

ASSOCIATION OF FAMILY THERAPISTS OF NORTHERN CALIFORNIA

July

2006



PRESIDENT'S COLUMN

by Roger Lake

I write this column having just completed Khaled Hosseini's book, *The Kite Runner*. No doubt, many of you have read it. It leaves one pondering much

about life, but certainly the ironies of privilege, and the vicissitudes of hope. These themes run strongly through our lives as psychotherapists and social workers. I'm proud that AFTNC has shown the willingness over our history to address these issues in cultural context. Last year's presentation by A. J. Franklin and Nancy Boyd-Franklin on working with African American families was successful and useful.

In planning for this year's Annual Conference, we've moved back in the direction of exploring what many of us struggle with in our daily lives in practice. How do we help couples? As you

will note from Ron Pilato's interesting interview in this Newsletter, this year's presenter, Bill Pinsof, has spent his professional life exploring this issue with a scientific zeal that I can only admire and seek to learn from. Having read the syllabus, I can assure you that his presentation will be copious and stimulating, particularly for those of us who have watched the same landscape emerge over the last quarter century or so. I do think of myself as an experienced couples' therapist, and I also believe that it has been the hardest work to learn. For me, it is where so many pieces of theory and practice come together. I know I'm not unique in that. My own hope for the conference is some really stimulating conversation among the many therapists in AFTNC who, like me, have had to spend lots of time pondering the question of how to help couples. I think the breadth of Bill's Integrative Model offers that possibility.

On another note, I've spent the last year working with family therapy trainees at Bart Rubin's Family Institute of Pinole. This is new for me, since I've been a private practice guy for the past twenty years. What I come to realize is

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that graduate school doesn't really prepare family therapists to take on the complexity of this work. Of course, I knew that from my own training, but during my tenure as President of AFTNC, it has become clear to me that what we represent is an important gathering place in the village that helps our members become therapists. We hope to provide connection to the world of systemic therapy through nurturing and sustaining each other in a family sort of way.

Our connection to students, and their development, seems to me the emerging position we are taking in the Association of Family Therapists of Northern California. Our student representatives on the Council, Mariah Feld and Keith Sutton, have done yeoman's work in organizing and supporting the student membership of AFTNC over the last two years. I wish to express my sincere appreciation to both of them. They have helped us by organizing generative meetings that have added to our membership, bringing a new generation into the organization. I'd like to welcome Sara Mizban and Lara Ezrin as the new student representatives. They introduce themselves in this Newsletter, and are organizing a student event for this September, intending to reach out to new students at the beginning of the year. If you are currently a student or teacher, please help us to recruit those you know who are budding family therapists. The simplest way to do that is to direct them to our web site at www.aftnc.com.

The perennial problem of our organization is leadership and administration. I don't account myself well in either of those domains, but have learned to live with it. It is time to think about moving on, however, and if you've read this far in this unremarkable document in our obscure newsletter, you might think, "I'm probably someone who is involved enough in this band of Gypsies to think about helping to run it. Maybe I'm even the next person to be President." As that realization sweeps over you, call me at 415-567-7786. We should talk.

See you at the Fall Conference. Bring a bike if you want to go for an early morning ride.

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

EDITOR'S COLUMN

by Mary Cronin



This issue of the Newsletter offers a preview of the AFTNC Annual Conference with an interview of Presenter Bill Pinsof, Ph.D. by Conference Co-Chair, Ron Pilato, Psy.D.

Bill has devoted his life to the work of finding effective ways to help people change. In the interview, Ron taps into Bill's passion for the work he does and this fuels a desire to meet with Bill in a live presentation. In October, at Sonoma's Westerbeke Ranch, AFTNC will bring together family therapists, students, and others interested in the field of family therapy to meet, learn from, and interact with an outstanding practitioner and teacher whose presentation is titled: Transforming Conflict and Building Love: Integrative Problem-Centered Couples Therapy. Conference Co-Chairs Ron Pilato and Shawn Giammattei have prepared a Conference registration form with necessary details and information for this issue of the Newsletter.

Lara Ezrin, new Student Representative on the AFTNC Council, reviews Professional Options for Psychotherapists, a student sponsored conference held at Alliant University.

Erica Torres, new Members of Color Representative on the AFTNC Council, gives her reasons and motivations for accepting this assignment.

Jane Ariel, Anne Bernstein, Ellen Pulleyblank Coffey, Bart Rubin, Jim Sparks and Samuel Tabachnik join together in a report on their experience in creating the Postgraduate Training Program and their recommendations for further efforts in this direction.

Your Newsletter Editor submits a review of Sam Tabachnik's well-attended presentation on Working with Latino Families. Sam's presentation, while focused on Latino clients, offered useful wisdom that could be applied to other populations, as well

Denise Morin Lichty covers the Dan Wile presentation: Collaborative Couple Therapy: Turning Fights into Intimate Conversations, where the therapist's own process is acknowledged in detail.

Continuing the focus on couple therapy, David Fisher provides a review of Lesley Greenberg's Marin Camft presentation: Emotionally Focused Therapy (EFT) for Couples.

Not to leave out the children, Linda Klann provides suggestions for Initiating Therapy with Children.

The new LGBT Institute at CSPP/Alliant University, Rockway Institute, is the subject of an interview with its founder, Robert-Jay Green, AFTNC Past-President.

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

AFTNC 2006 CONFERENCE

Saturday and Sunday, October 7th and 8th

2006 Annual Conference
at Westerbeke Ranch, Sonoma

See details & registration form in this newsletter

ANNUAL CONFERENCE INTERVIEW

OF BILL PINSOFF, PH.D.

by Co-Chair Ron Pilato, Psy.D.

RP: We are eagerly awaiting the Conference Saturday and Sunday, October 7th and 8th, 2006 at Westerbeke Ranch in Sonoma where you will be presenting a two day workshop entitled "Transforming Conflict and Building Love: Integrative Problem – Centered Couples Therapy".



Ron Pilato

How can we answer the questions: Who is Bill Pinsoff and what can clinicians expect (students, other professionals considering joining the organization) to get out of a two-day professional workshop with you besides spending a relaxing and fun weekend with colleagues in Sonoma?



Bill Pinsoff

Let's start with "who is Bill Pinsoff?"

BP: Well, I'm a person who is deeply and profoundly fascinated by why people do

what they do and how they change, particularly in the context of the family. I'm very interested in how we can help people find a better way to live together. Why do people do what they do? How can we help people be in the world in more effective and constructive ways? These two questions are very important to me. I'm a student of human behavior and behavior change. These issues have been the consuming passion of my life...since I was 13 years old they have dominated my consciousness. I have been lucky enough to explore these questions both professionally and personally.

I'm less interested in selling a model than to find meaningful answers to and inquiries about those questions. I'm passionate about exploring effective ways to help people change.

Also, I'm a man who has been married for 37 years and love my children and my grandchild of 1.5 years. I am a fanatical fly fisherman and take every chance I can get to do so.

RP: What can clinicians expect to bring away from the workshop?

BP: They can expect to bring away 1) a set of principles for integrating different treatments in a humane and cost effective way; 2) a method and set of guidelines for negotiating most of the existing and emerging treatments that are out there; 3) specific techniques for addressing and bringing about change on different levels including behavioral, cognitive, affective, social, and biological.

RP: In the article, "Choosing the Right Door" (The Networker Jan/Feb, pp. 48-66), you mentioned how sitting in the car with your father playing opera may have driven you into the field of mental health in the first place. Tell me more about that.

BP: That story illustrated my father's lack of engagement. Ironically, he was picking me up from my individual therapy session and driving me home with the opera on. I felt that, for him, listening to the opera was more important than talking to me.

My therapist was a psychiatrist at Northwestern who actually became a colleague of mine here. A funny story...his wife applied to one of my marriage and family courses, which was closed, and I let her in with the dubious motivation of wanting to tell her how her husband had made mistakes in his approach with me as a client years ago. I had turned away a whole bunch of people, so when I let her in I knew I had some unfinished business with this therapist. I told my wife about it and she encouraged me to call this therapist since I was honestly, in this action, trying to tell him how I felt about his work with me.

So, I invited him out to coffee, admitting on the phone that I had some unfinished business. He was great about it and we talked. I asked, "Why didn't you ever invite my father into my sessions? Why didn't you even tell him what was going on?" and he replied, "Bill, you're right...I should have...it was just not done then. In the early 1960s, the majority of psychiatrists would never have invited another family member into an individual session. It was not permitted at the time."

When I work with a father and son in therapy, I'm working from the perspective of an active problem centered model, always asking myself, "...What is the adaptive alternative action? What is preventing an alternative action from happening?" In my case, getting me to ask my father to turn off the opera and talk to me would have been the adaptive action. My sins as a therapist are usually of commission rather than omission...I'm sometimes too active and need to let clients

do the work rather than jumping in to do it for them.

RP: How might your model apply to clinicians working in HMOs or other organizations that work primarily with empirically validated treatments?

BP: Well, first I try the most simple, direct, empirically validated or obvious treatment and then move to less direct and more complex approaches. The model is designed to progress from more simple to less direct interventions. The model starts with cognitive behavioral principles and it provides a cost effective framework for evaluating which therapeutic approach works, and when it appears things are not moving along in therapy, how to move onto another more appropriate approach. I like to focus on the principles of each approach rather than on specific techniques. If that works and effective change is observed, then stay there. If not, try the next modality that seems to fit.

In this model, you always have options. At some point you have to say...this approach is not going to work. Instead of fearing failure, it behooves clinicians to use failure as a source of feedback for moving onto a more effective approach. I think this is an especially useful framework for training clinicians, both new and seasoned.

The Integrative Problem Centered Treatment Model is not focused on deficits, like specific disorders; rather it focuses on problems and how they are maintained within biopsychosocial systems. Evidence Based Treatments are not comprehensive therapy models. They are designed for particular disorders and particular populations. This is a model for more general psychotherapy practice.

RP: Clinicians are bombarded with an array of methodologies. What can you offer to

therapists who are in the process of finding what works for them in the midst of so many modalities and orientations?

BP: The Problem Centered Model offers a framework: 1) for organizing the huge array of methodologies; 2) for finding a way to integrate the treatments into who you are as a human being and 3) being a broad model, it allows for adaptation and individuality. For example, I may work on cognitive issues more like a narrative therapist than a cognitive therapist because that is what I prefer. For therapists, if there is not a lot of who they are in their work, the model is not going to last. 4) The model gives structure to the wide array of treatments and guidance for the intuitive process, creating space in the model for individuality.

RP: I enjoyed reading the discovery of another door flying open in your visceral experience of transference. Can you speak to this?

BP: He was 20 years my senior and I was a father figure. It was such an outstanding example of transference, as age clearly had nothing to do with it. That helped me understand transference more on a visceral level, and how transference seems to have very little to do with our age or gender as therapists.

RP: Something you mentioned in your article, that much of the work you do with clients does not happen through words. Can you expound on that?

BP: I think this is particularly the case when you are doing more self-psychological work in the sense that the relationship is the focus of the treatment. Even with some behavioral treatments the therapist is a meaningful object and the relationship is the focus. For more troubled clients, in the borderline and narcissistic end of the continuum, I have found that the

relationship and the tearing and repairing of the alliance can become the primary lever therapeutically. The relationship can be jeopardized and then can be repaired; in those kinds of therapies the sense of relatedness is primary. With these people, the therapy is not about learning a new technique for dealing with depression or relationships, instead it is about getting hurt and going through the repair. When dealing with couples and families, it is dealing with the tearing and repairing of the alliance within the system and between the system and the therapist.

RP: What is in the future for you and the model?

BP: Where I'm headed these days is in a somewhat expanded direction. Over the last ten years I've been developing the system and a method for providing direct feedback to therapists (The Systemic Therapy Inventory of Change) before therapy and after each session, moving toward an empirically informed approach of the integrative model. It tracks change, aspects of the alliance, tears and repairs.

What we are moving towards is a more empirically informed therapy. The aim is to do Integrative Problem Centered Therapy but during that process, to systematically receive feedback about individual, couple and family functioning. The feedback is graphed in a website accessible to clinicians, which shows them what kind of changes are happening, what the clients' experience of the alliance is, and what happens when the therapists shifts within the matrix into another mode of treatment.

I'm very excited about developing this way to see change in the form of quantitative feedback and using it to make any adjustments and /or to shift to another matrix. Feedback during the course of therapy is now becoming a major tool in

clinical decision-making. At the conference, we will be looking at this new research and some online examples. This research is providing empirical grounding for the integrative model.

Ron Pilato, Psy.D. is AFTNC Conference Co-Chair

BIOGRAPHICAL SKETCH WILLIAM M. PINSOFF, PHD, LCP, ABPP, LMFT

William Pinsoff is President of The Family Institute, Clinical Professor in the Department of Psychology in the Weinberg College of Arts & Sciences at Northwestern University, and the Director of the Center for Applied Psychological and Family Studies at Northwestern. He currently teaches in the Master of Science in Marital and Family Therapy Program and also teaches both undergraduate and post-doctoral courses for Northwestern University students.

He received his PhD in clinical psychology from York University in Toronto, Ontario, Canada. His academic and research work has focused on evaluating the outcome of marital and family therapy, understanding the process of marital and family therapy, and the integration of different therapeutic approaches for maximal cost effectiveness.

Dr. Pinsoff's work on psychotherapy integration culminated in the publication, by Basic Books, of *Integrative Problem Centered Therapy: A Synthesis of Family, Individual and Biological Therapies* (1995).

His extensive publishing career includes four edited volumes:

- The newly-released (2005) volume that he co-edited with Family Institute colleague Jay Lebow, *Family Psychology: The Art of the Science*, published by Oxford University Press;

- A special issue of the *Journal of Marital and Family Therapy* (1995) that he co-edited with Lyman C. Wynne, dedicated to reviewing all of the controlled research on the outcomes of couple and family therapy;
- A special issue of *Family Process* (Vol. 41, No. 2, summer 2002) entitled *Marriage in the 20th Century in Western Civilization: Trends, Research, Therapy, and Perspectives*; and
- The classic work he co-edited with Leslie Greenberg *The Psychotherapeutic Process: A Research Handbook*, (1986) New York: Guilford Press.

Additionally, Dr. Pinsof is a Fellow of the American Psychological Association and a Diplomate of the American Board of Professional Psychology. Dr. Pinsof received the Distinguished Lifetime Contribution to Family Therapy Research Award from the American Association for Marriage and Family Therapy in 1996, the Distinguished Contribution to Family Therapy Theory and Practice Award from the American Family Therapy Academy in 2001, and the 2001 Family Psychologist of the Year from the American Psychological Association Division 43 - Family Psychology.

Dr. Pinsof is a licensed clinical psychologist and licensed marriage and family therapist as well as an approved supervisor of the American Association for Marriage and Family Therapy. He treats individuals, couples and families. His clinical interests include: couples; sexual dysfunction; families with adolescent/adult children; family of origin; divorce and post-divorce therapy; family business.

AFTNC VIDEO LIBRARY **BILL PINSOFF, PH.D., PREVIEW** *by Mary Coombs, LCSW, Ph.D.*

Since our Annual Fall Conference presents Bill Pinsof, Ph.D., AFTNC members should know that we have an excellent video of his work available in the video library. The video, about 1.5 hours, is from the AAMFT Learning-Edge Series. Dr. Pinsof presents his theory: An Integrative Approach to Chronic Marital Conflict, as well as video clips of his work with a client couple in an actual session, using his “integrative problem-solving model.”

Dr. Pinsof has an evolved, clear theoretical model of integrative work. It is systemic; it includes behavioral, experiential and historical approaches to treatment, and a set of premises for how to proceed with treatment. Assessment and intervention are intertwined. A basic premise is to start with the most simple, direct and cost effective approach, staying closely linked to the couple’s view of the presenting problem, and only proceeding to more indirect costly interventions when necessary. This video is very helpful in thinking about when to use individual and couple sessions within the context of couple’s therapy.

This video is well conceived, and is an excellent preparation for learning more about Dr. Pinsof’s work.

For those who would like to view and discuss the video with others prior to the AFTNC Conference, members will be notified via the list-serve about a time (at the end of August of early September). The video will be shown at Mary Coombs’ house (in East Bay – Kensington).

Mary Coombs, LCSW, Ph.D., is AFTNC Video Librarian. Mary teaches at UC-Berkeley and USF.

ASSOCIATION OF FAMILY THERAPISTS OF NORTHERN CALIFORNIA

43ND ANNUAL CONFERENCE

Saturday & Sunday, October 7th & 8th, 2006

at the Westerbeke Ranch Conference Center in Sonoma, CA
www.westranch.com

**TRANSFORMING CONFLICT AND BUILDING LOVE:
Integrative Problem – Centered Couples Therapy**
with
BILL PINSOFF, PH.D.

This two-day workshop will teach participants how to identify and transform maladaptive conflict and intimacy sequences in their social-emotional repertoire. It will consist of lectures, video presentations, group discussions, and will focus on couples from diverse backgrounds and different cultural contexts. The therapy model presented in this workshop involves the systematic application of cognitive behavioral, psychopharmacological, experiential, and psychodynamic frameworks to the transformation of problem cycles in couples' lives.

ABOUT THE PRESENTER:

Dr. Pinsoff is President of The Family Institute, Clinical Professor in the Department of Psychology, and Director of the Center for Applied Psychological and Family Studies at Northwestern University. He currently teaches in the Master of Science in Marital and Family Therapy Program and also teaches both undergraduate and post-doctoral courses for Northwestern University students. His work has focused on evaluating the outcome of marital and family therapy, understanding the process of marital and family therapy, and the integration of different therapeutic approaches for maximal cost effectiveness. He is the author of *Integrative Problem Centered Therapy: A Synthesis of Family, Individual and Biological Therapies* (Basic Books, 1995). He has also edited four books: a newly-released volume that he co-edited with Jay Lebow, *Family Psychology: The Art of the Science* (2005, Oxford University Press); a special issue of the *Journal of Marital and Family Therapy* (1995) that he co-edited with Lyman C. Wynne, dedicated to reviewing all of the controlled research on the outcomes of couple and family therapy; a special issue of *Family Process* (Vol. 41, No. 2, summer 2002) entitled, *Marriage in the 20th Century in Western Civilization: Trends, Research, Therapy, and Perspectives*; and the classic work he co-edited with Leslie Greenberg, *The Psychotherapeutic Process: A Research Handbook*, (1986, Guilford Press).

Dr. Pinsoff is a Fellow of the American Psychological Association and a Diplomate of the American Board of Professional Psychology. He received the "Distinguished Lifetime Contribution to Family Therapy Research Award" from the American Association for Marriage and Family Therapy in 1996; the "Distinguished Contribution to Family Therapy Theory and Practice Award" from the American Family Therapy Academy in 2001; and the 2001 "Family Psychologist of the Year Award" from the American Psychological Association's Division of Family Psychology. Dr. Pinsoff is a licensed clinical psychologist and licensed marriage and family therapist as well as an approved supervisor of the American Association for Marriage and Family Therapy. He treats individuals, couples and families. His clinical interests include: couples; sexual dysfunction; families with adolescent/adult children; family of origin; divorce and post-divorce therapy; and family businesses.

CONFERENCE SCHEDULE:

Saturday, October 7, 2006

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| 9:00-9:30 am | Registration |
| 10:00 am-1:30 pm | Session A |
| 1:30 pm-3:00 pm | Lunch |
| 3:00 pm-5:30 pm | Session B |
| 6:00 pm | Dinner |

Sunday, October 8, 2006

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| 10:00 am-1:00 pm | Session C |
| 1:00 pm-2:30 pm | Lunch |
| 2:30 pm-4:30 pm | Session D |
| 4:40 pm | Adjourn |

Note: On Saturday, the Dr. Pinsof will spend lunch time with student participants.

Buffet Style Meals (Sat. Lunch, Dinner; Sun. Breakfast, Lunch are included in fees if you're lodging at Westerbeke Ranch). Lunch is included in your fees if you are NOT lodging at Westerbeke Ranch; Dinner and Breakfast are extra.

Vegetarian and vegan items will be included in the meals.

CE UNITS

Attendees of this event will be eligible for 10 CE Units for licensed psychologists, MFTs, and MSWs.

COST

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| For conference and lodging: | AFTNC members..... \$350.00 |
| | Student members \$297.00 |
| | Non-members \$447.00 |
| | |
| For conference only without lodging | AFTNC members..... \$271.00 |
| (includes lunches) | Student members \$210.00 |
| | Non-members \$346.00 |
| | Dinner Sat./breakfast Sun..... \$39.00 |
| | |
| Late fee (registration after 9/15/06)..... | \$35.00 |
| CEUs..... | \$10.00 |

CONTACT & REGISTRATION INFO

See registration form on next page. Complete registration materials will be available at on the AFTNC website by September 2006. For further information, contact the conference co-chair Shawn Giammattei (email: sfshawn11@mac.com).

AFTNC's 43rd Annual Conference
Saturday, October 7th & Sunday, October 8th, 2006
at the Westerbeke Ranch Conference Center in Sonoma, CA

| Sign me up for Conference & Lodging @ Westerbeke Ranch! | Sign me up for Conference ONLY! I'll find my own lodging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Received by 9/15/06:</p> <table style="width: 100%; border: none;"> <tr><td style="width: 30%;">AFTNC Members*</td><td style="width: 10%;">\$350</td><td style="width: 10%;">\$</td><td style="width: 50%; border-bottom: 1px solid black;"></td></tr> <tr><td>Student Members</td><td>\$297</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Non-Members</td><td>\$447</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>CEU's**</td><td>\$10</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Scholarship Fund***</td><td>\$</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> </table> <p><i>The above costs include shared cabins with baths (some shared cabins can include up to 5 people); pool & hot tub use; Saturday lunch & dinner and Sunday breakfast & lunch.</i></p> <p>Received after 9/15/06:</p> <table style="width: 100%; border: none;"> <tr><td style="width: 30%;"></td><td style="width: 10%;">Add \$35</td><td style="width: 10%;">\$</td><td style="width: 50%; border-bottom: 1px solid black;"></td></tr> <tr><td></td><td>TOTAL</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> </table> | AFTNC Members* | \$350 | \$ | | Student Members | \$297 | \$ | | Non-Members | \$447 | \$ | | CEU's** | \$10 | \$ | | Scholarship Fund*** | \$ | \$ | | | Add \$35 | \$ | | | TOTAL | \$ | | <p>Received by 9/15/06:</p> <table style="width: 100%; border: none;"> <tr><td style="width: 30%;">AFTNC Members*</td><td style="width: 10%;">\$271</td><td style="width: 10%;">\$</td><td style="width: 50%; border-bottom: 1px solid black;"></td></tr> <tr><td>Student Members</td><td>\$210</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Non-Members</td><td>\$346</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>CEU's*</td><td>\$10</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Scholarship Fund***</td><td>\$</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> </table> <p><i>Meals: Saturday and Sunday lunches are included in above costs. If you'd like to join us for Saturday dinner and Sunday breakfast,</i></p> <table style="width: 100%; border: none;"> <tr><td style="width: 30%;"></td><td style="width: 10%;">Add \$39</td><td style="width: 10%;">\$</td><td style="width: 50%; border-bottom: 1px solid black;"></td></tr> </table> <p>Received after 9/15/06:</p> <table style="width: 100%; border: none;"> <tr><td style="width: 30%;"></td><td style="width: 10%;">Add \$35</td><td style="width: 10%;">\$</td><td style="width: 50%; border-bottom: 1px solid black;"></td></tr> <tr><td></td><td>TOTAL:</td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr> </table> | AFTNC Members* | \$271 | \$ | | Student Members | \$210 | \$ | | Non-Members | \$346 | \$ | | CEU's* | \$10 | \$ | | Scholarship Fund*** | \$ | \$ | | | Add \$39 | \$ | | | Add \$35 | \$ | | | TOTAL: | \$ | |
| AFTNC Members* | \$350 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Student Members | \$210 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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AFTNC STUDENT SPONSORED PROFESSIONAL OPTIONS CONFERENCE AT ALLIANT UNIVERSITY

By Lara Ezrin

A group of Alliant University PhD students, along with MFT students from a variety of graduate programs in the Bay Area, filled the conference room at Alliant University on February 25, 2006, all with the hope of hearing that definitive, although often elusive, career advice that will help lead them to the ideal job in the field of psychotherapy.

The topic of the conference was professional options for psychotherapists. The panel of presenters included Roger Lake, MFT, Andrea Aidells, LCSW, MFT, Professor Terrence Patterson, PhD, and Mary T. Cronin, MFT. The presenters discussed their respective experiences in the field of psychotherapy, and how their various backgrounds and interests led them to their current enviable positions in the field.

Most of the presenters are active psychotherapists working directly with adult clients in private practice; some provide support for clients in social services; and others work with families in non-profit agencies. Although the speakers' experiences differed rather dramatically (illustrating the true breadth of the field), the basic message for the graduate students was the same: to begin cultivating a specialty within the field as soon as possible, and to network like crazy.

The presenters all agreed that efficacious networking can provide a graduate student with invaluable exposure to a diverse set of actively engaged practitioners within the field of psychotherapy. Meeting with different therapists and/or service providers just to learn about what they do on a day-to-day basis, what they do and do not like about it, and how they arrived there will always help to inform each students' own search for the ideal job within their chosen field.

The key, it seems, for an ambitious graduate student is to establish a network of actively engaged practitioners that can help the student navigate their way through the highly competitive and densely populated counseling community in the Bay Area. Not surprisingly, the graduate students were warned that the Bay Area is an especially competitive area for counselors, and the students were all advised to consider less impacted areas for employment options.

Choosing a specialty was another common theme that all the presenters agreed upon. In the world of general practitioners, the students were repeatedly told that they can set themselves apart by focusing on either a specific client population or a specific concerns such as substance abuse, couples counseling, or working primarily with those suffering from post traumatic stress disorder, just to name a few.

Most specialties require some sort of certification in order to be recognized as an "expert" in the field; therefore, it behooves students to be researching early in their graduate program what sub-areas are of interest to them and how they can go about becoming certified in the specialty area that interests them the most.

While focusing on a specialty was highly recommended, the students were also cautioned that it could limit the scope of the client population that a student will ultimately work with. Therefore, it is essential that a graduate student select an area of expertise that is both interesting and, at the same time, represents a viable career option in their geographic area. This requires research, ingenuity, and above all, flexibility.

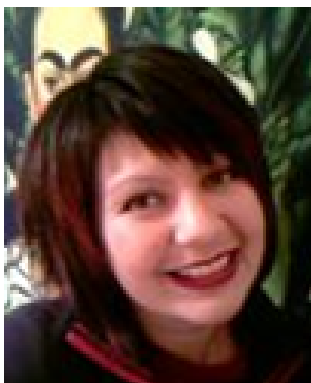
In the end, the students all learned that there are no easy answers as to how to cultivate the 'perfect' career path in the competitive field of psychotherapy. Although all the speakers agreed that you need to cultivate a specialty and network like mad, there are innumerable

directions that a graduate student can take. Each has its own potential or peril. Moreover, as any good psychotherapist knows, everyone has different interests, skills, and needs. The presenters themselves demonstrated that fact. The only answer, it seems, is for every graduate student to decide what their particular interests and skills are, and to continue working, learning, networking, attending similar conferences, and, above all, continue searching for that ideal job.

Lara Ezrin graduated from the University of California at Santa Cruz in 1994 with a Bachelor's degree in Sociology. Ms. Ezrin has worked in the field of Social Work for the past nine years. She has served as the Employment Program Director at the Central City Hospitality House homeless shelter. She then served as the Shelter Program Director for homeless families at the Hamilton Family Center here in San Francisco. Ms. Ezrin began seeking her MFT the University of San Francisco in the fall of 2005. She begins her traineeship at Haight Ashbury Psychological Services in July of 2006.

AFTNC MEMBERS OF COLOR REPORT

By Erica Torres



I was recently asked to write an article about my new role as the AFTNC Members of Color Representative. Consequently, I was forced to seriously consider my reasons for taking on such a position. It did not

take long for me to remember why I consider this to be a very important role within the Council...

When I entered graduate school as the first person in my entire family to “make it that far,” I quickly learned that there were rules that I had

to abide by and hoops that I had to jump through in order for me to succeed. More often than not, non-minorities are equipped with these “rules” ahead of time due to accessibility to others who have already gone down this path. I found myself struggling to pave my own path through the treacherous process. During this time, I remember feeling like an outsider and an imposter. Then, I came across this quote by bell hooks (1990):

Everywhere we go there is pressure to silence our voices, to co-opt and undermine them. Back in those spaces where we come from, we kill ourselves in despair, drowning in nihilism, caught in poverty, in addiction, in every postmodern mode of dying that can be named. Yet, those few of us who live, who “make it” are often too isolated, too alone. We die there, too. (p. 152).

I knew I did not want to “die” in the process of becoming a psychologist, whether that meant “not making it” or “losing my true self” as I adapted to this new identity. I was aware of the issues related to racism, and had read Oliva Espín’s article (1993) where she explains that those who hold the power and privilege to define, tend to be blind to how they silence others’ human experience. With this knowledge, I knew it would be important to connect with other students and mentors of Color who were or had experienced similar trials.

At this time, I can look back at the last five years and appreciate those who have supported and assisted me along the way. However, the work is not yet done. I know that these issues related to the imposter and outsider phenomena will continue to affect me as I move along this ivory tower. At the same time, I believe in the importance of creating a third, fourth, and fifth generation of therapists of color who must

encourage and support those who come after them. As the Members of Color Representative, it is my goal to provide such a space for therapists of color. As Oliva Espín (1993) stated:

When experiences are reported repeatedly, they become legitimized, “normal”; when silence is given voice, it becomes reality; when life is witnessed, it becomes presence. (P, 411)

I am currently in the process of creating a listserv for AFTNC members of Color. If you are interested in joining this listserv, please email me with your name, institutional affiliation, and contact information. I will also continue to work towards planning and creating more events that would be helpful to our communities. Please feel free to contact me with any questions or ideas you might have regarding these issues. I look forward to the work that lies ahead and hope to have a positive effect on the number of members of color within AFTNC.

Espín, O. (1993). *Giving voice to silence: the psychologist as witness*. *American Psychologist*, 48, 408-414.

hooks, bell (1990). *Yearning: Race, gender, and cultural politics*. Cambridge, MA: South End Press.

Erica Torres is a Chicana postdoctoral fellow at UCSF Child and Adolescent Services within the Multidisciplinary Assessment Center. She received her Psy.D. at John F. Kennedy University, and completed her internship at UCSF Child and Adolescent Services. Prior to her arrival at UCSF, she completed a year at Family Institute of Pinole where she worked primarily with bilingual children and their families.

THE POST GRADUATE TRAINING PROGRAM: AN EXPERIMENT IN FAMILY THERAPY TRAINING

At the last AFTNC Council Meeting, the Council was informed that the faculty of PGTP has decided to put the idea of implementing a training program in the near future on hold, an idea which had tentatively been brought up at the previous meeting. The reasons are many. The first year of the training went well, but it was extremely time consuming to develop the curriculum and to administer the program.

The six faculty members decided to take some time to review the curriculum, the administration, and the feasibility of the program before offering a second year of training and finally at that time came to a decision not to proceed with another year of training. A number of dilemmas faced the training program from the beginning. One had to do with defining the criteria for possible candidates for the program. Another had to do with the difficulty of clarifying its identity, which might be connected to the place of family therapy in mental health at this time. Yet another had to do with the fact that perhaps it was unrealistic to think that six faculty members otherwise engaged in busy lives could together meet the demands of a training institute.

The faculty believes that that there were many reasons for its decision not to proceed; but as with clinical “problems,” multiple explanations make the most sense, and what is even more important, is where the story is right now. The faculty continues to believe that there is a need for post-graduate training in family therapy, and that others in AFTNC will take this on if they want to at this moment. Whether the present faculty will decide at some point to provide training is an open question.

For those considering taking this on, we want to stress again that it was a great effort to both administer the program and to find a way to

articulate coherent goals and methods given that we all held somewhat different theoretical perspectives.

After the first year we continued to work hard to create a coherent curriculum and vision that could acknowledge and honor our differences as well as our commonalities. It is in this effort that we found ourselves looking for a different experience, one that would allow for a deeper understanding of each other's work. Through this, we felt that we could come together as a team, and from that perspective, possibly grow a training program, modality, or methodology that would more organically give a "raison d'etre" to the work, the effort and the vision.

At this time, four of the faculty members continue to meet, bring in families in live consultation, and reflect on each other's work. We will see what happens over time as we work together—a step as we said which was missed in the first phase of the development of the training program.

At the Council meeting, Mary Coombs and Terry Paterson strongly recommended that the Council leave open the possibility of discussing again a training program. It was agreed that in the future this item would be placed back on the agenda.

The faculty deeply appreciates the support of AFTNC and the opportunity to try this experiment.

JANE ARIEL, Ph.D., is a family therapist in private practice with people of diverse backgrounds and a special interest in alternative families. She is on the faculty at the Wright Institute and works as a consultant with Visions, a national organization dedicated to dealing with multicultural issues in a variety of settings. She has published in the area of gay and lesbian issues.

ANNE C. BERNSTEIN, Ph.D., is a family psychologist and mediator in private practice. She is on the faculty of the Wright Institute and clinical faculty at UC Berkeley. She has written books, chapters, and articles, taught nationally and internationally on family/couples therapy, stepfamilies, collaborative reproduction and children's experience of diverse family forms.

ELLEN PULLEYBLANK COFFEY, Ph.D., has had a family therapy practice since 1978. She has authored numerous articles on family therapy practice and catastrophic illness. Currently an adjunct faculty member at J.F.K University, she works with immigrant families and torture survivors here and in Kosovo. Website: www.berkeleyfamilytherapy.com

BART RUBIN, Ph.D., is founder of the Family Institute of Pinole, one of the major family therapy training centers in the Bay Area. He has taught family therapy for the past ten years at CSPP/ Alliant International University. He is a recent past president of AFTNC.

JIM SPARKS, Ph.D., is a psychologist who teaches family therapy and supervision at CSPP/Alliant International University. He is a former training director at the Mental Research Institute in Palo Alto. He practices narrative therapy, and is pursuing a project on "happy couples."

SAMUEL TABACHNIK, Ph.D., is a bilingual Latino clinical psychologist in private practice since 1983. He worked in community mental health for ten years. His full-time clinical work includes individuals, couples and families. He has extensive experience with multicultural families and couples, especially within the Latino community.

AFTNC PRESENTATION WORKING WITH LATINO FAMILIES

Presented by Samuel Tabachnik, Ph.D.

Reviewed by Mary T. Cronin, MFT

Sam Tabachnik, Ph.D., the presenter of “Working with Latino Families,” is eminently qualified to speak on this topic. Bilingual, Sam was born in Mexico of Jewish parents who had fled Europe. At age 27, Sam came to the United States and has resided here for the past 27 years.

Sam began his presentation with the factors that Latino families bring to therapy. For these clients, family and extended family are the major concerns vs. the individual. The family is the client. The parent/child bond is primary – not the marital bond. Traditional family roles are firm with specific male/female roles. Emotions are suppressed in the service of family cohesion. Clients express fatalism rather than acknowledging power over one’s future; and demonstrate patience vs. aggressiveness. Cultural strengths possessed by Latino families include extraordinary survival skills, religious faith, spirituality, resilience, and deep cultural knowledge.

Because the family is the client, the Latino family therapist is advised to partner with the family in humility. Vertical and horizontal relationships will be present within the family. This requires a study of the migration process, identification of the generational mix (perhaps for three or four generations). Some questions that arise are: Which generation? Birthplace? Socio-economic levels? Political factors? Racism managing? Legal status?

The extended Latino family creates complex family/community systems that can be based on religious affiliation: perhaps Catholic or other Christian denominations including Jehovah Witnesses and Seventh Day Adventists among others.

The Latino family therapist over time becomes a cultural observer and an intermediary with the

larger culture. The therapist provides the environment where the resiliency of the family is invoked to cope with feelings of grandiosity, grieving, and acceptance that arise in the process of assimilation and acculturation.

Samuel Tabachnik, Ph.D., is on the AFTNC Board, serving as Treasurer. He is a clinical psychologist in private practice since 1983, with multicultural experience treating individuals and families, especially within the Latino population.

COLLABORATIVE COUPLE THERAPY: TURNING FIGHTS INTO INTIMATE CONVERSATIONS

Developed and Presented by Dan B. Wile, Ph.D.

Reviewed by Denise Morin Lichty, Psy.D.



It turns out that one of the newest members of AFTNC is well-known couples therapist, Dan Wile. At his Collaborative Couple Therapy Workshop in January, he presented an overview of the theory underlying his work. Then he invited attendees to help him create an intimate picture of his day-to-day struggles as a couple’s therapist.

Wile’s approach attributes difficulties in couple relationships to loss of voice. This relates to the work of Bernard Apfelbaum, who argues that we suffer from self-reproach about our reactions to events in our lives. We make these negative appraisals about ourselves without being aware of them. They cause us to suffer and, since we are unaware of the appraisals, we are unable to improve our situation. The way out is for the client to express and even enjoy their inner states rather than feeling ashamed of them. In addition, the client’s acceptance of their limited control over their wishes, feelings, and reactions, diminishes their sense of failure over their lack of control. In this conceptualization,

interpretations are meant to encourage clients to accept their thoughts and feelings. The expected response to these empathic interpretations is relief, a decrease in suffering due to an increase in self-acceptance.

Wile picks up this theme in speaking about self-compassion. Couples can develop the capacity to accept and express their feelings rather than struggling alone. Unfortunately, the client's self-accusing inner voice is often stronger than their self-compassionate voice. The result is that partners are so involved in not feeling, not thinking and not expressing their reactions that it is difficult for them to have a genuine interaction with their partner. Instead, they relate something that seems more acceptable, like indifference, anger, or disapproval. Partners either avoid each other or make statements that lead to conflict. The other partner often responds in kind. Wile calls the transitions into these positions the avoidant shift and the adversarial shift.

In his work with couples, Wile tries to help each partner express their experience in the moment. To do so, he takes the role of the self-compassionate voice, searching for, accepting and expressing the feelings, reactions and wishes of each partner. The goal is to decrease the client's sense of isolation and alienation from their partner and increase their sense of being seen and accepted. Wile speaks for each partner in turn to help them express how they feel in the moment. His main concern is not the accuracy of his comments. Rather, he hopes to suggest a "genre of response" that invites the client to fully experience and share their inner voice.

Wile asserts that a couple's problems are often unsolvable characteristics of the relationship that they have chosen. Rather than engaging in a conversation about crafting solutions, he works with them to experience talking about problems in a way that increases compassion and intimacy. He uses a spatial metaphor to describe

a "joint platform," to which a couple can return when faced with challenging situations.

Much of therapy depends on the person of the therapist and I was curious to see how Dan Wile might accomplish speaking for clients in a way that is respectful of their own sense of self and sensitive to the possibility that they are feeling shame or engaging in self-criticism about their feelings. At the workshop, I particularly appreciated the opportunity to see how he explained to the role-play "couple" how he would be working with them. He invited the clients to tell him whether or not his "guesses" about what they were feeling were accurate and noted playfully that sometimes he "sneaks in" some of his own ideas. As he knelt beside each partner, he gave the impression of someone struggling alongside the client, struggling with something that was difficult to understand or know.

After the first role-play, Wile demonstrated how to construct a platform from which to contemplate the process of therapy, a platform from which to increase awareness of our own inner conversations. In order to do this, Wile invited attendees to play the part of Self-Critical Dan and Self-Reflective Dan, while he played himself as the therapist. Self-Critical Dan encouraged him to experience doubt about his competence as a therapist, noted every intervention that did not go as hoped, and, ironically, told him he should not feel critical of the client. Self-Reflective Dan helped him use his reactions to his feelings to understand how to be effective, encouraging him to persevere by finding his own collaborative responses. Dan noted that he sometimes felt distracted, unempathic, critical of clients, or hopeless about the therapy. Thus, he drew the audience into his own conversation with himself in relation to his work.

The audience could hear echoes of their own inner dialogue in his depiction. As we listened to the perspectives of Self-Criticism and Self-Reflection and Therapist, we were invited to

enjoy our outrageous wishes and vanities, to proclaim our outlandish fears and doubts. It was as though Wile was kneeling beside each of us and expressing our boredom, anger, sense of inadequacy, frustration, fear, and the unspoken aspects of being in relationship with oneself as therapist. Judging from the laughter, I wasn't the only one who felt relief.

Dan's notes from his presentation are at: www.aftnc.com/pdf/2006-01-MeetingNotes.pdf. Included are references to his published work.

For more information on Apfelbaum's work, go to www.bapfelbaumphd.com, in particular:

Apfelbaum, B. *Analyzing, not psychoanalyzing: The ultimate introduction for you, the intrepid reader*. Retrieved April 15, 2006, from http://www.bapfelbaum.com/Analyzing_Not_Pschoanalyzing.htm.

EMOTIONALLY FOCUSED THERAPY (EFT) FOR COUPLES

*Presented by Dr. Lesley Greenberg at the Marin
CAMFT 25th Professional Conference
Reviewed by David Fisher, MFT*



A heterosexual couple sits on chairs facing Dr. Greenberg. The husband whose anger is barely concealed beneath a pose of rationality, says he's given up on "having any fun" with his wife. "I can get my fun being with the children," he says. The wife simulates thrusting a knife into her heart, and says, "That really hurt." The husband begins to protest his innocence when, suddenly, the wife – until this point deferring and long-suffering – says, "Excuse me," and forcefully throws a stuffed koala bear to the floor, and yells, "Fuck." It lands close to Dr. Greenberg's feet. "I had to do that," she says.

The approximately 250 members of the audience erupt into laughter and cheers for the wife's bravado. Dr. Greenberg concludes, "Sometimes the therapist has to soothe himself." The audience laughs again.

Dr. Greenberg used this videotaped session to illustrate EFT concepts, e.g., interrupting fixed cycles of negative interaction by accessing the unacknowledged feelings behind each partner's apparent position.

These interaction cycles exist along two fundamental interpersonal dimensions. One dimension is affiliation, which involves the regulation of closeness and distance. This is rooted in the attachment seeking system. The other dimension is dominance, which includes such aspects as, who defines reality for the couple, or who leads and who follows.

In the case of the couple on the tape, the wife was fearful of the husband's dominance. Dr. Greenberg was attempting to help her access her primary emotion of anger, which was often shrouded by her secondary emotion of fear, particularly fear of confronting his dominance. At the same time, Dr. Greenberg was attempting to access the husband's underlying primary vulnerability in order to enable the husband to tolerate his wife's assertion of her needs.

In order to illustrate how Dr. Greenberg's EFT approach is different from other approaches, it is necessary to describe the foundational concepts of EFT. EFT is grounded in the biological systems, the attachment system and the identity seeking system (Dr. Greenberg sees the need for autonomy as secondary to the need for validation by others of our identity. He views the concept of autonomy as embedded in a "non-relational psychology." This is a theoretical issue, since the need for autonomy could be conceptualized in attachment theory as the need of the infant/partner, etc, to move away from the secure base in order to explore the wider world.

Human emotions are, according to EFT, evoked or generated by the gratification or frustration of these fundamental needs for connectedness (the attachment seeking system), or a sense of self-worth (the identity system).

Dr. Greenberg de-emphasizes identifying with any particular attachment pattern, e.g. secure, disorganized, etc. Primacy is placed on emotions and their assessment. The central task of the therapist, in his view, is to identify the primary emotion of the partner (in the case of couple's therapy). The primary emotion is the first "original reaction to the situation." The primary emotions are distinguished from the secondary emotions, which he characterized as "emotions about emotions," e.g., one feels guilty about one's "primary" anger. Primary emotion is also differentiated from instrumental emotion, that is, emotions intended to evoke a particular response from the other.

Applying this to couple's therapy, the therapist who uses EFT might, for example, help a pursuing partner who is protesting and blaming, access the underlying primary emotion of hurt; or, to use another example, Dr. Greenberg would attempt to help a cold distancing partner access his underlying fear of, say, feeling inadequate (an experience rooted in the basic need for a positive identity).

Assessment of emotion involves assessing whether these emotions are adaptive or maladaptive. In the former, the emotions are congruent with the here and now interaction. Maladaptive emotions are defined as feelings that occur repeatedly and do not change and which had survival value in the past, e.g. a partner who responds with pervasive mistrust when the other partner responds in a loving fashion.

At the core of Dr. Greenberg's approach to couple treatment is the transformation of one emotional experience (one based on secondary emotion and which leads to escalation) with another emotional experience; an "alternate set

of emotions, schematic memories, primary emotions are accessed." Each member of the couple then has a "new lived experience" of the other person. Dr. Greenberg's approach echoes the research findings of Dr. Alan Schore regarding the centrality of the regulation and dysregulation of affect in human interaction.

EFT makes use of many of the standard tools in the couple therapist's repertoire – education, family of origin work, reframing, disrupting negative interactional sequences and facilitating a "unique outcome." EFT's uniqueness lies in the emphasis it places on each person's capacity to discriminate among the nuances of somatosensory and affective experience in oneself and one's partner.

EFT, developed by Dr. Greenberg and Dr. Susan M. Johnson, poses challenges to other approaches to couple's work: Cognitive therapists are asked to examine the notion that it is "our view of things," which generates emotion; Object Relations therapists are asked to question whether there is a stable enduring psychic structure or psychic organization which must be altered in order for changes to occur. EFT invites Narrative therapists to explore whether changing one's story is sufficient to product change. EFT also challenges John Gottman's research that change is most likely to occur when partners are in low states of physiological arousal.

I suspect the high attendance and the lively participation of the audience at this workshop reflect the current effort to improve the efficacy of couple's therapy. EFT provides another 'portal of entry' into the complex and challenging practice of couple's therapy.

David Fisher is a Marriage and Family Therapist with offices in Concord and Berkeley. He sees children in individual and family therapy. He also sees individual adults and couples.

INITIATING THERAPY WITH CHILDREN

by Linda Klann, MFT



For those whose marriage and family therapy work consists primarily of seeing adolescents and adults, working with children can seem like a different world. Since children process and express their feelings largely through metaphor and

play, they present a very different set of therapeutic challenges. To make matters more complex, children come to therapy because their parents bring them; they often don't have much choice in the matter. Moreover, the reasons they are in therapy are usually due to a problem identified by their parents, and not necessarily one they even know of let alone identify with. Given this, joining with children and establishing a therapeutic alliance can be daunting.

In my work, I've seen children with many different temperaments walk through my office door. They have ranged from the sad and despondent ones who week after week refuse to speak, to the angry and aggressive ones who hurl everything from hurtful words to the occasional art supply. Over time I have developed a way of working through these initial sessions, which allows me to join with children in a positive manner so that the deep therapeutic work can be done.

Following the intake and orientation, sessions with children all begin with an offer of tea or water. This is very purposeful for children — and most adults for that matter — like to be cared for or “hosted”. Though food would serve the same purpose as tea, I gave up on it long ago: too messy, too perishable, too many finicky eaters; but tea has stood me in good stead. It naturally slows one down, calms, requires patience to wait for it to cool, and creates a natural space to speak

in or simply share a calm and special moment. Additionally, much of the work of childhood revolves around attachment; therefore, at least a portion of what is in the room involves attachment work as well, of which a component is nurturing. Knowing age appropriate ways of showing secure and insecure attachment, as well as the impact of different types of trauma on attachment is central to my assessment process, as well as to structuring effective interventions.

One of my first assessments of attachment is accomplished by offering a nurturing symbol such as tea, then stepping back to see how a child interacts with it. I worked with a seven-year-old girl who immediately began to build a magical play scenario around “tea time”. Into this play scenario she projected a great deal of her relationship with her mother as she served tea to myself and an array of dolls. An 11-year-old boy on the other hand, was very reluctant to accept tea from me, even though he appeared to want it. I quickly realized that his reaction to the tea paralleled his reluctance to accepting things from his mother, for fear of being hurt or rejected. Like the wild cats I cared for as a child, I set his cup of tea on the far side of the room and let him help himself, as he always did eventually.

Following the offer of tea or water, children have an array of things to freely choose from. I have a number of easily accessible activities, games, books, costumes, as well as sand tray and art supplies that hit a range of developmental ages. I leave it up to the individual child to choose what material they focus on, and at times this has surprised me. I remember one 12-year-old boy who spent the initial sessions doing non-verbal symbolic play, developmentally closer to the emotion processing of a five or six-year-old. This left me seated beside him on the floor, asking questions and encouraging him to verbalize the emotional conflicts he played out over and over. Wherever the child begins, I attune to what they are doing and match it with a response that parallels the developmental age of the interaction. Through this I begin to use the child's “language” to accommodate to their way of experiencing and

interacting with the world. Most of therapy therefore takes place on the floor, hunched over a Connect Four game or finger painting. This is not always “exciting” work. I have found myself rolling a pen back and forth across a table or spinning in my chair as I mirrored the motions of a nine-year-old girl for three sessions before she would say a complete sentence to me, or even move on to something more complex. I have learnt over time that you cannot rush the process, it will eventually change but only when whatever needs it served is met.

A child’s developmental age is most apparent in their play or art work. Therefore the first few sessions act as a time to experiment with different activities or mediums before settling on a primary one. This primary way of interacting in turn creates a symbolic way of expressing their developmental level as well as providing indicators of past trauma.

Much of my early work with children is also about developing a way of utilizing my relationship with them in a manner that is constantly reflective. For example, a six-year-old boy I worked with became very silly (giggling, tipping objects over, not listening, etc.) when he was anxious. By staying present and first noticing what he was doing in a neutral way, then pointing out the difficulties I was having in talking or playing with him, an awareness was brought to this often unconscious way of being. He and I could then choose and practice ways to calm him in the moment, as well as try to identify the trigger that brought about the behavior. All this happens while drawing a picture, having tea, or playing Go Fish. In this manner the relationship becomes a frame or holding space that allows me to address the child’s therapeutic work.

Another aspect of child therapy is that most children don’t necessarily “buy into” their parents’ concerns about them, and inasmuch will not want to directly explore the stated problem. Therefore I’m always working from the side: playing checkers while simultaneously weaving

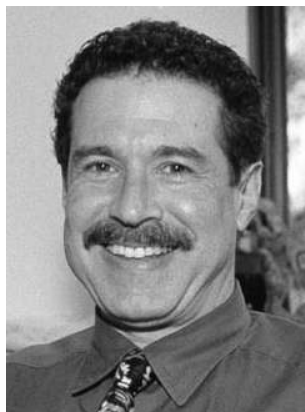
in a question game, or becoming curious and encouraging them to tell stories about the pictures they draw. The question games are particularly useful for joining and assessment, as I can weave in and out of serious subject matter in a playful and less intense manner than traditional talk therapy. For example, each time I jump one of their men in Checkers, I get to ask a question and if they wish, each time they jump one of mine they can ask me a question – word to the wise, don’t ask anything you don’t want to answer yourself. Into the usual questions of favorite food, TV show, and best friend I always weave in something about the last time they were happy, sad, mad and scared, as well as what they like most about themselves. These questions are gold mines, for they illuminate gaps in self esteem as well as where emotional growth may be stuck.

Initiating therapy with children is not only about joining with them, but with their way of experiencing the world; getting down on the floor and into the paint, costumes and glitter that mark their inner worlds. As I accommodate and am accepted by the child, a symbolic dialogue then begins to develop utilizing the medium they have chosen to work in. This trust and dialogue ultimately allows me to act as a bridge between the child’s inner and outer worlds, therefore beginning the deep therapeutic work that brought them to me.

Linda Klann, MFT has a private psychotherapy practice in San Francisco providing individual & family therapy. Additional projects include working with high risk families receiving Family Reunification Services, leading outpatient psychotherapy groups for mentally ill adults, and providing presentations to school groups and trainings to Marriage & Family Therapy interns. Upcoming projects include leading groups for Kid's Turn and providing clinically focused trainings to social workers in the Dept. of Social Services. Email Linda at linda_klann@hotmail.com with your questions and comments for future articles.

INTERVIEW WITH ROBERT-JAY GREEN: NEW LGBT INSTITUTE AT CSPP/ALLIANT

by Mary Cronin, M.A., MFT



Robert-Jay Green

Robert-Jay Green, AFTNC's immediate Past-President, recently announced a new institute that he will direct at CSPP/Alliant International University focusing on lesbian, gay, bisexual, transgender (LGBT) issues. For this article, I asked Robert-Jay to

participate with me in an online interview about this project. M.C.

MC: What is the Rockway Institute--what does it do?

RJG: The mission of the Rockway Institute is to provide original research, public policy studies, media outreach, and consultation on lesbian/gay/bisexual/transgender (LGBT) issues in the public interest. Projects of the institute are concentrated in the fields of business, organizational studies, education, family relations, healthcare, psychology, and social services. These are the fields in which Alliant International University has expertise and related degree programs. We hope the institute will become a leader in the national dialogue on LGBT issues, disseminating accurate research information on LGBT topics to public



Mary Cronin

policy makers, the media, community leaders, and educators.

MC: Why the name "Rockway?"

RJG: The institute is named in memory of the late Alan Rockway, a pioneering clinical psychologist who was one of my closest friends. Alan died of complications of AIDS in 1987, at the age of 44. This was shortly after it was discovered that a virus caused AIDS and before effective combination treatments were developed.

In 1977, Alan co-authored the nation's first gay and lesbian antidiscrimination ordinance (focusing on jobs and housing) to be approved in a major urban area (Dade County, FL). After passage of this ordinance by the Dade County governing board, Anita Bryant (a singer/entertainer who was spokesperson for the Florida Orange Growers' Association and a former Miss Oklahoma) started a virulent antigay campaign to have the ordinance repealed. In what was dubbed the "Save the Children Campaign," Bryant's and the Reverend Jerry Falwell's rallying cry was that children would be molested if the antidiscrimination ordinance were allowed to stand and schools were forced to hire gay teachers.

In response, Alan Rockway and others organized a fairly successful national boycott of Florida orange juice. Shortly thereafter, Anita Bryant's contract with the Florida Orange Juice Growers' Association was not renewed, although the Association did not explicitly state that her dismissal was in response to the boycott. Her career declined progressively after these events. Even so, Bryant's campaign to repeal the lesbian/gay civil rights ordinance succeeded, and it took Miami/Dade County another 20+ years before it

passed a new civil rights ordinance protecting LGBT persons in housing and employment.

Most important, the political battle in Dade County received widespread media coverage and brought the idea of equal rights for gay people prominently into mainstream American consciousness for the first time. I'm sure many AFTNC members recall watching Anita Bryant and the protesters on television for months as this political struggle waged on. Although the Stonewall rebellion in June 1969 in New York is usually regarded as the starting point of the modern gay civil rights movement and is commemorated by the Pride Festivals in the U.S., it actually received comparatively scant media coverage at the time. Unfortunately, the events in Dade County also signaled the onset of an organized, radical conservative backlash against basic rights for LGBT persons in the U.S. and marked the ascendance of people like the Reverend Jerry Falwell into the limelight of American Politics.

In addition to this political work, Alan Rockway was a great clinician, teacher, and administrator of mental health programs. He co-founded and co-directed two of the nation's first LGBT counseling and mental health programs-- in Miami, Florida in 1976, and at the Pacific Center in Berkeley 1982. He also was instrumental in starting a national bisexuality organization in 1983 ("Bi-Pol"), which was based in San Francisco. In the early 1980s, he taught courses in Human Sexuality and Sexual Minorities as an adjunct faculty member at CSPP, and he also taught at Antioch West in San Francisco. I suspect other AFTNC members knew Alan, and I'd love to hear from those who did.

MC: Why did you start this new institute?

RJG: As AFTNC members know too well, there is a highly organized, extremely well funded effort among extreme conservative groups in the U.S. to shift the country backwards in a traditional direction. Many of these efforts have fundamentalist religious roots based on literal interpretations of the bible. These groups seem to be pushing the country toward a fusion of church and state (a theocracy), in contrast to the country's founding principles regarding separation of church and state. The conservatives' efforts are creeping into policy at many levels now in the U.S., including the religious overtones that frequently arise in discussions of the war on terrorism and the war in Iraq, funding restrictions for scientific studies on controversial topics, abstinence-only sex education, restrictions on abortion, funding of "faith-based" social services, conservative marriage and divorce policy, and of course antigay activity on all fronts. The problem, of course, is not religion itself (which can be an extremely positive force in the world and in the lives of individuals) but the assertion of extremist conservative political views under the guise of the "ONE TRUE RELIGION," which is then used to restrict equality.

Among the conservative organizations, several of the family-oriented ones (e.g., Family Research Council, Focus on the Family, American Family Association) and the "ex-gay" conversion therapy organizations (such as the National Association for Research and Therapy for Homosexuality—NARTH, and Exodus International) claim that their antigay political messages are based in legitimate research, even though the research they cite is biased, scientifically inadequate, and in some cases,

nonexistent. True social scientists consider legitimate research to be a matter of careful, systematic observation of representative samples using valid and reliable methods. By contrast, these conservative groups classify as “research” almost any opinion they hold, often without reference to scientific studies of any kind or with reference to inadequate studies.

Take for example their oft-cited claim that “a family headed by a man and woman is best for raising children” and that LGBT parenting is harmful to children. There is literally no research to justify this claim, and there are a substantial number of studies of children raised by same-sex parents to refute it. The conservative organizations also claim that the advent of same-sex marriage will harm heterosexual marriage, and they cite an obscure study conducted in Scandinavia showing that the rates of heterosexual marriage there have declined since the arrival of same-sex marriage. However, the rates of heterosexual marriage were declining in Scandinavia prior to the advent of same-sex marriage, and the rate of decline did not increase after same-sex marriage was legalized. In other words, this interpretation of the Scandinavian data seems intentionally erroneous because causation can never be determined from co relational data like these. Furthermore, in the Scandinavian study, the relatively steep decline in the rate of marriage for heterosexual couples preceded (rather than followed) the legalization of same-sex marriage.

The Family Research Council (which remains the most prominent conservative family organization purporting to be research-based) was headed for many years by Gary Bauer, who apparently has a B.A. in biology and certainly no

family research experience or background. A former conservative politician who also has no experience in family research now heads it. In fact, the Family Research Council’s main source of “social science” information is a Nebraska psychologist named Paul Cameron, whose research was officially discredited by the American Psychological Association many years ago. Essentially, these conservative extremist groups assume that the interests of LGBT persons are inherently antithetical to the public interest, and they seem willing to distort scientific information or misinterpret scientific findings to suit their conservative political purposes.

By contrast, the Rockway Institute does not start with the assumption that the interests of LGBT persons are contrary to the public’s well being. We are fully dedicated to disseminating valid research findings on LGBT populations as a basis for developing better social policies and programs, even if the findings of that research contradict some of our own political beliefs. In this framework, we are committed to using social science methods and findings about actual LGBT populations, rather than ideological doctrine, to guide the policy development process.

MC: Who beside yourself is involved in the Rockway Institute?

RJG: In becoming “Alliant International University” in 2002, CSPP (which already had 4 campuses in California) acquired another university in San Diego (United States International University) and added graduate programs in Education, Business, International Studies, Marriage & Family Therapy, and Forensic Studies to its graduate offerings in psychology, as well as

acquiring an undergraduate B.A program in San Diego. In this context, the Rockway Institute was designed to bring together LGBT expertise from across all degree programs and campuses in the university.

We now have 15 full-time core faculty members with LGBT expertise who have affiliated formally with the institute. We're also in the first stages of forming a national advisory board (for which Charlotte Patterson, the nation's preeminent researcher on lesbian/gay parents and their children, has just agreed to serve). In addition, the institute already received a \$55,000 endowment gift to establish the annual "Connell Persico LGBT Student Scholarship," and university funds will enable us to hire 3 graduate student research assistants in the coming year.

The core faculty members are discussing how to capitalize on our shared expertise by offering programs to students on all of the campus. Some of these faculty members' degrees and research interests are in the fields of education (e.g., discrimination and harassment of LGBT students in schools), business (e.g., transgendered persons in the workplace), and forensic studies (e.g., hate crimes against LGBT persons; and child custody for LGBT parents), although the majority of the faculty is in psychology. About a third are faculty members of color, with expertise in areas such as HIV prevention in gay/bisexual Latino and African American men, identity development and family relations of LGBT persons of color, Latina lesbians and the immigration experience, health psychology in LGBT populations of color, and so on.

One idea under discussion is that these faculty members could offer a sequence

of courses leading to something like a "Certificate in LGBT Human Services" taught through a combination of online and in-person methods. Students on any of our campuses could take this certificate course sequence as part of their regular degree programs in Education, Clinical Psychology, Marriage and Family Therapy, Organizational Studies, or Forensic Studies. Licensed professionals in California or elsewhere could take this same certificate program for CE credit. A typical course might consist of one weekend in-person at a California location and the rest through online instruction, which would enable students from any of our California campuses or elsewhere to enroll.

Alliant also has several international programs: A campus with undergraduate and graduate degree programs in Mexico City; a family-systems oriented Psychology M.A. program in Tokyo; and new PsyD Clinical Psychology programs in cooperation with major universities in Hong Kong and Beijing that are scheduled to start in the next two years. We're hoping that the Rockway Institute will develop close connections with these international programs so that we can have a cross-fertilization of ideas around LGBT issues in different national contexts. Every year I get email requests from students in China wanting to study LGBT mental health issues but despairing of ever finding such opportunities in their country. In this respect, our new doctoral programs in China could be really groundbreaking, and the timing may be right, given that the Chinese Psychiatric Association declassified homosexuality as a mental illness only about 3 years ago.

MC: How will the institute support itself?

RJG: Your money, my money, and money of like-minded people around the world. You could also donate your houses, cars, stocks, entire estates, and islands in the Caribbean, Babe Ruth souvenirs, and Girl Scout Cookies if they are chocolate mint. As I said in my email to the AFTNC listserv, the Family Research Council has a \$10 Million annual budget, and Focus on the Family's budget is even larger. In order to play David to their Goliath, we need to raise a lot of money. I have set a minimal target of \$250,000 in gifts/donations for the first year. If AFTNC members want to help, they can visit the Rockway institute website (<http://rockway.alliant.edu>), click on the "donations" link at the top, and follow instructions for making a tax-deductible contribution there. The LGBT community is truly under siege, and we really do need your help now at whatever level you can contribute!

MC: How is this connected to your previous work as a family therapist?

RJG: As most members of AFTNC know, much of my work since I moved to California in 1977 has been spent doing couple and family therapy and related teaching, writing, research, and administration, including: co-founding and co-directing the Redwood Center" with Karen Saeger in Berkeley; teaching at the California Graduate School of Family Psychology; co-editing (with Jim Framo) the book *Family Therapy: Major Contributions* (1981); doing private practice in couple and family therapy; starting and building the family/child emphasis areas and tracks at CSPP; and being active in organizations like AFTNC and the American Family Therapy Academy (AFTA). However, a large amount of my time over the years also has been devoted to doing empirical

family research and writing on other topics, much of it since 1987 focusing on the intersection of family systems theory and LGBT issues.

Like Jane Ariel and some other folks in AFTNC, I found myself in the early 1980s uniquely positioned to write about two subject areas that traditionally had been seen as completely disconnected phenomena — family systems and LGBT psychology — strange as that separation may seem nowadays. It was as if "gay" and "family" had nothing to do with one another because if you were lesbian or gay prior to the gay civil rights era, it was assumed that you would never have a marriage (or the equivalent), never have children, and never have real family-of-origin relations because you'd be completely closeted (or at least semi-closeted) all of your life.

Because so little had been written in the family therapy literature about LGBT issues, anyone who wrote anything on the topic prior to about 1990 was automatically viewed as one of the country's experts on the topic. Then, in 1996, I co-edited a book with Joan Laird (at Smith College), *Lesbians and gays in couples and families: A handbook for therapists* (published by Jossey-Bass, a division of Wiley) that was the first of kind, received extensive reviews in the professional journals, and ended up in most of the major university libraries in the U.S. as well as in the collections of a lot of couple and family therapists. After that, more and more opportunities opened up to make what I felt were significant contributions on this topic.

Sometimes this has been a burden and felt restricting, as when people seem to forget that I ever knew and did anything else besides things gay. But most of the

time, moving more fully into this research and public policy arena feels like a natural evolution. The Rockway Institute now seems like the very best way to use my hard-earned expertise as a researcher, administrator, writer, and public speaker, and to improve my skills in the areas of fundraising and public policy work.

MC: How does it feel to leave private practice after so many years and devote your time to a new career direction?

RJG: I feel like I'm giving up (at least temporarily), something that's been such a constant part of my life for so long that I don't even know how I'll tie my shoes in the morning without thinking about which clients I'll be seeing that day. On the other hand, something's got to give. My partner (Holden) and I had a baby daughter in July, and I'm definitely not willing to sacrifice her well-being and my relationship with her and with Holden in order to keep doing everything professionally. At work, I really have to keep my priorities clear and put my energies where I think I can do the most good in the world. Right now, that place is the Rockway Institute along with my related teaching and dissertation supervision activities at CSPP/Alliant. At the same time, I'll always stay connected to AFTNC, AFTA (American Family Therapy Academy), and the field of family therapy because they are still my home bases and fit with my own plans to continue writing about LGBT couple and family issues.

NOTE: For further information and to contact the Rockway Institute, please visit the website at: <http://rockway.alliant.edu>

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