ASSOCIATION OF FAMILY THERAPISTS
OF NORTHERN CALIFORNIA
Jan. **2006**

PRESIDENT'S COLUMN

by Roger Lake

As I sit to write this in the beginning of the new year of 2006, it is clear to me that "the times, they are a-changin'." That's most obvious in the political context where the last few weeks have finally brought the question of accountability forward in a way that presages the demise of this band of yahoos for whom "family values" has always been a bait and switch issue. Some of you are thinking that I'm way too hopeful, and that things won't be changing that much. Could be. We certainly have been living in Orwellian times, and are by no means out of the woods in that regard. The institutions most impacted by the madness (notably the dominant political parties and the corporate media) seem so impervious to change, and it is clear that important and powerful economic interests support the status quo. But I'm a family therapist, and I think it's pretty obvious that we've gotten to the "you can't fool all of the people all of the time" phase.

The fulcrum for change is basically that things don't work anymore. 2005 made it abundantly clear that denial-based leadership fails the environmental test. Katrina woke people up, and the weather hasn't gotten much better. Terrorism may be real, but it's not an everyday problem in the way that a flood is, or a failed healthcare system, or under-funded schools, or a bogus war that drains our resources while making us all complicit in genocide. For the last quarter century, we have been subjected to a political discourse about individualism. We have been told that our problems have to do with "the breakdown of the family." Our leaders have spent more time insinuating shameful narratives to hide their own confusion, incompetence, and greed than facing the truth of an increasingly interconnected world. "Welfare

queen." Are you kidding me? "Just say no." Are you out of your mind? How do those ideas contribute to understanding and dealing with the public health issues surrounding something like HIV, or environmental change? They don't. And a psychotherapy practice that exists fundamentally to help individuals adjust to a social order that will not discuss the obvious inequities doesn't either.

All I'm saying is that Kanye West's observation that Bush doesn't care about black people is stunningly obvious in context. And it is context with which family therapy deals. The times, they are a changin'.

I don't just say all this because I'm president, and I get to rant if I want. Family therapy originated as an attempt to see beyond the individual patient who might be the clinical focus. It has moved forward by exploring relationships between and among systems, and has offered countless insights into processes of social change. I believe that, as mental health experts, we have done better than our colleagues who don't see families, at holding ourselves accountable in a professional context that is replete with unexamined power and privilege. Not that we've been great at doing that, but we've certainly worked on it.

My experience in the Council on Contemporary Families has made it clear to me that we do have things to say regarding issues and values that are about to return to center stage in American life. Family therapists have also become change agents in larger contexts, moving well beyond traditional clinical settings, designing and implementing innovative programs, and responding to the complexities of contemporary life, from natural disasters to pandemics, to political violence. I'm proud of the AFTNC members who've been on the front lines of this effort — most recently in helping the displaced of Hurricane Katrina.

AFTNC is about maintaining and contributing to our knowledge and practice in the face of rapid social and environmental change. Last fall's excellent conference with A.J. Franklin and Nancy Boyd-Franklin focused on working with African-American families, and was right on that point. It certainly helped me to see my own work differently, both in my somewhat upscale private practice and in my work with interns at the Family Institute of Pinole. Because the Council feels strongly that cultural contexts of practice require multi-cultural perspectives, we stretched ourselves to make the conference available to students and practitioners of color. It worked well and has brought new voices and new perspectives into our eclectic group. Our other efforts to reach out to students have also paid off, and we are seeing that influence on the Council where the perspectives of students and the newly licensed are increasingly heard.

Because I started this piece referencing an iconic Dylan tune, let me quickly add that I'm not saying, "get out of the new world if you can't lend a hand." The times are definitely changing, but family therapy and AFTNC need to be the big boat — the one with room for us all. There are more than enough issues in our everyday lives to keep us interested and talking to one another. Many of us, myself included, practice in rather mundane settings. We get to the office, we see the clients, and we fill out the reports. Hopefully we make a difference and a living. We may work on global issues, but we do it in the microcosm of our own practice community. We bring these small worlds together in AFTNC because that is how we learn. We talk about whatever we want in ways that influence and inform our practice. That is our tradition, and that is what we intend to preserve. It is a tradition of community and it only works if we show up. Right now, as President, I need a couple more of you (particularly elders) to show up and help us plan some interesting programs. You know how to get hold of me. Let's talk.

Roger Lake, MFT, maintains a private practice in San Francisco.

EDITOR'S COLUMN

by Mary Cronin

In his President's column, Roger Lake asks for planning help from members, especially elder members. These changing times present opportunities to advance the field of family therapy and provide education beyond worn-out clichés regarding families. AFTNC elders' sense of the history of family therapy, its accomplishments and strivings, are needed now to energize and mobilize for the days ahead. Students are stepping forward to assist the organization in numerous ways — with elders to guide and inspire them, AFTNC can make a real difference in the days to come.

The AFTNC 2006 year begins January 29th with a must-attend event: Daniel B. Wile, Ph.D. and "Collaborative Couple Therapy: Turning Fights into Intimate Conversations." See the announcement in this issue of the Newsletter.

And see Keith Sutton's announcement regarding the February AFTNC student event. Last year's event brought many student members into AFTNC. Save the date: Saturday, February 25th, 12 pm to 3 pm.

In addition to the January and February events, spring events will be announced soon.

The 2006 Annual Conference will be the weekend of October 7th & 8th. Conference Chair Shawn Giamattei is working on the details.

Steven Pechter Freemire reviews Tim Cermak's presentation: "Marijuana: What Family Therapists Need to Know." Steven's article is a must-read for those who were there and for those who were not able to attend.

Lori Ono sends thanks to A.J. and Nancy Boyd-Franklin for the AFTNC 42nd Annual Conference: The Treatment of African-American Clients and Families. Jennifer Moore-McDowell, Kelly McCoy, and Sarah Rush review the conference in their articles. Post-Katrina, the conference was a breath of fresh air with a real-life approach to working with African-American clients and families. The enthusiasm and accessibility of the Franklins and the whole-hearted participation by the attendees contributed to the success of this conference.

Terry Patterson, in his thoughtful article, reports on the state of family therapy training and the work that needs to be done to improve the situation.

Rodney Shapiro, Past-President of AFTNC, honors the Newsletter with his contribution to a "Book of Remembrances," that pays tribute to Lyman Wynne, M.D., Ph.D., an early mentor of Rodney's in the field of family therapy at the University of Rochester.

Mary T. Cronin, MFT, AFTNC Newsletter Editor, is in private practice in the North Beach area of San Francisco.

AFTNC 2006 PROGRAM

Sunday, January 29th, 6:30 pm: Daniel Wile presents "Collaborative Couple Therapy: Turning Fights into Intimate Conversations". (See details in this newsletter.)

Saturday, February 25th, 12:00 noon: Student Event, Alliant University (See details in this newsletter.)

March and April: Two events are being planned. (Membership will be notified when dates and locations are confirmed)

Saturday and Sunday, October 7th & 8th 2006 Annual Conference at Westerbeke Ranch in Sonoma. (Save the dates – details to be announced later).

AFTNC PRESENTS:

"COLLABORATIVE COUPLE THERAPY: TURNING FIGHTS INTO INTIMATE CONVERSATIONS"

by Daniel B. Wile, Ph.D.

Date: Sunday, January 29, 2006 Time: 6:30 PM– 9:30 PM

Location: Home of Steven Freemire and Catherine Freemire, 2073 Magnolia Way, Walnut Creek Questions: Catherine at 925.939.4554. If lost the night of: call Steven's cell: 925.324.3831(do not use Mapquest)

PRESENTER: Daniel B. Wile is a clinical psychologist with twenty-five years experience as a couple therapist. He received his B.A. from University of Chicago and his Ph.D. from the University of California at Berkeley, where he is an Assistant Clinical Professor. He is a Diplomate in Clinical Psychology of the American Board of Professional Psychology. He has published on psychotherapeutic theory as well as couples therapy, teaches at several graduate programs in the San Francisco Bay Area, gives professional workshops on couples therapy throughout the United States, and is author of Couples Therapy: A Nontraditional Approach, After the Honeymoon, How Conflict Can Improve Your Relationship, and After the Fight: Using Your Disagreements to Build a Stronger Relationship.

DESCRIPTION: In collaborative couple therapy, we see the heart of the problem as loss of voice. Clients feel alone, unable to express their inner longings and fears. Hopelessness set in. This is "loss of voice" – whether it takes the form of kicking and screaming or quiet withdrawn desperation. In therapy, we take the fight that is occurring at the moment and, by giving voice to each partner's experience, transform it into a moment of intimacy. This turns the relationship into a curative force for solving the couple's current impasse as well as their family-of-origin problems. Dr. Wile will explore how to move couples out of their spiral of alienation – their adversarial or withdrawn state – and into a cycle of connection. He will teach us how to recognize these problems – familiar to many of us as we grapple with them also and show how couples could express these feelings and how, if they could, their partners would immediately empathize with them – and so would we.

CE UNITS: Attendees at this event will be eligible for 2 CE units for licensed 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") 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.

DIRECTIONS: Go through Caldecott Tunnel on Highway 24.Continue on 24 until the 680 Interchange. Stay to right and Take 680 South towards San Jose

Take first exit, which is South Main St. Take left at first light at bottom of exit ramp onto South Main St. At 2nd light, take left onto Lilac Dr (Hickory Pit on corner) Lilac Dr dead ends at Newell Ave; Take a left onto Newell.

Continue to next stop sign and go left onto Magnolia Way. Go 1/4 mile up the hill. Immediately after yellow sign that says "Not a Through Street," take a right into our unmarked lane, which is flanked by two stone pillars. ***(continued on next page)***

(If you miss our lane, you'll immediately see Hillside Church on left, which can be used for overflow parking). After turning into our lane it's the second house on the left, #2073.Park anywhere along right side of street, or behind our cars in the driveway if you're first to arrive.

From 680 coming south (from Concord, Martinez)

Take South Main Street exit and follow directions as above.

From 680 coming north (from Danville, Pleasanton)

Take South Main Street exit. Go straight to 2nd light and go left on Lilac Dr.

Follow directions as above from Lilac.

STUDENT EVENT:
CAREER OPTIONS IN COUPLE AND FAMILY THERAPY

W. Keith Sutton, AFTNC Co-Student Representative

It's that time of year again when we present the student event: Career Options in Couple and Family Therapy. Last year we had Robert Green, Bart Rubin, Terence Patterson, Veronique Thompson, Lori Ono, and Roger Lake spoke about their career paths and gave advice to students hoping to embark on a career in family work. We had a great turnout with 50 or so students from CSPP, the Wright, CSU Hayward, Argosy, USF, CIIS, and New College.

So if you liked the event last year or didn't get to go, come join us on February 25th from 12 to 3pm at Alliant International University – California School of Professional Psychology at 1 Beach Street in San Francisco. We're going to have a panel with a few new presenters and a few from last year. Please spread to word to any students that you know interested in couple or family therapy. See you there!

Here's what some students said about last years event:

> *It was very helpful. I was really struck by how nice the panelists were and how genuine they were in wanting to provide us with guidance – M*
>
> *Thanks for organizing; I was even more interested this year than last. I was going to leave at 2:00 to go back to work but ended up staying until 3:30. The panelists were well chosen too, and the pizza was a nice touch! – J*
>
> *It was very useful information, the kind of information that we really need and is lacking at our school, and is difficult to reach on our own. Participating also increased my awareness of getting better training in family therapy, as I will be working with children and families. Most useful, the experience pumped me up to make the time and invest the money in more trainings/workshops, etc. This is the newest member of the AFTNC signing off! – S.*

MARIJUANA: WHAT FAMILY THERAPISTS NEED TO KNOW

by Timmen L. Cermak, MD on 9/18/2005,
Reviewed by Steven Pechter Freemire, MFT

At the outset of his September 18 talk at Alliant International University to roughly 30 AFTNC clinical and student members, Dr. Timmen L. Cermak assured us that, "At the end of this evening, you'll know far more about the effects of marijuana on the brain than any of your clients." And he was right. His information-packed, PowerPoint-supported presentation was, to use a 60's term, truly mind-blowing. Like the effects of the drug about which he was educating us, it left me high AND also hungering for more.

In the days immediately following Dr. Cermak's talk, my newfound expertise about marijuana and the brain came in handy with clients, especially teenage boys. I've gotten clearer about where I stand and bolder in tackling these issues; in turn, I believe I'm helping clients better grapple with the choices they are making by continuing to use.

A few of the attendees with whom I spoke afterward had, like me, not known of the existence of the endocannabinoids, the naturally-occurring brain molecules that mimic the effects of THC, the active ingredient in marijuana. While the molecular structure of THC was discovered in 1964, it was just 13 years ago that the first naturally occurring cannabinoid, anandamide, was discovered. The relationship between pot and the endocannabinoids is similar to that between opiates and the endorphins our bodies naturally produce. Quite a few heads in the room turned as Dr. Cermak stated that endocannabinoids are 10 times more present in our bodies than are endorphins.

So, when adolescents assert with utter certainty that marijuana is a natural drug and does us no harm, they are right about the first part, said Dr. Cermak. On pot, unlike alcohol, the brain is not doing anything it isn't designed to do. It is, however, doing it to excess. So, the second part of that assertion, that pot does no harm, is what the bulk of Dr. Cermak's talk eloquently and powerfully disputed.

Endocannabinoids are critical because they are neuromodulators, not just neurotransmitters. As such, they give us the capability to regulate many brain functions. Frequent use of pot seriously compromises this regulatory function.

For example, using pot hinders the amygdala's functioning. It creates "virtual novelty," making every sensation seem new and interesting initially, but subsequently making us less and less capable of experiencing pleasure and interest unaided by marijuana or other external substances. It lessens our capacity to evaluate emotions such as fear and anxiety, impairs the regulation of our appetites and the modulation of our pain threshold.

Marijuana interferes with the hippocampus, impairing short-term memory. It reduces motor activity and decreases reaction time, which are governed by the basal ganglia and cerebellum. While that may be a blessing for kids with ADHD by helping quell their hyperactivity, it does nothing for the inattention difficulties, says Dr. Cermak.

Dr. Cermak described with vivid imagery why everything looks interesting when we get high. It's as if a power surge is sent to particular nerve receptor sites. More messages received by more receptors translate into more pleasure and more of a sense of interest.

The lure of that experience for teens is undeniable. It is the antidote for teens' complaints of boredom and stress, as well as for what Dr. Cermak called the deep wounds of adolescence: grief and betrayal about the loss of

childhood fantasies (i.e., Santa and a God who will answer all our prayers); the loss of personal innocence and the discarding of naiveté about adults; and existential terror. Smoking pot provides self-medication for ADHD, depression and anxiety, is a vehicle for independence as well as affiliation, and a palliative to the demands of adolescent development (to feel more separate, different, more worldly).

In fact, for adolescents as well as adults, "the desire to alter consciousness periodically is innate and normal," argues Dr. Cermak. So what's wrong with using pot as the means of experimenting?

Here's where brain science comes into play. The danger comes when pot produces so much activation of the endocannabinoid nerve receptors that they flood the sites that receive their signals. When this happens, nerve cells try to stop the flooding, first by sucking receptor sites back into the cells and subsequently by dismantling them. Our brain's self-protective action has negative consequences once the high wears off. We now find it harder to find interest in the routines of daily life because we now have fewer receptor sites available for the endocannabinoids to activate.

Why is this of particular concern with adolescents? Two reasons. For one, rates of addiction increase the earlier one has started using marijuana. Whereas rates of cannabis dependence are 10% for anyone 18 years or older when they first experiment, smoking pot before 18 years old makes it three times more likely to lead to dependency.

Second, adolescence is a critical time of brain development. After puberty our brains go through a pruning process. This process, which follows a period of high production of neurons and synapses peaking usually at age 11 in girls and age 12 in boys, reduces the number of neurons. Dr. Cermak said it was like a plant that is sturdier after being pruned. If there is constant stimulation in the frontal cortex, such as by frequent use of marijuana, the brain can't go through this pruning process and our growth is stunted.

This may be especially relevant for teens experiencing difficulties with organizational skills or anger management, to name two common problems I see with teens. It appears frequent pot use could hinder the maturation of the frontal lobe, impacting the executive functions (abstraction, sequencing, prioritizing, planning and judgment) and the increasing ability to use cognition to temper our emotional responses (versus the more primitive "fight or flight" response of the amygdala).

Dr. Cermak says current research shows no permanent cognitive damage from using marijuana; however, it appears there's still some debate and, even if the damage is not irreversible, the short-term consequences are significant and the recovery process takes time.

Dr. Cermak's message to teens is this: Any use involves risk, and the decision not to use is just as normal as the choice to experiment. Risk is greater for some people because of their genes and family histories, and the quality of life can be diminished even without developing an addiction.

His basic formula for talking with teens is to be nonjudgmental, offer solid information, be honest about our feelings and history with drugs, and be concrete and behavioral. His specific prescription is:

Care – Say how much you care

See – Then say what you see

Feel – Tell them how you feel about these facts

Want – Be clear what you want them to do

Will – Tell them what you will do to support their efforts to limit use or abstain

Dr. Cermak culminated his talk by focusing on spirituality. In the quest for a spiritual high, he posed the advantages and disadvantage of a

"drug-assisted" versus a "drug-free" spirituality. Both are in the service of pursuing what he calls "a sense of awe and wonder in everyday life." He seemed quite unambiguous in his preference for the latter.

Dr. Cermak packed an amazing amount of information into his two-hour presentation. I'd welcome a follow-up program to carry the conversation further by addressing questions such as:

- *How does a scientifically-based knowledge of the harmful effects of pot help us enter into the sticky wicket of the complex dynamics of young people separating from their families when pot and other drugs – at least in their eyes – are one of the means of doing so?*
- *How do we apply this knowledge about marijuana to coaching parents?*
- *How does it assist us to address the power struggles between adolescents and parents in which pot and other substance use is often a major battleground?*
- *What do we do about teens that, even after we provide them with all this impressive information, continue to make extremely poor choices?*
- *How do we work with parents who are sometimes hypocritical in saying one thing but doing another?*
- *Do we advise parents to do random testing? If tests come up "dirty," what then?*
- *What additional interventions, if any, can we use as a result of this increased understanding?*

Given his time constraints, Dr. Cermak did not provide much guidance on these questions. But this journey into the fascinating and newly emerging world of neurobiology provides the foundation for us, as family therapists, to apply this knowledge to our clinical work.

Steven Pechter Freemire, M.F.T., is the founder and director of The Contra Costa Men's Center. Steven is a psychotherapist, personal coach, and organizational consultant and trainer. In his private practice in Berkeley and Walnut Creek, he works with individuals, couples and families, with a special focus on men and teen boys. He is an adjunct faculty member at John F. Kennedy University, where he trains therapists to provide counseling for teen boys, men and couples.

ANNUAL CONFERENCE REPORT

by Lori Ono

This year's conference, featuring Drs. Nancy Boyd-Franklin and A.J. Franklin, was a great success. The speakers presented different but related research and programs in a coordinated and dynamic manner concerning issues of Black Families in the U.S. We had a large turnout of participants, many of whom work in community agencies. We wish to thank the Franklins for their warm presentation, informative and thought provoking work, and their willingness to spend inordinate amounts of time talking with students and anyone who approached them. This was truly a successful conference in many aspects. The Franklins can be reached at:

Nancy Boyd-Franklin - boydfrank@aol.com
A.J. Franklin - ajaxfrank@aol.com

Lori Ono is a clinical psychologist working at Kaiser Walnut Creek Mental Health Department. She has lived in the Bay Area for 12 years and has worked at Kaiser for five years. Lori studied at California School of Professional Psychology (CSPP) and has been a member of AFTNC for three years. She served as Conference Co-Chair for the 2004 Annual Conference and Chair of the 2005 Annual Conference for AFTNC. Lori is contributing to the 2006 Conference in an auxiliary capacity.

AFTNC ANNUAL CONFERENCE

reviewed by Jennifer Moore-McDowell, Ph.D.

I was exhilarated, energized, inspired and validated at AFTNC'S Fall 2005 Conference with Dr. Nancy Boyd-Franklin and Dr. Anderson J. Franklin on working with African-American families. As an African-American psychologist, it was refreshing to spend an entire weekend with such dedicated and passionate therapists, presenters and researchers of color whose work I have admired for many years.

I was also impressed to meet so many attendees who are just as passionate as I am in working effectively with African-American children and families. I greatly appreciated the cases presented and the various interventions discussed which were designed to empower caregivers, restore nurturance, and realign family members. As a strong community-based provider, I was tremendously inspired by the wonderful examples of mental health interventions and programs provided through churches, schools, and other community-based collaboratives. I was also challenged to use writing as a tool to advocate for social change. I remember Nancy's wise words, "If it is not written down, it doesn't exist to the dominant majority culture." She could not have given me a more precious gift. I have heard numerous complaints by my poor clients of color about the daily micro-aggressions (and sometimes macro-aggressions) that they experience as they move through various social systems, schools, and the community-at-large. I am now encouraging them to take documentation of their life experiences very seriously as I am in my own life.

For me, this was an incredibly worthwhile conference to have attended. It is a wonderful thing to stay connected with like-minded professionals and to remain current, relevant and empowered in the field.

Thank you, AFTNC, for this wonderful opportunity.

Dr. Moore-McDowell is a licensed clinical psychologist who works with children, adolescents and families at the West County Child and Adolescent Services Clinic at Richmond, California (WCCAS). WCCAS is an outpatient, county-based community mental health clinic that serves a low income, inner-city population. Dr. Moore-McDowell has worked with Contra Costa County Health Services for nine years, and is also the training director for the graduate student-training program. She is also the mother of two daughters (aged seven and two).

AFTNC ANNUAL CONFERENCE — A STUDENT PERSPECTIVE

by Kelly McCoy

The AFTNC Annual conference at Westerbeke this year offered much to clinicians in training, particularly to those interested in families, culture and systems approaches to therapy. In keeping with AFTNC's commitment to serving and representing therapists at a variety of stages in their careers, the conference offered time for students to meet in smaller breakaway groups, for senior AFTNC members to share their knowledge with the assembly, and for clinicians at all levels to sharpen their clinical skills. The conference was a much appreciated supplement to graduate coursework for AFTNC's student members, provided time for communion and camaraderie among all members, and reinforced the bonds that are forming within our membership. Along with a dynamite group and gracious surroundings, the conference is memorable for its electrifying speakers. Nancy Boyd-Franklin and her husband A.J. Franklin led an inspiring series of discussions about the potential for us to broaden our capacities as

therapists by viewing our work within in its cultural context.

Nancy Boyd-Franklin spoke on her clinical work, supervisory work, and her own personal experience of Black families. Drawing on insights that she describes in her book, Black Families in Therapy: Understanding the African American Experience, she suggested means of engaging with Black families, provided historical and sociocultural information, and gave tips for incorporating social justice theory in work with Black families. She was also insightful in suggesting community resources and interventions. These approaches are also described in her book, Reaching Out in Family Therapy: Home-based, School and Community Interventions. As a White therapist-in-training, I was particularly impressed with her suggestions to non-Black clinicians working with Black families. Her discussions of spirituality and of use of self in therapy were also compelling.

Boyd-Franklin presented her thoughts with the very humor, energy and joy that she suggests we use in our work with African American clients. She asked us to cast away the notion that therapists ought to be reserved, and called on us to "remember what you came into this field for." The emphasis on neutrality and verbal attributes that typifies most psychological training can lead to stilted interaction, she argues. Her advice is to sense the "vibe" in the room, nonverbal qualities such as posture and tone of voice, which is an essential aspect of communication.

A.J. Franklin focused in on the experiences of Black men and young men. Along with Boyd-Franklin's explication of the stages of African American racial identity, his exploration of the Invisibility Syndrome and Post-Traumatic Slave Syndrome offered paradigms for thinking about Black clients that are particular to their cultural context. He discussed the binds that Black men experience in our country, such as being highly visible by skin color, yet invisible in the eyes of mainstream society. Also, Black men are expected to grow into the male gender stereotype that our culture promotes, while being denied access to many of the things that the dominant culture deems essential to masculinity. By focusing on invisibility, Franklin was able to provide links between sociocultural experience and clinical symptomatology. For example, a personal legacy of racial slights, an inner feeling of not being seen and a sense that personal talents and abilities are ignored may very easily lead to heightened vigilance, chronic indignation, generalized anger, depression or substance abuse.

A.J. then turned the tables, and in the face of a cultural environment that devalues Black men, shined a light on strengths in the African American community. He shared some of his own work, in which Black men focused on defining visibility in their own terms. In a video that highlights resilience, A.J. showed us a group of men working together to move from invisibility toward visibility. The group members relied on each other to foster agency, commitment, and self-determined visibility.

Both Nancy Boyd-Franklin and A.J. Franklin ask us to be direct in identifying strengths in African American clients, as clients may not always see their own strengths. Beyond invisibility and the clinical symptoms with which clients present, deep strengths are present. No group could persist and thrive in a hostile cultural climate without a profound source of resilience. A.J. Franklin tells us, "To work effectively with men of African descent we must be as knowledgeable of their resourcefulness and resilience as we are of their dilemma as citizens."

In addition to providing insight about working with African American clients, the speakers reminded us of what is common across effective therapies. In particular, they highlighted the value of interventions that are socioculturally relevant, focus on positive relationships, are

appropriately timed and are comprehensive. In our work with families, we do well to consider strengths, relationships, timing and additional resources such as church and school. Being attentive to culture as the environment in which we and our clients live can only make us more accountable as therapists. Nancy Boyd-Franklin and A.J. Franklin shared their own knowledge of the Black community in particular, and reminded us of the vitality that arises in clinical work when we consider cultural context.

Kelly McCoy is a second year graduate student at the Wright Institute and is in clinical training at the Center for Family Counseling in East Oakland.

AFTNC ANNUAL CONFERENCE

Reviewed by Sarah O. Rush, M.A.

The opening of the two-day conference was a powerfully moving experience, with an introduction to the black church, as the husband and wife team, Dr. A.J. Franklin, and his wife, Dr. Nancy Boyd-Franklin, played a video of their own inner-city, church's youth choir singing a highly charged, spirit filled, gospel song, as they sang, rocked, bounced and danced from the depths of their souls. The choir continued singing well after the song was over, clearly moved by the Spirit. Many of the choir members had been seriously troubled youth, who had come a long way with the help of the church.

Their introduction centered the conference attendees in the heart of where African-Americans have gained their strength to persevere and survive mentally, emotionally and spiritually, since the days of bondage. The Franklins illustrated how the role of the church is essential to the continued support and survival of the African-American family because it often functions as an extended family for underprivileged, troubled youth, and overburdened single parents and grandparents.

Throughout the weekend, they used numerous real life scenarios that took us into the counseling room, the homes, and the neighborhoods of mostly poor black families dealing with mental illness, self-esteem, substance abuse, anger and absent parent issues.

The conference attendees, who incidentally made up the room so beautifully from all different ethnic and cultural backgrounds, could begin to really feel the plight of African-Americans, and understand why some react and respond with anger, distrust and uncertainty.

As therapists, we learned how to do the most good, and be the most effective in the mental health milieu, through the way that the Franklins did an outstanding job at putting us, as closely as possible without being in their actual presence, in the midst of these families, and the problems they face culturally.

Some of the attendees, including myself, found ourselves weeping, as we were deeply moved by the challenges facing some African-American families. Absent parents due to substance abuse, and incarceration rank high on the cause of damage to the family's financial, mental, emotional and psychological well being.

Several attendees spoke about how some African-American clients have been difficult to work with due to silence, hostility, or angry reactions, and how they felt frustrated as clinicians, making it not so easy to be present in the room. The Franklins explained how trust issues can prevent African-American clients from receiving mental health services, especially when it comes from someone who does not look like them, or from someone who has never experienced what the client has experienced. They showed the way through the trust issues, and the anger, citing the main technique of, first and foremost, genuinely

meeting these families right where they are, from the onset of treatment.

Much of what they lectured on throughout the weekend was what we've all learned in school, and not just for clients of color, but all clients, the basics in treatment. For example, simply being present. With the African-American client they went a step further, speaking on how touching is therapeutic, crying with them is okay, and how self-disclosure can be deeply helpful. Dr. Nancy Boyd-Franklin demonstrated, by showing a video of her actual work, how counseling African-American clients right in their living rooms can be a very powerful intervention.

For me personally, much of the information that the Franklins shared mirrored my own life experience. As an African-American woman, I rose above difficult circumstances to achieve many dreams. This was only possible when, as a young adult, I began counseling, found my spiritual roots in an inner-city predominantly black church, and then learned of my own ancestral history, which include being the great-granddaughter of the former slave, turned famous educator, and founder of Tuskegee Institute, Booker T. Washington, who also rose above his circumstances.

The Franklins gave us permission to step out of the box, and do what most of us are in this field to do, genuinely engage with, care for, and help clients from all walks of life discover their true self-worth, in the way that is most beneficial, effective and helpful to their culture, their circumstances and their uniqueness. At the end of the two days I believe most of us felt a fresh sense of validation, and an increased inspiration to do our best work with each and every client.

Sarah O'Neal Rush, registered MFT intern, is the great-granddaughter of Booker T. Washington, and carries on his legacy as a public speaker, helping others to rise above adverse circumstances. She is a clinical counselor/case manager for "at-risk" youth and their families at Eden Counseling Services. Sarah also writes a mental health column for California Voice newspaper. For more information, call 510-278-1634, or email liftingtheveil2@aol.com, or visit the website at www.bookertwashington.net.

NEW REALITIES, NEW VISIONS

Terry Patterson, EdD ABPP

Imagine a world in which everyone thought systemically…in which "family therapy" wasn't thought of only as a therapist in an office with a couple or nuclear family…in which family specialists actually had intensive training and supervision…in which social workers, psychologists, psychiatrists, and MFTs were not always jockeying for position…in which clinicians and managed care providers really listened to each other.

There actually are vestiges of these things today, but they are much too rare. I raise them because I believe their scarcity threatens the existence of the family field, as I have referred to it in a previous article. We need to think more broadly and generously, and extend our comfort zone if family therapy is not to become marginalized into a precious, nostalgic practice that many allude to but only a few are competent to engage in. In many ways, I believe our efforts to preserve the field have made us into our own worst enemies. At the risk of repeating some issues I've identified earlier, let me give some background and state specifically what has brought us to this position and how we do not always act in our own best interests.

The dearth of couple, parent-child, and family therapy training has been documented earlier (e.g., the Fall issue of the AFTNC Newsletter). The new training program of this organization (currently being reformulated) is a bright spot

In Northern California, where at least five other family institutes once existed simultaneously. Today only a few doctoral programs in the Bay Area and throughout the country have a "family track" with up to four required courses, while most others offer one or two with no live supervision and often no specifically-trained family supervisors. MA programs (including most MFT) follow the same pattern. In fact, most MFT candidates indicate a desire to become generalists rather than family specialists.

Along with a clear need to correct the deficiencies noted above, a broader perspective that truly reflects the systems paradigm is in order. New realities include an increasingly diverse clientele, a general shift away from psychotherapy to related modalities such as coaching, consultation, and psycho education, and numerous opportunities to provide services in alternative venues. We have always known that family structures, values, and the mere acceptance of psychotherapy varies widely according to culture; this fact has been driven home by ethnic minority groups becoming majorities in many California communities, and the realization by many of us that everyone, regardless of culture, requires specialized assessment and intervention in order to utilize services effectively. This involves using psycho education when it might be more useful than insight-oriented methods; seeing clients in their homes or offering services in schools, workplaces, or churches (Glide Church in San Francisco actually does "pew therapy" on Sunday morning to make contact with clients who will not keep appointments in their clinic); and labeling our services "consultation" with individuals, couples, and families as well as organizations when we are offering information, referral, and recommendations that may be more relevant than therapeutic process. All of this can, and in my opinion, be best done with a systems perspective that views individuals in total context, and attempts to engage as many relevant individuals as possible to address problems pragmatically.

From a functional or strategic perspective, moving ahead requires us to first look at what we are doing that keeps us stuck. We often stubbornly adhere to the in-office/process therapy/fee for service model as our ideal, while maintaining the "managed care is out to get us" attitude. We decry not only brief therapy but consultation and psycho education as adjunctive or inadequate modalities that don't go "deep enough" (Do all of those "Brief but Deep" workshops lead to sexual dysfunction?—sorry!). From an ethical perspective, we consider cultural awareness and true contextual sensitivity mostly in, working with ethnic minorities at the same time as we often stereotype them with first-generation immigrant patterns.

What can we do?

First and foremost, extend a systems view to individuals, alternative and extended families of all types, and assess what they really want and need

Then, provide it as expertly and efficiently as possible

Get out of our offices and provide services where clients are available

Try psycho education and get a taste of how clients soak it up and make real changes on their own

Support clinicians from other disciplines when their professional associations are attempting to gain parity

Work with managed care providers and explain what family clinicians do—they often will listen and accommodate our plans if we provide results

Speak out in training, supervision, and other clinical settings when couple, family, or parent-child therapy is being offered and ask about specialized training and experience, particularly in MFT programs.

And finally, start a comprehensive systemic mental health group practice with PsyD/PhD, LCSW, LMFT, MD, and (the coming) LPC practitioners, offering satellite consultation, assessment, therapy, and psycho education programs throughout the community.

Terry Patterson is a Professor and licensed psychologist in the Counseling Psychology Department at the University of San Francisco, and in independent practice specializing in couples. His interests involve professional training, ethics, theoretical orientation, and keeping the mental health profession viable. Your feedback is welcome at pattersont@usfca.edu

A TRIBUTE TO LYMAN WYNNE, M.D., PHD.

by Rodney J. Shapiro, PhD.

Lyman Wynne, M.D., PhD., was recently honored for his life work at a gathering in Rochester, New York, attended by many of the luminaries of Family Therapy. Unfortunately I was unable to be there (I was leaving for South Africa). However, I was invited to contribute to a "Book of Remembrances" that will be published and given as a gift to Dr Wynne. Since Dr Wynne is widely regarded as a seminal leader in the family therapy field, I thought that my article might be of interest to AFTNC members. I was a faculty member in the Psychiatry Department of the University of Rochester when he was offered the Chairmanship in 1971.

What follows is a rather humorous account of my first meeting with Dr Wynne. And the development of our personal and professional relationship during the 1970s, an exciting decade in the history of family therapy.

When we first received word in 1971 that Lyman Wynne was to succeed John Romano as our new Chairman, many of my colleagues were concerned about how someone with such a different orientation would fit into the prevailing psychodynamic "culture" of our department, but I felt elated!

In 1969 I had started a family therapy training program with Elta Green (a social worker) and a psychiatrist, Cy Worby who left soon after we got started. Dr Romano then appointed me Director of the Family Therapy Program. Over the course of three years family therapy became accepted as a mandatory training course for all psychology trainees and psychiatry residents. While their feedback was extremely positive a majority of the faculty remained skeptical about the merits of family therapy.

So, when I first learned of Lyman's appointment it felt to me like a dream come true. The first psychiatry department in the country to have a family therapist as chairman, and my luck that it's happening right here! "Now" I thought, "my colleagues will have to take family therapy seriously."

For the first few months of his appointment Lyman spent part of each week in Rochester while he brought closure to his previous commitments. He made it known that he intended to use this time to learn about the department and interview faculty and staff members. I naively expected that he couldn't wait to meet the fellow who ran the family therapy program. I played over and over in my mind how I would show him my curriculum (which included a generous section on his contributions), and the audio-visual training methods we used that would of course be so dear to his heart. Maybe we could skip the formality of an interview (family therapists were known for their informality) and we could head to the faculty club and down a couple of beers and share anecdotes about other family therapists.

But weeks went by and there was no word from him. My initial euphoria was replaced with acute anxiety. I had to face the distinct possibility that he was intending to replace me with one of his own colleagues, but hadn't decided yet when to fire me. Clearly this was not a personal rejection. He didn't even know me! I concluded that he obviously preferred to work with someone he already knew and after all that was his right. My attempt at stoicism was severely challenged when I considered the likelihood there was no future for me in the department. I began the painful process of preparing for separation and moving on.

And then it happened. Out of the blue, a few weeks after beginning his full-time term of office, I received a call from his secretary, "Dr Wynne will meet with you." Hope and anxiety reigned once again.

Ten minutes before the appointed hour I sat in the waiting area and tried in vain to engage the secretary in chit chat, failing which I attempted to detect clues (unobtrusively of course) from her facial expression, vocal tone, mannerisms (we family therapists are adept at reading "body language"), but she was as enigmatic as the sphinx.

After what seemed like an eternity Lyman's door opened, he beckoned me enter and directed me to a chair.

Instead of interviewing me, he began by outlining a general proposal for developing "family studies" in the department. I was amazed at how much thought he must have already given to this ambitious program. I felt the need to break in and let him know about all the work I had done to develop our successful family program and how much I wanted to work with him, but I soon realized that the very fact that he was talking about "we can do this or that" meant in fact that he had decided to work with me.

And that was how I began to get to know Lyman. He was anything but predictable. Complicated, brilliant, passionate, forceful, at times, but also incredibly kind and supportive. I came to appreciate why so many of his illustrious colleagues admired and revered him. We collaborated closely as he successfully developed an internationally known broad based clinical, training, and research Division of Family Programs. He appointed me Director of the Family and Marriage Clinic, and with his support I was able to develop a much-utilized clinical resource for the community and intensive state of the art training programs. He was also supportive of my clinical research and publications, particularly my contributions to early attempts at applying family systems theory and practice for understanding and treating substance abuse and family violence.

In those days there was a strong anti-psychoanalytic movement within the field of family therapy, but Lyman's orientation was inclusiveness rather that polarization and he and I shared a belief in the value of integrating psychodynamic and family systems theory. He put this into practice by inviting experienced therapists from the department and the community to form an interest group in family therapy. We broke the ice by letting them observe us through a one-way mirror as we interviewed multi-problem families and welcomed their feedback. We couldn't resist chuckling when some of the more intrepid members agreed to being observed as they interviewed families but with the proviso that no trainees could observe them! Thanks to Lyman's reputation, many of the leading family therapists spent considerable time visiting with us and it was enriching for me to get to know them personally as well as professionally.

In 1980 I was offered a position in San Francisco as Clinical Professor at UCSF with a mandate to develop a family therapy program at the VA hospital. The knowledge and experience that I gained during my tenure with Lyman has served me well these past two decades in my

endeavors in contributing to the growth and acceptance of family therapy in the Bay Area.

Rodney J Shapiro, PhD., is a Clinical Professor of Psychiatry at the University of California School of Medicine in San Francisco. He is a founder and Director of Networks Family Counseling Center, and he conducts a private practice in San Francisco and Marin. From 1984 to 1993 he was Director of the Family Therapy Clinic at California Pacific Medical Center, in San Francisco. He was also a member of the core faculty, the executive committee in Psychiatry and he served as Chief Psychologist. From 1981 to 1989 Dr Shapiro was head of the Family Therapy Program at the Veterans Administration Medical Center in San Francisco. From 1970 to 1980 Dr Shapiro developed and directed the Family Therapy Program at the University of Rochester Medical School (Psychiatry Department). He is also a past President of the Association of Family Therapists of Northern California.

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