

MFT PROGRAM NEWSLETTER

VOLUME 2, ISSUE 1 MAY 2006

THE 2ND ANNUAL MFT NEWSLETTER

Welcome to the second edition of the MFT program newsletter. We are pleased with the quality and diversity of the following articles. We hope that you enjoy learning about recent faculty research and

publications, student experiences, and the applicability of a Master's in Marital and Family Therapy to a research environment. We appreciate these faculty and students contributions, and are eager to share them

with you.

Enjoy the newsletter!
We look forward to receiving next year's edition as alumnae.

- Brandina Morrison & Carol Simpson, Editors

INSIDE THIS ISSUE:

LATINO FAMILIES IN THERAPY	2
FAMILY THERAPY IN JAPAN	3
COLLABORATIVE CARE	3
PRACTICUM: HOSPICE	4
PRACTICUM: CHILDREN'S	5
A GRADUATE'S REFLECTIONS	5
ALUM: AN MFT IN RESEARCH	6

MFT PROGRAM UPDATE

Thank you to the editors of this newsletter. I think it has been a helpful way to build community in our program, specifically with alumni, and communicate recent program developments.

In Fall 2005, we welcomed 31 new students, our biggest class in years. The large number of incoming students is a reflection of the quality and number of applicants, and the percentage increase of admitted students making a commitment to attend USD. I attribute the surge of interest in our program to our outstanding students, faculty, and alumni.

With an increase in students comes a need for more high quality practicum sites. In 2005, we began a relationship with the Department of Pediatrics at UCSD. Under the supervision of USD alumna

Leita Koontz, a current student and an MFT intern are treating children and their families in collaboration with pediatricians in their primary care clinic located in Hillcrest. In 2006, we will continue our work with pediatrics, restart our relationship with the Veteran's Administration Hospital, and begin to collaborate with Reproductive Medicine (Ob/Gyn). In addition to our expanding presence at UCSD, we look forward to placing students at Mental Health Systems in Escondido. Colleen Marshall, a 1999 USD MFT graduate, will be providing supervision.

After several years in a "temporary" building, I am pleased to report that construction of the new School of Leadership and Education Sciences is under way. The \$36 million facility will feature 15 classrooms, a 200-seat

auditorium, below-ground parking, a cafe, an executive training classroom, a statistics lab, observation rooms for clinical work and supervision, an inner courtyard, a large methods classroom with video conferencing capabilities, a 2,000 square foot "Reading Room," and a two story entrance of approximately 1,600 square feet that can accommodate guest speakers and events. We anxiously await our August 2007 move in date.

On the publication front, Jo Ellen Patterson, Ari Albala, Margaret McCahill and I have completed a new book entitled *The Therapist's Guide to Psychopharmacology: Working with Patients, Families, and Physicians to Optimize Care*. It is being published by Guilford Press and will be available in August.

All of these accomplishments would be meaningless (and impossible) without phenomenal students and faculty. I am so thankful for everyone's contributions, both at USD and in the community. One of my goals in 2006 is to create a stronger link with alumni. Homecoming weekend (October 6-8) will feature a special reunion for MFT alumni. More information will follow.

Have a safe and happy summer!

Best Regards,
Todd M. Edwards, Ph.D.
Program Director



Above: Second-year students on Cinco de Mayo

DR. ESTRADA'S RESEARCH: PSYCHOTHERAPY WITH LATINO FAMILIES

Latinos are the largest minority group of children (11 million) in the United States, comprising 18% of the population younger than 15 years of age (US Census Bureau, 2002). In California, Latinos surpassed Whites as the state's largest racial/ethnic group of children in 2000 (State of California, 2002). By 2010, approximately **half** of all California children will be Latino, and they will outnumber White children by 1.9 million. Despite the tremendous growth of this population, however, very little is known about the effectiveness of mental health services with Latino youth and their families.

Latino children are an

ideal population for evaluating effective approaches to improving psychotherapy practices with underserved and high-risk populations. Demographic variables such as disadvantaged socioeconomic status, low income, less parental education, and family stressors place Latino children at significant risk for disruptive behavior problems (DBPs include, aggressive, delinquent, oppositional and defiant behaviors), particularly in their more severe forms (Elliott & Tolan, 1999).

Other evidence suggests that despite these risk factors, traditional Latino culture and values promote mental health or mitigate problems that

seem to be lost with acculturation. This phenomenon is known as the "acculturation paradox" effect (Vega, 1990), and has piqued my interest in hunting for protective and positive cultural factors which promote health and wellness among Latino families.

For the last several years I have been collaborating with Dr. Ann Garland and colleagues at the NIMH funded Child and Adolescent Services Research Center (CASRC) in San Diego. We are studying psychotherapy services conducted with Latino youths (ages 4 - 13 years) and their families entering treatment for DBPs, and are in an intensive data collection phase of the

project. My work on this project aims to characterize the actual practice of psychotherapy with Latino youth and families by documenting the extent to which treatment practice reflects evidence-based and practitioner-based principles. Also, I will be contrasting the actual practice of psychotherapy between Latinos and White European American families. This research represents a first critical step in establishing the "best evidence-based clinical practices" with Latino families with DBPs, and holds promise for improving clinical work with Latino children and families who may hold beliefs and values not represented in traditional intervention models.

- Ana Estrada, Ph.D.

CONGRATULATIONS TO THE CLASS OF 2006!

IMPORTANT GRADUATION REMINDERS

- | | |
|---|---|
| <ul style="list-style-type: none"> • MAY 26 *GSA GRADUATING STUDENT LUNCH, 11:30 AM—1:30 PM. UC FORUM.(RSVP REQ.) *GRADUATE STUDENT MASS, 3:30 P.M. FOUNDERS CHAPEL | <ul style="list-style-type: none"> • MAY 27 *SOLES RECEPTION, 11 AM—12:15 PM. DEGHERI ALUMNI CENTER. *COMMENCEMENT, 1 PM—3 PM, JENNY CRAIG PAVILION |
|---|---|



Best wishes to all, and congratulations on your accomplishments!

- * **Alicia A. Garcia**
- * **Allegra S. Peters**
- * **Amber L. Tindall**
- * **Andre T. Bryant**
- * **Andrea N. Boylan**
- * **Becky G. Bernard**
- * **Brandina M. Morrison**
- * **Carol K. Simpson**
- * **Caroline H. Bender**
- * **Cassandra M. Campbell**
- * **Christian E. Jordal**
- * **Ciara A. Kim**
- * **Elizabeth M. McKee**
- * **Guenette G. DuVille**
- * **Jill M. Sempel**

- * **Jordan M. Erickson**
- * **Joshua W. Cruz**
- * **Katharine Kirkpatrick**
- * **Kathleen Mattox**
- * **Kellner Y. Ford**
- * **Leandra L. Wills**
- * **Leticia Fregoso**
- * **Lindsey M. Golde**
- * **Maria Sol D'Urso**
- * **Molly E. Downs**
- * **Nona A. Moore**
- * **Stephanie A. Rebhan**
- * **Summer C. Hallum**
- * **Tiffany M. Atalla**
- * **Tristin J. Young**

ALSO, WE WISH CHRISTIAN JORDAL THE BEST OF LUCK AS HE CONTINUES ON TO PURSUE A PH.D. IN MFT AT VIRGINIA TECH!

Left: Second-year students

FAMILY THERAPY IN JAPAN

I worked in Japan as a generalist physician (similar to a family physician in the US) for 9 years before moving to San Diego last year. Many patients struggle with family and mental health problems in Japan as well. I often treated these patients and came to believe that primary care physicians need to address psychosocial problems. For example, many diabetic patients have difficulty following a proper therapeutic diet due to family stressors or a lack of social support. In addition, it is customary in Japan for elderly people with dementia to be cared for by their daughters-in-law. Some of these elderly are very well cared for. However, some are neglected or abused. Through my work as a physician, I have learned that caring for ill family members is often stressful and difficult.

I now strongly believe that a family approach is essential in medical treatment.

The Behavioral Science department at UCSD Family Medicine nicely collaborates the training of family therapists and family physicians. However, in Japan, this type of collaborative care has not been well developed. Why not? Some Japanese physicians do not believe that psychosocial support is within their professional scope, while others do not believe that formal training in collaborative care is necessary. I feel fortunate to have found support to further my professional training in USD's excellent MFT program.

In Japan strategic therapy, structural therapy, solution-focused therapy, and narrative therapy have been applied, but family therapy is still not very popular. Why

not? Two reasons come to mind. First, no health insurance covers family therapy. Secondly, many Japanese do not believe that it is appropriate to discuss family issues with an "outsider." Unfortunately, an increasing number of people are struggling with various psychosocial problems such as eating disorders, domestic violence, and agoraphobia. However, it is still difficult to find effective therapy for these situations in Japan.

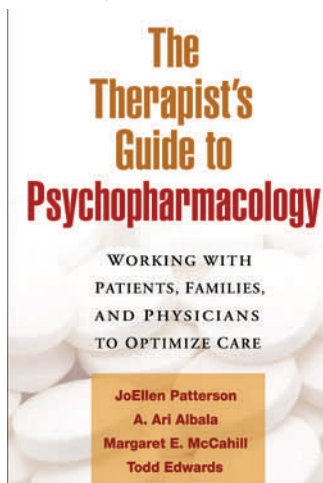
My goal after graduation is to further the collaboration between family medicine and family therapy in Japan. As a physician, I believe it is essential to help patients address the family issues that affect their physical and mental well-being. I plan to use my MFT education to teach primary care residents how to manage their patients' psychosocial issues.
-Hideki Wakabayashi, First-year



Above: First-year students on Halloween

DR. PATTERSON'S RESEARCH: COLLABORATIVE HEALTH CARE

Dr. Jo Ellen Patterson continues to make a significant contribution to the area of collaborative care, the integration of mental health services into primary care. In addition to coauthoring *The Therapist's Guide to*



Psychopharmacology, Dr. Patterson recently published a book chapter on partnering with physicians to improve health. Soon to be included in a medical text is a chapter on collaborative care for terminally ill patients, which she coauthored with Dr. Todd Edwards and Sol D'Urso.

Dr. Patterson's recent research has also been published in the *Journal of Marital and Family Therapy*. "Panning for Gold: A clinician's guide to using research," authored with Dr. Lee Williams, assists therapists in locating and utilizing evidence based treatments. Additionally, Dr. Patterson and Dr. Edwards collaborated to write an article on the supervision of

family therapy trainees in primary care settings.

Building upon her interest in integrative care, Dr. Patterson is an associate faculty member at UCSD Family Medicine. Over the past few years she has helped to develop collaborative care programs in the departments of Family Medicine, Pediatrics, and Reproductive Medicine. Two current practicum students, Becky Bernard and Sol D'Urso, are completing their hours at Family Medicine, which has been very successful in operating under the collaborative care model. The Family Medicine team is excited about its upcoming participation in a new research project that utilizes

cognitive behavioral therapy to treat anxiety disorders.

Within the Department of Pediatrics, Dr. Patterson has helped to create a database for tracking patient progress and family conflict. This research data is being used to determine the impact of collaborative care on health outcomes. Current student Christian Jordal is the first MFT trainee to work in Pediatrics.

Lastly, the Department of Reproductive Medicine recently invited Dr. Patterson to discuss the creation of an additional practicum site. Therefore, future USD students may have the opportunity to perform inpatient counseling with new mothers.
-Carol Simpson, Second-year

PRACTICUM CORNER: SAN DIEGO HOSPICE

“IT WAS DETERMINED THAT OUR GOAL WOULD BE TO BUILD A STRONGER FAMILY BOND WITHOUT CENTERING...ON THE FACT THAT ‘DAD IS DEAD.’”

My experience as an MFT trainee at San Diego Hospice & Palliative Care has been amazing. I have thoroughly enjoyed working with clients, colleagues, and others who contributed to my practicum experience.

The story that I feel best describes my experience involves a family that participated in one of our grief support groups. In working with the eldest son, Caleb, I was able to see different elements of his personality emerge through various forms of expression. After a few sessions with Caleb, I was asked to work with the entire family.

I was met with initial resistance from each of the other three family members. The middle child, an eight-year-old girl, would not talk to me at first. She was fairly

attached to her former therapist (a female), and saw it as a chance to even the teams opposing her two brothers. However, the family took me into their home, literally (at Hospice we often perform home visits), and therapy continued. After meeting with the mother, it was determined that our goal would be to build a stronger family bond without centering this closeness on the fact that “Dad is dead.”

Eventually, I decided that the best way to build cohesion was to bake a dessert, assigning each family member a certain ingredient. While we awaited our creation, I asked many questions about what it would mean to be missing an ingredient, or if only part of one ingredient was added to the batter. The family members were then able to describe the function and purpose of each ingredient and

how it correlated with the family as a whole.

A few weeks later, the family had a major altercation. In efforts to move past the incident, they decided to bake another batch of brownies. This activity led to another discussion about each family member’s contributions, and enabled them to appreciate their unique qualities.

The most important lesson I have learned from my clients, and one that I will forever carry with me, is just how much life comes from death. Watching individuals rekindle relationships with the person who has passed, as well as those left surviving, is inspiring. Being able to partake in the joyous reinvestment of life is what makes this job worth doing.

-Tristin Young, Second-year

WELCOME TO OUR NEW STUDENTS WHO BEGAN THIS SPRING!

- KATE MASLOW
- ANDREA TEMPLETON
- PALOMA AGUIRRE



Above: First-year students

PRACTICUM PLACEMENTS 2006-2007

Catholic Charities

- * Trysha Apduhan
- * Adrian Avila
- * Inez Corona
- * Christian Schumann
- * Tyeler Viel

Children’s Outpatient Psychiatry

Kearny Mesa:

- * Ryan Cuevas
- * Jenya Danengirsh
- * Alicia Mendez

Rancho Bernardo:

- * Kristin Donahue
- * Nate Woodin

Oceanside:

- * Courtney Oleson
- * Max Zubatsky

Harmonium

- * Stephanie Barcena
- * Maureen McCartney
- * Jennifer Passell

Mental Health Systems

- * Kim Dirks
- * Clare Kelly

Phoenix House

- * Michele Bennett
- * Taylor Newendorp
- * Zenia Palmeno
- * Nicole Stoneburner

San Diego Hospice

- * Jeanine Chesnes
- * Anita Chlipala
- * Tiffany Dzioba
- * Erica Garman
- * Rebecca Mikell

St. Vincent De Paul

- * Mariana Charpentier
- * Valerie Villi

UCSD Family Medicine

- * Tim Lawrence
- * Alicia Soriano
- * Hideki Wakabayashi (in cooperation with the Nihon Medical Clinic)

UCSD Pediatrics

- * Hawley Winter

UCSD Outpatient Psychiatric Services

- * Gianna Muir-Robinson
- * Sandra Reynaga

VA

- * Nada Zein
- * Mark West

PRACTICUM CORNER: CHILDREN'S OUTPATIENT PSYCHIATRY

As my Marriage and Family Therapy practicum experience at Children's Outpatient Psychiatry draws to a close, I have been preparing my clients and their family members for my departure. One of my clients, who I will refer to as Marty, took me by surprise. Upon mention of termination, Marty (who is challenged cognitively and emotionally), threw her arms around my neck and began to cry. As genuine tears streamed down her face, she begged me not to leave. Having connected easily with Marty and feeling like I had

become important to this family, my first reaction was to begin thinking of ways to soothe her.

Some rather unprofessional thoughts ran through my head, such as: "Maybe I should volunteer at the clinic through the summer." However, I quickly realized that my imagined solutions were not feasible. As the crying continued, I promised Marty that I would make every effort to "be here for the transfer to a new therapist".

Just when I thought that I had lost the whole session to tears, Marty's mother gently spoke up. She reminded her

daughter of the previous therapist she had worked with and how much she had liked him too! With this one sentence, the waterfall immediately dried up. Marty's expression brightened as she began speculating what her next therapist would be like.

I was momentarily forgotten. My ego shrank. What was the lesson to be learned here?

I had forgotten about Marty's resilience. I had forgotten about her progress. I am not the savior of anyone.

And, I will miss *her* so much!

-Kathy Mattox, Second-year

"I HAD FORGOTTEN ABOUT MARTY'S RESILIENCE. I HAD FORGOTTEN ABOUT HER PROGRESS."

A GRADUATE'S REFLECTIONS: CHANGE AND DISCOVERY

I learned recently that when a caterpillar becomes a butterfly, the first thing that caterpillars do in their cocoons is shed their skin, leaving a soft, rubbery chrysalis. In other words, if you were to open up a cocoon during the metamorphosis process, you would find nothing but a puddle of goop. Basically, the caterpillar completely dissolves and the butterfly is formed from something that looks nothing like a caterpillar.

In many ways I feel as though the process of graduate school and becoming a therapist has been similar to that of a caterpillar becoming a butterfly. Within the first week of school, I quickly dissolved into a puddle of goop as the skin of my old life was shed. Papers, reading, and merely the thought of the long road ahead was enough

to liquefy me on the spot. I felt shocked and frightened by my goopiness. Why didn't I look like a caterpillar anymore? Couldn't I sprout a wing and ease into this transition instead of melting into something unrecognizable? And how in the heck was a puddle of goop supposed to become a beautiful creature that flies?

The answers to my questions came slowly—almost too slowly. I was strongly considering dropping out of the program when the goop that was me began to take shape and become more solid. In many ways I was starting from scratch and forming a new me, but as time went by, I began to recognize my old self in the butterfly that I was becoming. The goop, after all, was a liquid version of the caterpillar that I used to be. Perhaps the process of

becoming a butterfly was so complicated that it had to begin with me in my simplest form—boiled down to my very essence, the core of who I truly am.

As graduation approaches and I prepare to take my new wings for a spin and see how they work, I can honestly say that the growing pains of becoming a butterfly were worth the excruciating aches that they sometimes caused. Although I still have difficulty

viewing myself as a butterfly instead of a caterpillar, I am beginning to feel more comfortable with the idea, especially the wings part. But what of the goop? Strangely enough, I will miss it. Sometimes the simplest, rawest form of something may appear ugly, but actually holds a beauty all its own, a beauty that exists in what is vulnerable and real.

-Kellner Ford, Second-year



Above: Second-year students after completing comprehensive exams



USD ALUMNI UPDATE: AN MFT IN RESEARCH

During my second year in the MFT program, I decided to pursue a blended career of clinical work and research. I was encouraged by a mentor to expand my research repertoire so that I would have the option of pursuing a Ph.D. After all, a doctoral degree would afford me additional career opportunities such as performing statistical analyses, teaching at a university, and writing a book.

The only glitch in my new plan was that the *research experience* section of my curriculum vitae was lacking any real research experience. I wondered how I could obtain an entry-level research position doing something other than patient recruitment (a.k.a., “passing out flyers”)? I also wondered whether I had to stop being a therapist to become a researcher, or if it was possible to combine the two.

My questions were answered when I was hired to fulfill the Research Associate position at UCSD’s Physician Assessment and Clinical Education (PACE) Program. As a member of the research team, our efforts focus primarily on physicians referred for competency assessment and remediation. Physicians come to PACE for a variety of reasons (i.e., recommendation of the Medical Board of California, ethical violations, recommendation of a hospital or peer-review

committee, etc.), and generally undergo two phases of competency assessment.

In Phase I of our program, physicians are tested on a number of different domains including clinical reasoning and judgment, overall clinical competency, and medical knowledge. In Phase II, participants partake in a five day residency-based assessment. The Research Department collects this and other information associated with the Department of Family and Preventive Medicine, to which PACE belongs.

I feel fortunate to work for a company that not only has the largest data set of disciplined physician demographic and participant variables to analyze to date, but also nurtures collaboration on a variety of research projects. With the support of a mentor, I have gained confidence and knowledge of research in a way that I had not previously contemplated. My job card now includes cleaning and analyzing data, drafting grant and IRB proposals, writing manuscripts, and the experience of working on research projects from beginning to end.

As for marrying clinical work with research, I have only met a couple of MFTs who actively publish research. Although the number of MFTs who are involved in research has climbed steadily

over the past few years, I have chosen to focus more on cultivating my research skills than gaining hours of clinical experience. However, I facilitate weekly chronic illness groups at UCSD clinics, and am currently training to administer and interpret cognitive measures to physicians. In having the opportunity to work face-to-face with people again, I recognize that not only do I enjoy studying people and their characteristics, but I also look forward to performing clinical work as well.

Although immersing myself in the research culture was initially very difficult, it has been a rewarding experience. If you think you may be interested in pursuing your Ph.D. or you just want to gain research experience, I suggest talking with your Program Director about alumni who are involved in research and may be willing to speak with you. I also recommend speaking with your professors about their experiences, and consider getting your foot-in-the-door by volunteering your time.

-Heather Ching, USD MFT alumna

*Clockwise from upper left:
Second-year students at the Padres game; First-year students at dinner; Second-year students at social event ;
First-year students at a picnic in the park*

