including homes, schools, courts, and other public institutions. The cultural context of clients will be at the center of our teaching and practice, including the difficult issues of oppression, marginalization, and privilege. We will include the multiple points of view of family members, trainees, and trainers in our work, including differences as assets in training and treatment.



Jane Ariel

In building on these ideas in our ongoing team meetings, we consult with each other on our cases, to see how these ideas live within our work. The team, in accordance with our principles, has made decisions collaboratively, based on our strengths and our capacity to be transparent with each other, both personally and theoretically. This continues to be an important learning process, as we share our passions, experiences, and vulnerabilities.

As a result of these deliberations, the six core faculty members will be team-teaching in pairs, each taking responsibility for a specific section of the curriculum. The beginning, middle, and termination of the therapeutic process will provide the focus for each section.

We will also have four Saturday workshops during the year that will be open to trainees and

the public, concentrating on incorporating cultural context into therapy, working with young children in families, developing a cohesive therapeutic voice and interventions with high-conflict couples. The first of these workshops will take place on October 23, 2004. An announcement with registration information is included in this Newsletter. Future events will be announced in upcoming Newsletters.

Another aspect of the curriculum will be the development of a mentorship program. The mentors will be drawn mostly from AFTNC and will connect our trainees to the AFTNC community. Matching mentors to particular needs of each trainee will enrich the learning process.

Finally, we are concentrating on outreach and marketing to gather students for the program. We have contacted many different training programs and agencies in the Bay Area and have sent emails announcing the program on a number of listserves. We have also placed ads in various newsletters. We are still in the process of gathering students, so do pass on the information to any interested people, you might know.

As the program develops, we will continue to keep the AFTNC membership informed. Should you have any further questions, please feel free to call Jane Ariel at 510-261-1334 or Ellen Pulleyblank Coffey at 510- 849-1608; webpage http://www.aftnc.com/training.htm.

Jane Ariel, *Ph.D., is on the faculty of the Wright Institute in Berkeley, CA, and has a private practice where she sees couples, families and does personal and small business mediations. Dr. Ariel is also the Co-director of the AFTNC Postgraduate Family Therapy Training Program as well as a consultant for Visions (a national training program dedicated to encouraging multiculturalism in different settings). Influenced by feminist and post-modern thought, her therapeutic work explores the effect of the social and cultural contexts that shape people's experience. Particularly interested in alternative families, she has written on therapy with gay and lesbian families as well as on mothering in the context of the Jewish family. In Israel, where she lived for many years, her work focused on the educational and social differences among Jewish minorities. At the American Family Therapy Academy, she is a Board Member and part of the Kosovar Family and Professional Education Collaborative.*

***Ellen Pulleyblank Coffey**, **Ph.D.** is a Clinical Psychologist specializing in family and community practice in Berkeley, California. Adjunct Faculty, Alliant Univerisity. Her most recent research project examines innovative practices in public mental health services in Western Massachusetts described in the most recent Family Process.. She is a member of the Kosovar Family Professional Education Collaboration developing mental health services in Kosovo.*

EVENTS CALENDAR

Editor's Note: This section is a calendar of upcoming AFTNC events. We often meet in member's homes, and it can be a substantial bummer to get lost in the Berkeley hills on a Sunday evening when you've driven all the way from Palo Alto. Knowing this from experience, we have taken great pains to provide detailed directions with telephone contacts for all of our events. We encourage everyone to TAKE THESE DIRECTIONS WITH YOU TO THE EVENT

SAVE THE DATE!!!

AFTNC Annual Conference

Insoo Kim Berg speaking on

"Solution Focused Therapy"

Nov 13-14, 2004

Westerbeke Ranch, Sonoma

Registration Materials Coming Soon

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AFTNC PRESENTS:

"AN EPIPHANY: WHERE DOES IT COME FROM AND WHAT IS IT GOOD FOR?"

Ann Jauregui, Ph.D.

Date: Sunday, September 19, 2004, 7-9 PM.
Location: 5912 Jordon, El Cerrito

PRESENTER: Ann Jauregui, Ph.D. has been a practicing psychotherapist and consultant in the East Bay for twenty plus years. She is Adjunct Professor of the Graduate School of Professional Psychology – John F. Kennedy University and of The Wright Institute. Her recent book, Epiphanies: A Psychotherapist's Tales of Spontaneous Emotional Healing (Prima/RandomHouse 2003), has been released to excellent reviews. Her essays have appeared in Common Boundary, Dulwich Center Newsletter, Institute of Noetic Sciences Review and The Chrysalis Reader.

DESCRIPTION: An "epiphany" is defined by Webster's as a sudden insight into the reality or essential meaning of something. However, the revelation is usually brought on by some simple, homely, or commonplace experience. Something big is occasioned by something little, something easily missed. In addition, it unfolds from there, something as a flash, sometimes in exquisite slow motion, out of conventional times and space and language. "Look at this," you whisper as you see something you've never seen before. "And look at this," you whisper too, seeing yourself seeing it. What happens when we ask: What are the clinical implications for such a moment?

CE UNITS: Two CE units pending for psychologists, MFTs, and MSWs. To sign up for these units at the door, there is a $10 per person fee (must be paid by check or credit card, not cash, made out to "AIU"). There will be the usual sign-in/sign-out requirements so please arrive 5-10 minutes early if you are interested in CEUs. There is no charge unless you want CE units.

LOCATION: 5912 Jordan, El Cerrito, CA

DRIVING DIRECTIONS:

From Marin to Hill Street: Cross the San Rafael-Richmond bridge. Stay on 580 to the HarbourWay/Cutting Boulevard exit. Get in one of the two left exit lanes. Take a left at the first light, which is Cutting Boulevard. Follow Cutting for a few miles until you can't go any further. This is San Pablo Avenue. Take a right on San Pablo and get into the left lane. Take a left at the first light, which is Hill. See directions from Hill Street below.

*From Oakland, San Francisco, and Points South to Hill Stree*t: Take 80 east to the Potrero Ave. exit. (When 80 & 580 fork in Albany, stay on 80). Take a right at the end of the exit ramp, which is Potrero. Take a left on San Pablo Avenue (Get into the right lane.) At the first stop light, take a right onto Hill. See Directions from Hill St below.

From Hill Street to 5912 Jordon, El Cerrito: Follow Hill a short distance until it ends at Elm. Take a left on Elm. Soon, Elm joins with (and becomes) Cutting Boulevard. Follow Cutting as it winds up hill to Tamalpais. Take a left on Tamalpais and an immediate left onto Jordan. Go about four blocks looking for Edna. 5912 Jordan is one-half block past Edna on the left. (Jordan is windy--at Edna it curves right.)

CONTACT PERSON: If lost while driving, call Richard Bush at (510) 236-4404 or (510) 236-4440. For other event information, contact Suzanne Pregerson at (510) 548 1237.

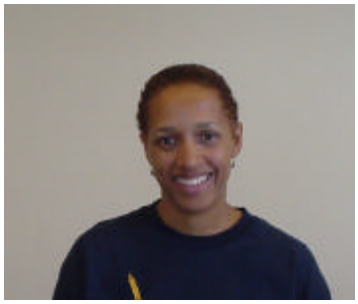
The Editor, for privacy reasons, redacted Page Seven of this newsletter in 2006.

He will be totally surprised if anyone ever notices.

AFTNC PRESENTS:

THE CULTURAL CONTEXT AND FAMILY THERAPY

Veronique Thompson, Ph.D.
Saturday, October 23, 2004
9:00 AM to 3:00 PM


Veronique Thompson, Ph.D

PRESENTER: Dr. Thompson teaches, supervises and practices therapy informed by Social Justice and Narrative Therapy. She is a core faculty member at the Wright Institute, Berkeley, and clinical director at the Center for Family Counseling, Oakland, California

DESCRIPTION: This workshop will explore cultural context as an organizing principle in family therapy. Placing culture at the center of family work informs how problems are defined, how interventions are conceived and formulated, and how self is used. Applying concepts presented in the workshop, participants will have an opportunity to meet in small groups to analyse case material. The issue of accountability will also be discussed. When working across cultures, being accountable to those of a different culture requires a deep listening, which can often transform therapeutic outcomes as well as enrich individual experience.

CE UNITS: Five CE units pending for licensed psychologists, MFTs, and MSWs. To sign up for these units at the door, there is a $25 per person fee (must be paid by check or credit card, not cash, made out to "AIU") for doing the CE paperwork. 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.

REGISTRATION FOR AFTNC MEMBERS:

The cost is $55 for AFTNC members and $85 for the general public. To register, you may cut out and return the registration form below or EMAIL: aparnad35@hotmail.com.

LOCATION: First Unitarian Church of Oakland (The Starr King room), 685 14th Street, Oakland, CA 94612

DIRECTIONS:

Public transit: The church is approximately 4 blocks west of the 12th Street BART station. Numerous bus lines, including the 13, 14 and the 62, pass near the church.

Driving:

From Berkeley, Richmond and points north, or San Francisco, Marin & Points west: Take the 580 freeway to the 980 freeway toward downtown Oakland. Take the 18th/14th Street off-ramp. Turn left on 14th and cross over the freeway. The church is on your right.

From Contra Costa County and points east: Take the 24 freeway westbound, which becomes the 980 freeway near downtown Oakland. Take the 18th/14th Street off-ramp. Turn left on 14th and cross over the freeway. The church is on your right.

From Hayward and points south: Take the 880 freeway north to the 980 freeway. Exit at 11th/14th
Street. Merge right and go three blocks to 14th Street. Make a right on 14th Street. The church is on the
corner.
Parking: Safe and secure parking is available at the City Center garage located on Martin Luther King
Jr. Way and 12th Street. From the church, go one block to MLK Way and make a right. The entrance to
the garage is one block down on the left, just before 12th Street.
FOR FURTHER INFORMATION CONTACT: If lost while driving call Jane Ariel at 510-306-
0083. For other event information, call Jane Ariel at 510-261-1334 or Ellen Pulleyblank Coffey at 510-
849-1608.
**********Cut Here**********

Registration Form For The Cultural Context Workshop with Veronique Thompson

Registrant's name:_____
Street address:_____City_____ZIP_____
____
License number (or current graduate school program/university name):_____ AFTNC Member? _____Yes _____No
EMAIL address: _____ TEL Number_____
Registration Fee Amount:_____
Registration fee must be PAID BY CHECK and returned with this form to: Content redacted for privacy reasons.
There will be an additional charge of $25 at the door (payable to "Alliant International University" by
check or credit card) for attendees who want CE units for this event.
NOTE: You will not receive confirmation of your registration in advance of the workshop. Simply
show up at the door if you have sent in your check and registration form. You would only be notified in
advance if the workshop is filled, and in that case your uncashed check will be returned to you by mail.

REPORT FROM THE AFTNC VIDEO LIBRARY

by Mary Coombs, Video Librarian

Three Recent Tape Acquisitions

For those of you who have been requesting the Dr. Sue Johnson Training Tape #1- ***Emotionally Focused Therapy for Couples***, we now have this videotape in our AFTNC video library. Tape #1 is 92 minutes long. We also have Sue Johnson Training Tapes #2 and #3.

Two other tapes have now been added to our list: Richard B. Stuart in ***Behavioral Therapy*** interviews a couple (actual clients) using behavioral techniques for assessing the couple's strengths and weaknesses. He builds a therapeutic alliance with the clients using techniques such as self-disclosure, and provides social skills behavioral assignments as homework to help rebuild a positive couple relationship.

The third tape is ***Solution-Focused Therapy for Addictions*** with Insoo Kim Berg. As one of the foremost practitioners of the solution-focused approach, this tape is a good example of applying the solution- focused modality to working with a client who is in recovery from drug addiction and is now focusing on overeating. The tape is an hour long and includes a pre-session interview of Insoo Kim Berg concerning perspectives on the strengths and weaknesses of her approach. We also have in our collection another tape of Insoo Kim Berg called ***Working with the Problem Polysubstance User: A case demonstration of solution focused brief therapy***. Both of these tapes would be useful for members who are working in the area of addictions, and are interested in viewing some of Insoo Kim Berg's work in preparation for the Fall, 2004 conference.

AFTNC members with suggestions for tapes for our collection, please let me know.
New policy on borrowing from the Library

While it is my preference that all library tapes be picked up and returned in person, if you have difficulty making an in person pick-up you may have a tape (one at a time) sent to you providing that you send me a pre-addressed and stamped mailer (bubble wrapped or especially made to protect videotapes in transit).

In general, you may borrow two tapes for two weeks, with a penalty of $5.00 per tape each week it is late in being returned. The tape must be returned within the same two week time period, by mail or in person. There is no additional charge for borrowing tapes in this manner, as you are responsible for the cost of envelopes and mailing.

You may e-mail me with any additional questions about the AFTNC videotape library. When making requests for tapes, do so by e-mail to (coombs@berkeley.edu), and also give 2 or 3 back up requests of tapes in case your first or second choice is not available.

Thanks,
Mary Coombs
coombs@berkeley.edu

REVIEWS OF AFTNC EVENTS:

Editor's Note:

A regular feature of the Newsletter, meeting reviews are one way to participate in AFTNC. This section covers the events since the last newsletter. I want to thank the members who have taken on this task.

Casi Kushel writes about Larry Diller's January 25th presentation on ADHD and families. She pays particular attention to the controversy around diagnosis and medication.

My own review of the April meeting in San Francisco reflects both my personal proximity to the meeting (I live in the City,) and my interest in the subject: Polyamory, a relational form that challenges participants and clinicians on several levels.

I'd like to make particular note of the reviews of Rick Maisel's May presentation. Gina Goodrich and Emily Britton viewed the meeting from the place of working in the same hospital setting treating eating disorders: the subject of Rick's new book. I particularly enjoy the perspective that each has from the vantage point of their own professional development.

As usual, I want to make a pitch to others in AFTNC to bring your own unique perspective to our attention by contributing to the Newsletter in this way. Please contact me, and I'll make sure you get a chance to cover an upcoming event.

NOTES ON THE JANUARY 25 AFTNC PRESENTATION: ADHD AND FAMILIES: UPDATE & CONTROVERSY

By Casi Kushel

Although we have plenty of "celebrities" in AFTNC, there was certainly a buzz in the air about having the Larry Diller, M.D. author of Running on Ritalin, TV personality and legislative expert presenting to a standing room only crowd in my family room. "Well, he is famous" someone said explaining that they had brought a friend to join us. Part of what makes him "famous" is his willingness to challenge drug companies for their marketing strategies. Ritalin, especially has been pitched to the consumer as a cure all for all sorts of academic difficulties and problem behaviors.

Larry is also at the center of a fair amount of controversy about the use of stimulants to medicate preschool children and the ethics of pharmaceutical companies funding university research studies designed to assess the efficacy of stimulants. He is not alone in his concern. There are a large number of parent groups up in arms about the fact that drug companies have successfully campaigned to create a climate where a parent or physician might be found negligent for choosing not to medicate a child diagnosed with ADHD.

The forty or so members and friends of AFTNC members were an attentive audience. Noshing and talking, greeting and meeting calmed down when Larry began to speak about the large number of University studies carried out with drug company funding. We were interested to learn that there was a three-fold increase in the number of pre-school children who were diagnosed with ADHD. And as Larry put it, "What is ADHD in a 3 year old?!"

Larry shared that although he had always encountered hyperactive children who performed poorly at school, beginning in the early 1990s he was presented with a much wider range of ADHD candidates. These kids were both older and younger and included many more girls than previously. They were also less impaired and tended toward average or even above grades. At home, behavior problems arose only at homework time.

Over the past decade, the DEA's records show that the annual production of methylphenidates rose by 740 percent. By the year 2000, America used eighty percent of the world's stimulants.

Just in case you are interested Larry's book Running on Ritalin says of this extraordinary growth industry that pharmaceutical companies profits from Ritalin are up an estimated 500% since the start of the decade and those figures are already over six years old. Can you say "profit margin"?

The ADD-Ritalin boom appears to be primarily a white upper-to-middle class; suburban phenomenon. Minorities are underrepresented, in proportion to their numbers, in their use of the drug. Several surveys have confirmed that African Americans children receive the ADD diagnosis and Ritalin less frequently than Caucasian children. Because like many of you, I am particularly interested in the ways in which the medical and educational systems treat diverse populations differently, I picked up Running on Ritalin to enlarge the conversation and my ability to share it with you.

Since the AFTNC Council had just been talking about our commitment as an organization to more diversity in our membership, I was pleased that Larry's presentation included information and some of his opinions about the response to the new wave of ADD diagnosis and the Ritalin link in communities of color. I was inspired to fill in some data directly from his book. So some of what follows is a mix of Larry's presentation filled in with information taken from his books and articles.

Larry credited the lower use of both the ADD diagnosis and Ritalin in the African American communities to several factors including apprehension about using any kind of stimulant for their children in the face of the devastating impact of Crack cocaine on their youths. Economics certainly plays a role. It is extremely expensive to take your children into a specialist for academic and behavior problems. Maybe most importantly, African Americans may be less willing than whites to turn to drugs to treat behavior problems and ignore the difficulties in the educational system. A system they perceive as too ready to fault black children negatively for behavior as judged by a white-dominated society.

Further Larry notes the incidence of ADD (and most other psychiatric disorders) is also quite low in the children of Asian immigrants living in the U.S. In their methods of disciplining children and their discomfort with the mental health system, Asian Americans are quite different from their white American contemporaries. (Although it is my experience in the immigrant community that these differences lessen by the second generation born here.)

The explosion in Ritalin use appears to be uniquely Northern American. Nowhere in the U.S. is Ritalin used more than in Virginia Beach, Virginia. One in six, white fifth grade boy there was taking the drug in 1996. All these children taking the drug certainly raises the question of efficacy and long term results and side effects. There is no evidence of serious long term side effects or increased drug abuse in adolescents who were on Ritalin as children. Interestingly, Ritalin may be safer for children than for adults.

While it can reduce the symptoms of hyperactivity, poor attention and impulsivity as long as it remains in the body; it must be taken continuously for its benefits to continue. Ritalin does not show corrective results after use is discontinued. There is no "cure" for ADD.

Larry identifies as a developmental pediatrician and a family therapist and is concerned that family issues, environmental stresses such as over crowded classrooms and continual pressure to perform are considered and treated. He doesn't like most instruments used to test for ADD because they eliminate personal connection and do not consider environmental and family issues. He notes that few physicians actually attend the school-based meetings where decisions about accommodations for students are made.

Actually, he explained, the trouble is not necessarily with attention but rather with the inability of the child to understand time-delayed consequences and cope with the lack of immediacy of both rewards and negative consequences.

What Larry stressed was that there were many cases where Ritalin was quite helpful in treating children and adults but it was not a miracle drug and its use should not be dictated by the advertising power of the pharmaceutical companies that profited from its growing use as a panacea for all sorts of behavior and learning difficulties. ADD and learning disabilities in general are complex and should not be simplified to allow the hijacking of American psychiatry by the drug companies.

Larry's presentation was a perfect beginning for a further discussion on the ways in which family therapists could best serve our clients. How can

we improve our participation with developmental pediatricians, school psychologists, and teachers to assess and intervene when children are being diagnosed with learning disabilities, behavior problems, and families find themselves at odds with the educational system?

AFTNC is a wonderful resource for exchanging ideas and information and many of left having begun plans to continue the conversation when next we could meet. I noticed several of the participants who were not yet members signed up before leaving. Welcome to you all! We look forward to reading your evaluations and learning what you liked and what else might be of interest to you.

***Casi Kushel**, MFT, is in private practice in Walnut Creek specializing in multi-cultural consultation, adoption issues, and transracial families. She is also the Director of Finding Common Ground and Clinical Consultant to the immigrant and refugee program of Jewish Family and Children Services of the East Bay.*

REVIEW OF AFTNC MEETING OF APRIL 4, 2004

By Roger Lake

Longstanding AFTNC member, Michael Bettinger, opened his San Francisco home to us on a blustery Sunday evening in early April. Only about fifteen of us managed to make it to the meeting, and it would have been a problem if more had arrived, but those of us who were there heard a thought provoking discussion of Polyamory. Geri Weitzman and Michael Bettinger shared the presentation, which I will review for you in this article.

As it happens, one of the AFTNC members in attendance, Mary Cronin, is also a member of my regular consultation group. That coincidence resulted in our reviewing the polyamory discussion with the consultation group members who hadn't attended the original presentation. Of course, they added to my understanding of my own reaction to Geri and Michael's thoughtful discussion. So let me say, at the outset, that there was a lot to think about in what they were saying, and I wish we'd had more time for discussion. That is inevitably a problem in a two-hour meeting, and I'm grateful to both presenters for providing a resource list in this area that is unfamiliar to many of us. To find Geri's material go to: http://www.numenor.org/~gdw/psychologist/

The presenters took two tracks to helping us understand the clinical implications of Polyamory. Geri offered a definition, a typology, a glossary of terms, a research summary, and a set of clinical issues and stances toward helping. Michael offered a description of a polyamorous relational system, consisting predominantly of gay men in their 50's. His was a personal, not clinical, example but he presented it as an unusually stable system, and used the language of the Enneagram to account for that stability.

Let's begin with Geri's definition:

Definition: Polyamory is a lifestyle in which a person may have more than one romantic relationship, with consent and enthusiasm expressed for this choice by each of the people involved. Polyamory involves honest communication between partners and lovers about the existence of each of these relationships in their lives.

Glancing at that definition, the seasoned MFT immediately wonders: "How is this possible?" I certainly see people who report having those sorts of values, who sincerely want everybody to get along, and who don't want to be constrained in their romantic choices. I also see people who are attempting to accommodate a partner's interest in polyamory, but who have real difficulty with honest communication about their vulnerabilities in such relationships.

As a family therapist in San Francisco for over twenty years, I am familiar, personally and professionally, with alternative family forms. Over the years, it has slowly sunk in that my

white, male, heterosexual privilege is something I can't ignore or successfully hide. If I want open, honest communication in therapy, I do have to be on the lookout for ways in which I inhibit that.

While it's not appropriate for me to make choices about the kinds of intimacy my clients seek, there do seem to be times when I have to be, in Irv Yalom's term: 'Love's executioner." The central concern that I have about polyamory in the clinical context turns around the issues of power and choice. Geri's definition notes that all partners consent "with enthusiasm" to romantic choices made within the polyamorous relational system, and that their communication be honest. In a clinical context, if that's going on already, it's not the presenting issue. If it's not going on, then somebody is less than enthusiastic, and somebody is probably lying. In my view, these behaviors are organized by strong attachment responses, and the affects associated with them are often profound and disruptive.

After listening to this presentation, I find myself thinking that the best stance for me at this point is curiosity. I don't know what works for everybody, but I do know that enthusiasm is often coerced. I worry that too accepting a stance on my part might easily collude with personal power in a way that undermines the integrity and stability of individual members of the system who are avoiding their own discomfort because they are afraid to rock the boat. The only way I can think of to deal with that is to get everybody in the room, and ask them: "how does this work?"

My own consultation group consists of married or widowed people over 50, one of whom is Lesbian. We were all confronted with our cynicism in trying to think about what it might be like to work with a poly relationship. To my mind, that says a lot about where we come from, and what we've lived. As family therapists, our notions about family form and structure are clearly embedded in our culture and particular experience. I am grateful to both Geri and Michael for presenting a challenging alternative. One of the real strengths of AFTNC continues to be found in the increasing diversity of our membership, and the alternative perspectives that we have to share within this Association.

REFLECTIONS ON MAY 2004 OPEN MEETING

Some Thoughts on Treatment for Patients with Eating Disorders Following the Richard Maisel Open Meeting and Reception

by Emily Britton:

Emily Britton

The mortality rate of people suffering from anorexia nervosa is alarmingly high. The fact that eating disorders have existed for centuries, and did not start when contemporary society embraced the "Twiggy" body shape, is surprising, for the media, and its reflection of society's superficial idealization of extreme thinness, are factors easily blamed. To add to the bad news, the relapse rate of former eating disorder in-patients is especially disappointingly high--we need faith in the treatment intended to save the disorders' sickest victims. This last fact most directly fueled my enthusiasm for Richard Maisel's presentation "Biting the Hand that Starves You: A Narrative Approach to Anorexia/Bulimia," and I attended with optimism to learn a new, successful treatment. Perhaps a new treatment holds more promise than the others, which seem to fail for discharged in-patients.

I attended the AFTNC Richard Maisel open meeting and reception with my clinical supervisor, Gina Goodrich, and it served as an excellent talking point for continued discussion

about the difficulties of treating eating disorder patients. While I am glad I attended the meeting, and overall it was very worthwhile, my expectations of the event were perhaps too high, and it could do nothing less than not deliver. The evening lacked surprising new information--the lecture was not completed, and my chief interest in treatment and techniques was rushed through--and it lacked intense or invigorating discussion--there was not enough time, and the room was too big. Another lofty expectation was strong inspiration for specific research and study--only mild inspiration occurred, and I will need to utilize my own motivation for this. What the evening did deliver on was inspiration for continued discussion with my supervisor, re-connection with and meeting of some mentors, professors, and colleagues, and enthusiasm for attending future AFTNC events. The more I meet and socialize with colleagues and mentors, and the more I gain confidence to speak up with questions or rebuttals to ideas presented, the more I will gain from my AFTNC membership. And on the topic itself: even though Rick Maisel was extremely articulate in describing the eating disorder population's painful struggles, I have more research to do before fully embracing the narrative treatment as proposed by him, David Epston, and Alisa Borden. I'll have to read their book. I await its debut in September.

A Berkeley psychology graduate student instructor advised me about two years ago: "You should specialize in eating disorders." His advice usually directed me toward career opportunities or tips on succeeding as a psychologist. I assumed this was no exception. Little did he know that I had particular empathy for individuals suffering from the disorders, and that personal resolve might fuel study of them. The fact is, I'd had a related and fateful idea decades earlier when I was a college freshman. During the spring term, I'd become so anxious over coursework, boys, and "fitting in" that I couldn't keep my breakfast "down." It was not induced vomiting, it was like morning sickness by immaculate conception! Lunch and dinner became tortuous events, because I knew I had to eat, but my stomach seemed too weak. Since somatic complaints were most familiar to me, I went to the student health center, where I was promptly admitted for overnight stay. I ate well, and liked the food! Unfortunately, back in the "real world," a period of depression and visits to strange therapists began. The most striking memory of the therapy sessions was when a female counselor asked me what I believed to be an "out of the blue" question: "What is your relationship like with your dad?" I had never been asked such a question before. Even though the relationship wasn't great, and even though my dad left the house when I was nine, I didn't think it could possibly relate to my stomach pain and newly acquired fear of food! What could my dad have to do with my illness? At some point during that period, I had an idea: I should work on a college campus someday and be a counselor for young women going through what I went through. At the time I vowed that I would never ask such a similar question to a young woman. How rude, or irrelevant, or ally-breaking! I had no sense that it could be relevant, or on-target, but at the time a wide rift grew between myself and the counselor, and no work was done.

I had the confidence, then, that I would be able to relate well to young women with eating troubles, no matter what my age. I still believe this, but I have a lot more education behind me, and much more learning to put behind me, before I can feel true experienced confidence. What I seek now is the education and experience conducting effective treatment. The therapeutic alliance may be one of the most important factors in treating any disorder, but I hold no delusion that it is enough to treat eating disorders—as Maisel said in his lecture, sometimes eating disorder patients are never cured, they simply learn to cope. The perfectionist in me hopes to cure patients, before a cure is not possible.

My work in the adolescent girls in-patient unit at Herrick, the psychiatry campus of Alta Bates Summit Medical Center, has been my first

professional exposure to the medical model of treatment for anorexics and bulimics. I have had the opportunity to see the extreme damage of the disorders on these patients, and my consistent experience with the patients has been invaluable in terms of education. I have seen consistent symptoms and similar cognitive distortions in diverse personalities and ethnicities. Sometimes I think I see a trend, such as more Hispanic than African-American eating disorder girls, and I wonder about the reasons why, so I keep my eye out for research to explain such observations. I have learned, however, that such "trends" based on observation of one community sample are dangerous, and the above is no exception--a quick PsycINFO search reveals dis-proof in May 2003's Journal of Adolescent Research: "Among American women, eating disturbances are equally as common among Native, Asian, or Hispanic Americans as they are among Caucasians. African Americans were at higher risk of developing eating disorders than were Hispanic and Asian Americans." Et, voila! If only erasing the professional and popular myth that eating disorders are a white woman's illness were as easy to carry out.

Maisel called hospital in-patient treatment centers for eating disorders "force feeders." I did not begrudge his use of the term, for it is not incorrect. Herrick's treatment does "force feed," but the hospital has no legal ability to do otherwise. In my processing of this label since the meeting, I have put even more thought into the eating disorder program at the hospital. Obviously, I need to feel good about my work at the unit, and I want to justify my respect for the nurses and psychiatrist in charge of the program. I also need to hold some hope for the girls passing through the unit, so that it can be conveyed, both consciously and unconsciously, to them.

My processing has revealed the good points, and reinforced the bad points. One of the chief things I do there, I realize now, is externalize behaviors that the patients observe in each other. I find myself giving biological explanations for the patients' behaviors, "blaming" the illness, which the patient suffers from. I continually model empathy for the girls, and when the girls say things like "So-and-so is driving me crazy! She won't stop talking!" I give replies like "She can't help it, she's suffering from mania, but have you noticed that she is less hyper-verbal than she was when she first came in?" Teaching tolerance by modeling is extremely important for adolescents, in-hospital and out.

The breaking of eating disorder protocol rules on the unit takes place probably more often than we can know. These breaches are excellent events around which the anorexic voice can be confronted, and the medical director of the eating disorder program at Herrick, Dr. Lenore McKnight, takes the externalizing approach by terming the 'anorexic voice' as a separate entity. Bringing in the family to discuss the breaches can also be helpful, if they are discussed in terms of learnings, rather than punishments. This is an opportunity for the family narrative, entrenched perhaps for years, to change. The doctor's emphasis of the anorexic voice helps separate the illness from the girl. In ideal situations, the family will join more strongly in a collaboration to help the patient, rather than blaming her for upsetting their life. (When a patient's mother found laxatives in her daughter's pocket, bought when she wasn't monitoring her daughter at a drug store during a day pass from the hospital, she reportedly yelled "I hate you!" This disturbed the patient so much, that she coped by cutting with a stashed sharp.) Maisel's narrative treatment is an excellent elaboration of what Dr. McKnight already does, unknowingly or intuitively, when she externalizes the anorexic voice. I plan on sharing Maisel's ideas with Dr. McKnight. I may wait for the book, however, since I do not know all of his techniques yet.

A theory about anorexia which I find convincing concerns survivor guilt. The average age of onset of anorexia nervosa is 14 to 18. This time period is marked by separation from

parents, and loyalty to them, each which may be challenged for the first time. Michael Friedman, M.D., a psychiatrist in private practice in Berkeley, likened this struggle to one synonymous with guilt, and notes that the fallout is with sexual maturation. Friedman believes that autonomy is the anorexic patient's primary challenge, and delays in sexual development happen only as a secondary response. It is not the wilful intention of the anorexic patient to delay her own sexual development. I agree with this idea, although I only have anecdotal evidence to support it: Some anorexic patients I've known mention crushes and boyfriends, but their deference to their parents' rules regarding those partners was more powerful. I considered myself lucky when two Catholic Mexican-American girls opened up to me (at separate times) and told me about the boys they liked. I felt comfortable holding their secrets, but it was also frustrating, because I knew that they would never entrust their parents with such information. Thus, the girls' struggles with their families, and the guilt they felt, would most likely go on. Family therapy, or building a narrative which the parents might accept, seems so crucial to me, and Maisel's presentation only reinforced that importance.

My observations of some family dynamics of anorexic and bulimic patients at Herrick reveal a theme of parental strife (another trend I may be wrong about, but in the community sample I see, it seems real). When the daughter is, by both Friedman's theory and family systems theory, unconsciously trying to protect her mother in such conflict, she takes on the identified patient role. One patient at Herrick, who I shall name Lydia here, received extreme affection, to a near-stifling degree, from her father, yet Lydia's mother appeared to receive no affection from her husband. Husband and wife would sit apart in the lobby while waiting to see their daughter, and not talk. Lydia did not appear outwardly confused by her father's excessive affection, but if she noticed that her father was rejecting her mother at times, (and how could she miss it?), Lydia may, for one, have internalized it as rejection against herself. Is this what caused her to feel self-destructive toward herself? Furthermore, by starving, or "depleting" herself, Lydia may be attempting reparation for the guilt she felt about receiving such exaggerated attention. By becoming the identified patient, Lydia may have been attempting to protect her mother from real or imagined harm—potential divorce or worse, abuse. Whether Lydia did this unconsciously or not, she was successful. Lydia's determination to stay at home while attending college may have clinched the deal for four more years!

According to NIMH and the doctors I work with at Herrick, psychotropic medications, especially SSRIs, are helpful for weight maintenance and for resolving mood and anxiety symptoms associated with anorexia and bulimia. The affect changes I have observed in some patients prescribed medications have been remarkable. A 12-year old anorexic girl who initially barely spoke from a near catatonic state, and drew the words "I want to die" over and over, finally began to laugh and smile occasionally by the end of her six-week stay. Her elevated mood deserved scrutiny, however, for the burst of energy could fuel a suicidal act, if her cognitions and behaviors were not monitored. This is the aspect of medication which is most dangerous, and is part of the debate caused by recent FDA rulings.

The highly worthwhile experience of the Maisel meeting causes me to look forward to attending future AFTNC events. I have one suggestion for improvement: Lectures could be kept to one or one and a half hours, the reception could follow immediately, and after about a half hour, a discussion for those interested could begin in another room. This would give all members an opportunity to socialize and network, and those who want more time for this could remain at the reception. Those who want to delve back into the presented topic could move to the discussion, which the presenting speaker would attend. Such a format may sound too controlled, but it might address more people's goals in

attendance. Whichever way the next meeting is formatted, I have confidence that it will be educational and inspirational in many different ways. See you there!

REFERENCES

Friedman, M. (1985). Survivor guilt in the pathogenesis of anorexia nervosa. Psychiatry, 48, 25-39.

Walcott,-D. D, Pratt, H. D., and Patel, D. R. (2003). Adolescents and eating disorders: Gender, racial, ethnic, sociocultural and socioeconomic issues. Journal of Adolescent Research. 18(3), 223-243.

Emily Britton *worked as a magazine photo editor, art gallery assistant director, and multimedia producer before embarking on a career change to become a psychologist. Anxiety disorders in children were her initial inspiration for specialty. She presently works at Alta Bates Summit Medical Center's adolescent psychiatric in-patient unit, and she has begun clinical psychology doctorate studies at The Wright Institute. She has just completed her first year, and looks forward to the next three! Email her at embritt@comcast.net.*

By Gina Goodrich:

Gina Goodrich

I am the director of the adolescent partial hospitalization program ("PHP") at Herrick, Alta Bates Summit's psychiatry campus, and I have worked in private practice for almost one year. It was a pleasure to attend the lecture given by Rick on narrative work with anorexics and bulimics. Not only was Rick my dissertation chair, but he has been an inspiration for my own narrative work. Additionally, I see a lot of youth with anorexia and bulimia in the PHP and I realized it had been close to a year since I had been to a CEU lecture, let alone one I could immediately take something from to implement the very next day at work. Needless to say I was overdue for some scholarly experiences and inspirations.

First I would like to say, as respectfully as possible, that I would have given my vote to allow Rick to complete his talk in lieu of social time. . . . I really felt like I missed out on the bulk of what his presentation could have offered me, and what he had built us up to hearing. Nonetheless, having such thorough case examples and presentations of transcripts/video of actual narrative work, with intense questioning of eating disorder behavior, was enough to give me what I got. In a nutshell, I got inspired about narrative ways of working with the "problem" as an externalized entity. Hearing Rick actually ask so many externalizing questions inspired me, on the following day at the adolescent program, to ask some senior group members to share how they had stood up to break the spell of anorexia. Their experiences served as examples for the newer teens with similar issues. I was also able to broaden the concept by asking questions about how depression, suicidal thoughts, and urges to cut would trick the patients in the program into listening to their power. I commended and interviewed those who were able to stand up against their "issue" to eventually choose a different story for themselves.

One of my struggles as a new clinician in private practice was whether or not I was being too directive in therapy, "always filling the space with questions." I began to doubt that my style was effective and became concerned I was projecting my desire to help as quickly as possible by rushing the therapy along, rather than letting things unfold more naturally, or realistically. Attending the lecture gave me permission, in my own mind, to pursue therapy the way I find most useful. That is, I ask many questions, using my clients' language, to externalize their issues and allow space to explore, confront and re-story their experience of themselves. Such technique reminds me why

I chose Rick to be my chair. It gives many of the clients in my practice and the patients at the hospital an opportunity to see their struggles with their eating disorder in a different light. I have seen them grow.

Gina Goodrich *was born and raised in the Bay Area. She graduated from UCSC with bachelor degrees in psychology and sociology, and she received her doctorate in clinical psychology from the California School of Professional Psychology. During her training she gravitated towards narrative ways of working with clients. Since 2002, Gina has worked in the intake office of Alta Bates Summit Medical Center's Partial Hospitalization Program for adults and teens, where she currently runs the teen program. She works in private practice as well, and she continues to be inspired by narrative work and its efficacy with kids and teens. Phone: 510-757-4669; email: ginagoodrich@msn.com.*

MEMBER CONTRIBUTIONS

Editor's Note: My favorite section of the Newsletter is the contributions from the membership that reflect the culture of Family Therapy. This edition has several contributions of note.

AFTNC past president, Carlos Sluzki took note of the untimely passing of Gianfranco Cecchin to remark on his (and his colleauges') important contributions to theory and practice. His article points to an important shift in the frame of family therapy as the therapist's role came to take center stage. As Carlos points out, "things evolved since then," but for many of us, the work of the Italians had a substantial impact in our evolution.

The "War on Terror," has achieved Orwellian proportions that impinge on fundamental assumptions about clinical practice. AFTNC member Andrea Aidell's and her co-author, Milton Kalish, contributed: Therapist Activism and Clinical Practice in a Time of War and Repression. Take a look at it to update yourself on what's happening, and what you might do to become more involved.

I've always thought that one function this newsletter should serve is to review and comment on literature in the field. Last fall, Dr. Linda Nielson, who teaches at Wake Forest, contacted me about a book she was about to publish called: Embracing Your Father. It's a book about daughters. Having raised two daughters, and having spent a good deal of my life talking with men and women about this important family nexus, I was very interested to see what she'd done. When the book finally came out, AFTNC member Samuel Silva-Roland was kind enough to write a concise review for this newsletter. I think you should definitely check it out.

"EMBRACING YOUR FATHER: HOW TO BUILD THE RELATIONSHIP YOU'VE ALWAYS WANTED WITH YOUR DAD"

by Dr. Linda Nielsen

A review by Samuel J. Silva-Roland, MFT

Samuel J. Silva-Roland, MFT

Thanks to Newsletter editor, Roger Lake, I have just discovered a very useful resource for assisting clients in improving and coming to terms with their relationship with their fathers. I am happy to say that I found the engagingly titled "Embracing your Father" to be a valuable reference book for therapists and their clients.

Although Dr. Nielsen has targeted daughters as her prime readership, thankfully, much of her research (garnered through over ten years of teaching and conducting groups with daughters) is also applicable to men.

She writes in a clear concise style, peppered with quotes from her clientele who report, unequivocally, that the suggestions made by Dr. Nielsen have resulted in a closer, more communicative, and satisfying relationship for both daughter and father.

Step by step, Dr. Nielsen asks her readers to engage themselves in self-examination of the foundations of their relationships with their fathers, and, at times, their mothers. By spelling out underlying thoughts, feelings, attitudes, beliefs, and (often erroneous) assumptions based upon society's influences, she challenges readers to engage daughters in exploring with their fathers how they can become more emotionally connected.

As a therapist who works with many clients recovering from both chemical and behavioral addictions, this format is very appealing in that it mirrors the Fourth Step "making a searching and fearless moral inventory…"

The book is easily readable both for clinicians and our clients, and the use of "Eye Openers" (brief research findings which correct many mistaken assumptions about fathers and daughters) as well as very brief questionnaires, helps to highlight the false beliefs that are so often corrosive of emotional intimacy.

She separates out assumptions into chapters, which are useful for therapist client focus on areas of particular need. The natural flow of each chapter makes a very smooth segue to the next subject.

She starts with attending to the often unconscious negative beliefs developed by personal, family, and societal influences, and she encourages readers to investigate the selective nature of their memories by reality testing through dialogue with other family members.

She moves easily from fact finding, to exploring beliefs about Dad's role as primary breadwinner. She references "emotional intelligence" to help readers (who via society's influences are generally less developed in emotionally intelligent communication), reframe father's intentions. She helps daughters come to know Dad while allowing him to know his daughter better. She works at detriangling from mother, she discusses the influence fathers have had on their daughters' sexuality, self-image, and financial and work life. She also addresses divorce and remarriage.

I envision myself using this book, either selected chapters, or as a whole, to explore my therapeutic roadblocks with my female clients, especially those who have endured and survived abuse by men. I also see the value in expanding her focus to explore mother-daughter relationships, and can envision exploring relationships my male clients have had with either parent.

The flow of chapters and the format lends itself easily to homework and to opening up some clients who need a more structured format to engage in the therapeutic process.

Samuel J. Silva-Roland, *MFT has been a practicing psychotherapist for over ten years. He earned his M.A. in Clinical Psychology from Fairleigh Dickinson University in 1985 and received an additional three years of doctoral level training in a variety of other types of therapy. In 1999, he received his certification as an Adoption Triad Therapist from Adoptive Family Therapeutic & Educational Resources (AFTER).*

THERAPIST ACTIVISM AND CLINICAL PRACTICE IN A TIME OF WAR AND REPRESSION

By Andrea Aidells, LCSW, MFT and Milton Kalish, LCSW

It can't happen here, at least not in our office – or so we thought. We assumed that the sanctity of our profession remained inviolate. However, Section 215 of the USA Patriot Act provides that the Department of Justice can obtain a court order requiring the release of clinical records without showing cause; and therapists are forbidden to disclose that a client's records have been seized under penalty of law, including possible incarceration. Even though the principle of confidentiality may be at risk, to date no professional association has addressed this matter in a meaningful way. This, and social and political forces as they impact the

clinical setting were discussed at a conference entitled "Therapist Activism and Clinical Practice in a Time of War and Repression", presented by Therapists for Peace and Justice and sponsored by the California Society for Clinical Social Work.

Therapists for Peace and Justice

Founders Rose Phelps, MFT and Roberta Stern, LCSW discussed the history of Therapists for Peace and Justice, which began after 9/11 with a single posting to an Internet list of San Francisco Bay Area therapists. Feelings of fear, outrage and hopelessness led to a desire to connect with other therapists who might have similar feelings. At first, meetings focused on how therapists could contain clients' intense responses while dealing with their own, as well as issues of self-disclosure and balancing authenticity with neutrality. The original group of five grew to 15 therapists/activists who supported each other in political work and consulted on cases where the political environment influenced the therapy relationship. The group eventually decided to bring many of the issues they discussed in their monthly meetings into the professional community for consideration and deliberation, culminating in the workshop which was held on April 17th and attended by over 70 people. Several members of AFTNC attended the workshop.

Kathy Anolick, MFT and Andrea Aidells, LCSW, MFT spoke on "Integrating Political Issues in the Clinical Setting." Each presented case material illustrating the complex clinical interplay of transference, countertransference, authenticity and neutrality, and the feelings of therapists and clients as they relate to these traumatic times. Guest speaker Alzak Amlani, PhD presented case material illustrating the experiences of Arab Americans and other clients of color under the impact of 9/11 and subsequent events.

The USA Patriot Act and Our Profession

The second part of the program focused on the Patriot Act and the implications of Section 215 for our profession. David Glick, MFT described how the tragic terrorism of September 11th provided an opening for the Bush administration to wage war abroad while rushing the Patriot Act through Congress at home. This, together with various executive orders, has upset the delicate balance of powers enshrined in the Constitution, increased government secrecy, gutted our Bill of Rights by giving the government draconian powers to suppress legitimate political dissent, allowed for invasion of privacy, and overturned due process in judicial proceedings.

Milton Kalish, LCSW addressed the implications for our profession regarding Section 215 allowing the government access to our confidential clinical records and providing no safeguards as to how the information will be used. From a practical perspective, psychotherapists are faced with difficult ethical/clinical dilemmas. One dilemma is whether we should tell our clients about this possible breach of confidentiality. Whether or not the government ever actually uses this power, simply knowing about this law could interfere with the capacity of some clients to trust the clinical relationship, especially those who do not trust the government. However, by not telling clients about this, the therapist would be proceeding with psychotherapy while experiencing uneasy feelings about providing treatment under false pretenses and failure to fulfill an ethical mandate. Even though the representatives and attorneys that we have spoken with from CSCSW, NASW, CAMFT and APA have said that therapists are not required legally to give informed consent about the Patriot Act, each professional society confirmed that informed consent is an ethical mandate, especially as it applies to the limits of confidentiality. This is critical to our professional work because only in an atmosphere of safety and privacy can clients

develop the trust that is necessary for them to be emotionally vulnerable and engage in the process of healing. We assume a client would feel justifiably betrayed and outraged to find that her records were secretly released by the therapist who failed to warn her about this possibility.

Because of the prohibition on disclosing the release of clinical records, there is no way to know whether this is happening. For this reason, Section 215 can potentially engender a climate of anxiety, intimidation and secrecy within the profession, which in turn could diminish the ability of some therapists to do their work. Consider some of the possible outcomes: Would you or could you continue treatment for a client after secretly releasing her clinical records? Could you lose your license or even go to prison if the clinical records requested by the government were lost or destroyed in a fire or flood? Should you choose to risk legal penalties including incarceration in order to safeguard confidentiality, what is your ethical responsibility to the rest of your clients?

Mobilizing Our Profession To Respond

At the end of the workshop various possible responses were discussed:

First, Board of Behavioral Science member Peter Manoleas LCSW, who attended the conference, recommended that a letter be sent to the BBS outlining the ethical conflicts and discrepancies between state law and Section 215, and requesting that the Board clarify our professional legal responsibilities and mandate that this material be included in Law and Ethics courses. That letter is in process, to be delivered prior to the upcoming May 20-21 board meeting. It is anticipated that this topic will be considered at the August, 2004 BBS board meeting

Second, over 50 therapists signed up to lobby their professional organizations, requesting that they mobilize as a united front to advocate for changing the law, clarifying our legal responsibilities, updating ethical guidelines for informed consent and clinical record keeping if this law cannot be changed quickly, and providing clinical guidelines for dealing with potential harm to clients who are currently in treatment due to possible disruption of treatment related to being given new information concerning section 215.

Third, the American Psychoanalytic Association and the National Coalition of Mental Health Professionals and Consumers have filed a lawsuit vs. Tommy Thompson, Secretary of Health and Human Services. The attorneys are looking for evidence of people avoiding health care or withholding information from their medical files since April 14, 2003. For details of the lawsuit, go to: www.thenationalcoalition.org.

If you are interested in obtaining more information and/or becoming more involved, please contact Therapists for Peace and Justice in the San Francisco Bay Area (Kathy Anolick MFT, kanolickmft@att.net, (925) 685-2816, and Roberta Stern LCSW, (510) 649-5854) and Therapists for Social Responsibility in the Sacramento area (Shauna Smith and Ray Bacigalupi, (916) 447-5706, gushauna@yahoo.com). If you live in a different location, members from both organizations would be glad to aid you in setting up your own group. Please check out their new joint website: www.therapistsforsocialresponsibility.org

Appreciation to Geri Esposito, Sydne Bortel, Michael Donner, members of Therapists for Peace and Justice and Therapists for Social Responsibility for conversations and suggestions that were helpful in writing this article.

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SOME THOUGHTS ON CECCHIN AND FAMILY THERAPY

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In the wake of Gianfranco Cecchin's untimely demise, I was asked to comment on my view of the impact of the Milan team in the field of family therapy. The Selvini-Boscolo-Cecchin-Prata team has already shaken many with their clinical acumen but mainly with their stubborn adherence to conceptual coherence: They may have had psychoanalytic training –all of them did—but when they decided to "think Batesonianly", they did it without concessions, pushing all kinds of envelopes in themselves and in all of us (cf. their 1978 book). But the main impact on the field, their main contribution to a qualitative shift in systemic thinking, stems, in my view, from their spectacular 1980 Family Process article "Hypothesizing, Circularity, Neutrality: Three guidelines for the conductor of a session."

If one happens to read that paper for the first time in 2004, one may ask: why so much fuss? The answer: Please note that the referent of the paper is NOT the family but the therapist, the "conductor of the session." In fact, no family is described, nor any family traits discussed, as was the norm until then both in models and in writings. Instead, that paper brings to the forefront a conceptually coherent set of operations that systemic therapists perform (or, echoing Selvini's imperial stance, should perform). In doing so, they remind us that models are thinking tools, that what we "observe" are only hypothesis that should be taken with a grain of salt, tested for validity but not fallen in love with. They underline also, from the very title, that therapists are in charge of guiding the process –an indictment against free-floating therapies …and therapists. They also introduce in this paper a tool for exploration and for destabilization of rigid patterns, namely, the circular questions, and for the retention of a systemic view, namely, the circular/reciprocal logic. They also remind us that we are part of the processes of reconstitution of the family reality by discussing "neutrality" more in the "multipartiality" sense that Boszormengy-Nagy already had postulated than in the dryer stance of distancing from empathy. All that is powerful stuff. But, overall, the impact of that paper had to do with the incorporation of the therapist as full figure in the systemic lens. This entailed a legitimization of the notion of "the family+therapist as a (minimal) system", an evolutionary step jump from the notion of "the family as a system". Of course, things evolved since then with other step jumps, of which probably the latest has been the post-modern narrative lens.

Cecchin, while informed and conversant about narrative approaches, maintained his focus of interest on the therapist's operation. He was convinced that a teacher can be most effective through helping his/her students to be aware of the trap entailed in their own presuppositions (their "prejudices", he would say), which required a constant exercise of re-positioning, which he would do masterfully through a kaleidoscope of circular questions. Circular questions, in fact, affect the way therapists think (of course, well placed circular questions will also destabilize for the patients the preconceived views that contribute to the problems that motivate the consultation). "Curiosity" and "irreverence" –reflected in his powerful 1987 "Curiosity" paper and in his 1992 "irreverence" book, written collaboratively with Gary Lane and our own Bay Area's Wendell Ray—seem to have been dictums that assured the freedom of his mind and the richness of his practice, and of his contact with colleagues and friends.

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Gianfranco Cecchin's untimely departure deprives us of what was until then an endless source of clinical creativity and conceptual coherence. He was one of those few privileged people who have access to what is for so many of us the rather mysterious territory of what Donald Schon called "theories in practice" –the models or guiding principles that underlie what we do (models extracted from "why did you do this or that?" rather than from "which are your models?") He was a dear, gentle, joyous friend, and a frequent visitor of the Bay Area. His death will leave a major void in a vast network of training sites throughout the world that would tap his yearly injections of creativity. At the same time, if we manage to retain a modicum of his golden proportion of "irreverence" and "curiosity", to use some of his favorite terms, we will keep him alive in the collective memory-in-action of which we are a part.

REFERENCES

Selvini Palazzoli, M; Boscolo, L.; Cecchin. G. & Prata, G (1978): Paradox and Counterparadox: A New Model in the Therapy of the Family in Schizophrenic Transaction. New York, Jason Aronson.

Selvini Palazzoli, M; Boscolo, L.; Cecchin. G. & Prata, G. (1980) "Hypothesizing, circularity, neutrality: Three guidelines for the conductor of the session." Family Process, 19(1):3-12

Cecchin, G. (1987): "'Hypotezising, circularity, neutrality' reconsidered: An invitation to curiosity" Family Process, 26(4):405-415

Cecchin, G.; Lane, G. & Ray, W. (1992): Irreverence – A strategy for therapists' survival. London, Karnak.

MEMBERSHIP RENEWAL AND THE CURRENT DUES POLICY:

Dues/membership renewal announcements go out at the beginning of September. Payments are due on Oct 1, 2004. Members who have paid their dues are eligible for the member discount on the Fall conference registration fee. The only exception is that NEW members who joined and paid their dues after April 1, 2004 are considered paid up until Oct 1, 2005 because there are so few events between April and October each year. Everybody else's membership renewal dues are payable by October 1, 2004. We can't authorize a discount on the annual conference registration unless you have paid your dues before paying the registration fee.

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