

MFT PROGRAM NEWSLETTER

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Firstly, thank you to the students, faculty, and alumni, who contributed to this newsletter. Upon reading your articles, I noticed a recurring theme—the need for us, as therapists, to continue to practice self-care. As compassionate and driven professionals, we practice in a challenging environment in which we occasionally

overlook our own health and well-being for the sake of our work. Yet, as Irvin Yalom writes, "...The therapist's most valuable instrument [is] the therapist's own self." Take care of yourselves, and congratulations on all of your achievements! Best wishes.
- Brandina Morrison, '06,
Newsletter Editor & MFT Program Specialist

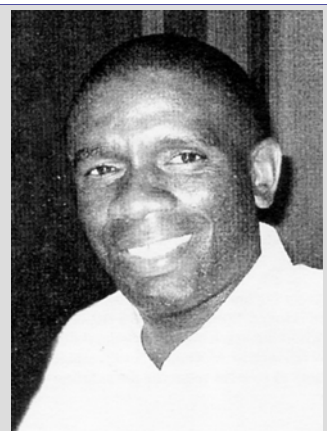
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MFT PROGRAM UPDATE

Thank you to Brandina Morrison for editing this 3rd edition of our newsletter.

The 2006-2007 academic year has been filled with several new beginnings and one enormous loss. Andre Bryant, a 2006 graduate, died on December 27 at San Diego Hospice and Palliative Care. He was 44. Andre always put a smile on my face. He made significant contributions in the community, particularly with Alcoholic Anonymous, and will be greatly missed.



In Memory of Andre Bryant

In September, we began working with the Department of Reproductive Medicine (Repromed) at UCSD, which we hope will eventually become a practicum site. In collaboration with physicians, nurses, medical residents, midwives, and child birth educators, Amber Tindall ('06) is providing inpatient and outpatient counseling services for women and their family members for a variety of presenting problems, including maternal depression, grief and loss during pregnancy, postpartum depression, and anxiety related to pregnancy and the transition to parenthood.

In April, I traveled to the University of Hong Kong (HKU). HKU has a marriage and family therapy masters program that closely resembles nationally accredited programs in the United States. Dr. Wai-yung Lee, the HKU MFT Program

Director, worked for many years in New York City with Salvador Minuchin. During my stay, I participated in group supervision, gave a presentation on our collaborative work with family medicine, and discussed a partnership agreement that will allow USD students to study in Hong Kong and HKU students to study in San Diego. I expect the agreement to be signed by the end of July. Our next exchange is currently being planned for January 2008. Jo Ellen Patterson and I hope to bring USD students to Hong Kong for the Consortium of Institutes on Family in the Asian Region (CIFA) Inaugural Symposium.

Another new beginning is our new building. In mid-August, we will move to a beautiful structure featuring 15 classrooms, a 200-seat auditorium, below-ground parking, a cafe, a 60-seat

executive training classroom, a statistics lab, observation rooms for clinical work and supervision, a large classroom with video conferencing capabilities, and a 1,600 square foot entrance that can accommodate guest speakers and events. Please be on the lookout for opening events.

I hope you find this newsletter a helpful link to USD and the MFT program. I want to thank Christian Jordal ('06) for his story about the Virginia Tech tragedy. Along with Jamie Banker ('04) and Shelley Stewart ('04), Christian is an MFT doctoral student at Virginia Tech. All three students have played a significant role in the healing process at Virginia Tech and in the Blacksburg community. I wish you all a happy and safe summer.
Best Regards,
Todd M. Edwards, Ph.D.
Program Director

RESEARCH: IMPACT OF CONTEXTUAL VARIABLES ON CHILDREN

Recently completing her first year as an adjunct faculty member, teaching "Psychological Testing," Dr. Baker-Ericzén describes her research in the field of children's mental health:

Disruptive behavior disorders (DBDs) are the most prevalent diagnoses in community child mental health settings. Parent and family contextual variables (P/FCVs), such as depression, substances, and family composition, have been found to negatively affect treatment engagement, treatment compliance, and outcomes in child treatment. I have an NIMH five-year research grant to examine the P/FCVs within community clinics. My research is conducted at the Child and Adolescent Services Research Center at

Rady Children's Hospital in San Diego (www.casrc.org). The goals of my research are to: 1) understand standard care practices in assessing for P/FCVs; 2) examine the impacts of P/FCVs on delivery of mental health services; and 3) investigate treatment providers' decision-making practices used to address the needs of the family. To date, my qualitative research has found that clinicians and parents alike view the assessment and treatment of P/FCVs as critical to helping children. Parents feel willing to talk about their own issues with their child's clinician. My quantitative research has shown high occurrences of P/FCVs, with 50% of parents reporting a history of violence, 41% with depression, 43% with a

mental health condition, 46% with low parenting competence, 50% low social support, 53% poor family relationships, and over 70% with high parental stress.

There are also consistencies and inconsistencies in the report of occurrences of P/FCVs, according to the parent and the clinician. Clinicians tend to over-report the occurrence of marital and family problems, and under-report individual parental problems (mental or medical health, substances, stress, social support), as compared to parental reports. As of now, my research conclusions are that P/FCVs are very important to consider in treating children, as they occur 10-80%, and clinician report is often not consistent with that of parents. More

standardized assessment of parent and family factors in child treatment is warranted.

- Mary Baker-Ericzén, Ph.D

"CLINICANS AND PARENTS ALIKE VIEW THE ASSESSMENT AND TREATMENT OF PARENT AND FAMILY CONTEXTUAL VARIABLES AS CRITICAL TO HELPING CHILDREN."

VIRGINIA TECH COMMUNITY TODAY: PERSPECTIVES OF A USD ALUM

"HOW CAN WE UNDERSTAND WHAT WAS LOST UNLESS WE ARE EMOTIONALLY PREPARED TO 'SIT' WITH WHAT HAPPENED?."

Blacksburg is a tranquil, rural, farm community, far removed from the urban environment of San Diego. It is an innocent place. In addition to the lives lost, and the continuing emotional impact of the tragedy on April 16th, perhaps the greatest damage done to the Virginia Tech community is that loss of innocence. It cannot be gotten back.

Now that the spring semester is over, the majority of undergraduate students have returned home for the summer. Blacksburg is in hibernation. It is surreal to think that it has been little over two months since that

day. I cannot help but wonder the emotional turmoil that the fall semester might bring. The challenge, then and now, is coping with my own recovery from the events, while at the same time assisting my clients in their healing. Who counsels the counselor? Whether novice or seasoned clinician, I suspect that question is one we all face throughout our careers. I guess I didn't expect to struggle with it so soon.

The Nation and world were impressed with the degree of cohesion and resilience present among the Tech community after the

tragedy. As a newly minted Hokie, I was too. However, I cannot help but wonder if the pervasive "Hokie Pride" mantra still evident in the lapel ribbons, and ample community signs, is rushed and coercive to some individual grief processes. How can we understand what was lost unless we are emotionally prepared to "sit" with what happened? As clinicians, we owe that to ourselves, and to our clients, but as human beings, we owe it to the thirty-two people who lost their lives that day. -Christian Jordal, '06, Current MFT PhD student at Virginia Tech

CONGRATULATIONS CLASS OF 2007!

- Trysha Apduhan
- Adrian Avila
- Stephanie Barcena
- Michele Bennett
- Mariana Charpentier
- Jeanine Chesnes
- Anita Chlipala
- Inez Corona
- Ryan Cuevas
- Jenya Danengirsh
- Kim Dirks
- Kristin Donahue
- Tiffany Dzioba
- Clare Kelly
- Tim Lawrence
- Maureen McCartney
- Alicia Mendez
- Rebecca Mikell
- Gianna Muir-Robinson
- Taylor Newendorp
- Courtney Oleson
- Zenia Palmeno
- Jennifer Passell
- Sandra Reynaga
- Christian Schuhmann
- Alicia Soriano
- Tyeler Viel
- Valerie Villi
- Hideki Wakabayashi
- Mark West
- Hawley Winter
- Nate Woodin
- Nada Zein
- Max Zubatsky



Above: 2007 graduating students at Commencement Ceremony in May

GRADUATION REFLECTIONS

As the whirlwind of the past two years of the program is drawing to a close, I can't help but reflect on the unexpected intensity of the entire experience. I knew on some levels that graduate school would be a "busy" time professionally, but I was *not* prepared for the incredible inter-personal growth I experienced. I am incredibly blessed with lifelong friendships. I developed a phenomenal working relationship with a clinical supervisor who is more than simply a long sought after coach; she has become a true mentor. I gained the tools necessary for the deeper examination of my own family of origin issues—and also made peace with the reality that this practice is forever ongoing. Finally, being a part of the intimate grief work that takes place at San Diego Hospice has been at the core of this life-changing experience. More and more I am convinced that dealing with the universal issues of grief and loss in its various forms of life transition is central to the work we do. I'd like to close with an affirmation for those who have lost, which has been or will be, every one of us. It is my sincere hope that these inspirational words by poet James Miller will bring solace and hope for the unforeseen journey ahead. - Rebecca Mikell, '07

*I believe there is no denying it: it hurts to lose.
It hurts to lose a cherished relationship with another,
Or a significant part of one's own self.
It can hurt to lose that which has united one with the past
Or that which has beckoned one into the future.
It is painful to feel diminished or abandoned,
To be left behind or left alone.
Yet I believe that courage often appears,
However quietly it is expressed,
However easily it goes unnoticed by others:
The courage to be strong enough to surrender,
The fortitude to be firm enough to be flexible.
I believe a time of loss can be a time of learning unlike any other,
And that it can teach some of life's most valuable lessons.
In the act of losing there is something to be found.
In the act of letting go, there is something to be grasped.*

*In the act of saying goodbye, there is a hello to be heard.
For I believe that living with loss is about beginnings
as well as endings.
And grieving is a matter of life more than death.
And growing is a matter of mind and heart and soul
more than of body.
And loving is a matter of eternity more than of time.
Finally, I believe in the promising paradoxes of loss.
In the midst of darkness, there can come great Light.
At the bottom of despair, there can appear a great Hope.
And deep within loneliness, there can dwell a great Love.
I believe these things because others have shown the way—
Others who have lost and have then grown through their losing,
Others who have suffered and then found new meaning.
So I know I am not alone:
We are all accompanied, day after night, night after day.*

PRACTICUM CORNER: ST. VINCENT DE PAUL VILLAGE

"HE OFTEN WILL TURN TO ME AND ASK, 'AND HOW ARE YOU DOING?' WITH INTEREST SO GENUINE I AM LEFT ALMOST SPEECHLESS."

"How am I ever going to do this?" This is the thought that took up space in my mind in the weeks leading up to my practicum at St. Vincent de Paul Village. Was it possible to walk into a homeless shelter and work effectively with the families there? Was I qualified, knowledgeable enough, prepared? My worst fear was that the answer was a resounding "no." Luckily, I tend to be a bit overdramatic, and slowly but surely I found my footing and realized that I really was prepared.

I truly believe that I will remember all of my clients when I leave, but I know that I will never forget the impact one 7-year-old boy has had on me. When I met "Adam" I was handed a file that was two inches thick. In his short life he has endured more than

seems possible. But there it was, in black and white. This child has been through a lot. I expected to see a sad little boy when I met him in our first session. Instead, I was greeted by the biggest smile I've ever seen and an invitation to play basketball.

We have played a lot of basketball in the small therapy room since that first session, and as we have come to know each other, I know that I have seen true resilience. We all know the definition of that word, and have seen those who have it, and may even have it ourselves. But nothing says resiliency to me like Adam. He often will turn to me and ask, "And how are you doing?" with interest so genuine I am left almost speechless. I have learned a lot from him.

And now, as the year draws to a close, I am left with the same question running through my head. "How am I ever going to do this?" I am preparing my clients for my departure, but can't help but wonder, who is preparing me? Experience tells me that I am probably being overdramatic again. I have been prepared for this and will get through it, just as I got through the initial fears and nerves. I have seen true resilience and have felt the hope of a young, homeless boy who dreams of a better life. Through this practicum I had hoped to gain experience and the tools needed to be become a competent therapist. I am leaving with much more.

-Valerie Villi, '07



THANK YOU TO OUR
NEW MFT EXECUTIVE
ASSISTANT, SERGIO
RODRIGUEZ!

WELCOME TO OUR NEW
STUDENTS WHO BEGAN
THIS SPRING!

- MINNA ROGERS
- KRISTINA DAVIES

CONGRATULATIONS TO
NEW '07-'08 GSA
COUNCIL MEMBER
LINDSAY KRAMER,
MFT PROGRAM
REPRESENTATIVE

Above: 2007 Graduates on a road trip to Sonoma County

PRACTICUM CORNER: HARMONIUM

When asked to share my practicum experience, I began to wonder which case would be most representative of my time at Harmonium. As I continued to think about it, however, I realized that, because all of my cases have made such a huge impact on me as a beginning therapist, I could not choose just one.

Really, all cases are so similar. Although the symptoms displayed by each individual vary, underneath it all, every individual is looking

for the same thing: *realization, understanding, and hope*. Through each of their narratives, my clients have demonstrated a quest for the *realization* that life and problems are really not so bad, an open and *understanding* person that is non-judgmental, and a *hope* that life can be all that one wants it to be.

I believe that my growth as a therapist has paralleled the growth of my clients. While at Harmonium I have come to appreciate the importance in

taking care of oneself, and find this to be an integral ingredient in assisting clients. As I tell my clients, "If you ever need to put on an oxygen mask while sitting on a plane, you *really do* need to put it on yourself *before* putting them on your children, otherwise...who will take care of them if you don't put on your mask? It is this very metaphor that I believe to be representative of my time at Harmonium.

-Stephanie Barcena, '07

"UNDERNEATH IT ALL, EVERY INDIVIDUAL IS LOOKING FOR THE SAME THING: REALIZATION, UNDERSTANDING, AND HOPE."



Above: Upcoming second-year MFT students at holiday event

PRACTICUM PLACEMENTS 2007-2008

Congratulations to the following students on their practicum placements!

Catholic Charities

- Claudia Lara
- Graciela Nunez
- Martina Savedra

Children's Outpatient Psychiatry – Kearny Mesa

- Holly Lawrence
- Zach Stones

Children's Outpatient Psychiatry – Escondido

- Andrea Templeton

Children's Outpatient Psychiatry – Oceanside

- Brian Cornelius
- Cristyn Tamashiro

Harmonium

- Katie Fitzsimmons
- Jennifer Johnston
- Victoria Matney
- Sankirtana Mundlapudi

Phoenix House

- Emily Hoegberg
- Lindsay Kramer
- Brooke Nielsen
- Nikki Stoneburner

San Diego Hospice

- Katie Gunst
- James McMahill
- Donna Nguyen
- Monica Pearce
- Ann Marie Smith
- Melis Torun
- Charles Westfall

Sol Price Charities

- Kate Maslow

St. Vincent De Paul

- Cecelia Donnelan
- Saskia Valencia

UCSD Family Medicine

- Brittany Chidley
- Michelle Mitchell
- Shannon Sampson

UCSD Outpatient Psychiatric Services

- Kylie Cassinat
- Emily Hunter

UCSD Pediatrics

- Vanessa Brejnak

VA Hospital

- Amy Berrafato
- Sharon Soll

TREATING SUBSTANCE ADDICTIONS: CHALLENGES AND RECOMMENDATIONS

Recently completing her first year as an adjunct faculty member teaching “Treating Alcohol and Drug Problems,” Dr. Rebecca Williams is dedicated to helping MFT students become competent in assessing and treating substance-using clients and their families. After twelve years working at the VA Healthcare System, Dr. Williams recognizes the challenges of working in this field, and offers recommendations for students and practitioners.

When considering the difficulties of drug and alcohol counseling and treatment, students and clinicians may face several challenges, such as: a) fear when working with this population, from the fear of talking to clients about their substance use, to

managing the complexity of the clients’ presenting problems; b) personal belief about substance use, such as believing that experimental use is appropriate for adolescents, or having close friends or family members struggling with addiction; c) issues related to specific drugs and populations, like the difficulties of addressing prescription drug addiction, and d) making appropriate recommendations for services to other professionals or community agencies, such as Alcoholics Anonymous or Narcotics Anonymous. Two of her students, Mark West and Michele Bennett, recently developed the “Drug and Alcohol Resource Guide,” to help fellow students and therapists access local agencies. The manual will

soon be available to all incoming MFT students (see right for photo of manual).

Dr. Williams offers recommendations for becoming an effective clinician in this field, namely: a) become familiar with *all* classes of drugs, and especially those which have gained popularity, such as methamphetamine; b) develop a comprehensive clinical library of resources for substance-using clients, and become comfortable making referrals to clients in need; c) recognize the intense feelings that can arise when learning about and treating addiction, given that most everyone has a family member or friend suffering from an addiction, and d) access professional and personal supports along the way.

Knowledge, support, and

a sense of hope are paramount for becoming a successful practitioner in the demanding field of drug and alcohol counseling.

- Rebecca Williams, PhD, and Brandina Morrison, ‘06



MFT ALUMNA IN PRIVATE PRACTICE

When I started my internship after graduation, I decided that any experience I could obtain would be experience that I did not have, so I was open to working with almost any population, in almost any setting. Also, with two children at home, I needed the flexibility of part-time work. I knew that working in private practice was an eventual goal, and though I practiced clinically as an intern in various agencies, I always maintained a small caseload of private clients. When I reflect back, it is evident that by establishing several business connections, and by working with a variety of clients, one job led to the

next in a logical progression. To fulfill my need for financial stability and my desire for community involvement, I still hold a part-time position in addition to my private practice.

Throughout my career as a therapist, I have had wonderful clinical supervision. I didn't always work in the best agency environments (that's an understatement), but somehow I lucked out with my clinical supervision. If I could offer one piece of advice for any new therapist, it's this - find a mentor whom you admire and trust. I value a supervisor who has a good understanding of systems theory, and is supportive but

also able to heighten my awareness of any countertransference and reactivity I may have with a client. I also think it is vital to work with someone who emphasizes recognition of and adherence to legal and ethical standards of care and record-keeping, since it is more difficult to deal with these issues in the "real world" than in school.

From what I've learned through research and experience, it's best to specialize within the field and to aim marketing efforts towards that client population. I have developed expertise working with clients who have body image and weight issues. I also enjoy working with

couples, and it is a goal of mine to continue to develop that part of my practice. Some effective marketing strategies include: giving free talks, writing articles, and networking with other professionals. It is important not to isolate, which can be a risk for a private practitioner. Working part-time for an agency helps me stay connected to the community, always widening my circle of professional acquaintances. Even though sustaining a private practice is an ongoing challenge, another therapist once told me, "The cream always rises to the top," and I believe it.

-Lorna Hecht, '95