

## **Strengths and Interests of USD MFT Program**

Applicants to the USD MFT Programs usually have many options for graduate programs because they are strong students. The faculty view admissions as a matching process. We want you to know everything possible about our program as you make your choice. Here is some information about the strengths of our program and the clinical interests of our faculty.

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### **Interests of the MFT Program Faculty**

1. **Family-based Care** - In the MFT Program, students develop knowledge and understanding about the many ways that family relationships affect mental health and well-being, and how mental health and well-being affect family relationships. Students are taught how to work with individuals, dyads (couples), and families. Our curriculum, practicum sites, and supervision focus on working with clients from a systemic perspective. This has helped prepare our alumni for work in community mental health settings, medical settings and private practice.
2. **Integrated Behavioral Health** – The goal of integrated behavioral health is to integrate mental health services into the primary care setting. We have a strong relationship with UCSD School of Medicine and many of our students work in training clinics alongside physicians, nurses, and medical residents. Our program uses a biopsychosocial model as the lens to view families’ and patients’ issues. Currently, we have students working in UCSD Integrated Behavioral Health, Internal Medicine, Pediatrics, and Reproductive Medicine. We are the only MFT program in San Diego that has students working in these clinics.
3. **Culture, Diversity, and Global Mental Health** – Faculty have been involved in initiatives to work with refugees and immigrants in San Diego. In addition to our annual global trip with students, faculty are involved in training therapists and physicians in other countries such as Ecuador, Japan, Portugal, and Jordan. In addition, we have provided direct human services to immigrants and refugees.
4. **Training and Education** – The USD MFT Program has long been known for innovation in training. The MFT Program faculty have written numerous articles on curriculum development for therapists. Some of our journal writing has led to books that have been adopted by many other programs. For example, we wrote some of the first books on 1. Working in medical settings, 2. Coordinating care with a physician who prescribes psychotropic medications for shared patients, and 3. Evidence-based treatments. At present, the faculty is working on research projects that address how therapists develop a

theoretical orientation and how case simulation can be used to train therapists. See below for more information on our books.

5. **Couple Therapy** – The faculty believe that couples are an important population that family therapists can serve. Dr. Williams has published numerous articles on treating couples, premarital counseling, and addressing religious differences among couples. Students in the program will be taught evidence-based approaches to couple therapy, as well as how to address special issues like infidelity and sex therapy.
6. **Interpersonal Neurobiology** – Faculty recognize the critical importance of parenting on children’s development including brain development and emotional health. Faculty are interested in how family interaction influences members’ capacity to handle stress. Resiliency and coping are discussed as ways to enhance brain development and to promote overall well-being.

### **Graduates of the USD MFT Program**

Our alumni have kept in contact with our faculty and have shared with us where they are working post graduation. Below are a few employers that have hired a high number of alumni. Some of our alumni are in supervisory positions at these organizations. Some of the organizations include: Community Research Foundation, Mental Health Systems, Rady Children’s Hospital, San Diego Center for Children, San Diego Unified School District, San Diego Youth Services, Sharp Healthcare System, UCSD Healthcare-Eating Disorders Clinic, and UCSD Internal and Family Medicine

### **Doctoral Degree Pursuit**

For most of our students, their master’s degree is their terminal degree. However, students have the option of continuing their education by getting a doctoral degree. Most of our students receive funding for their doctoral education. Students who are interested in doctoral work have opportunities to publish or present with our faculty. We work closely with our students to help them find the right program and support them through the admissions process. Several of our graduates are now faculty themselves at universities in the United States.

*“The USD faculty was instrumental in helping me choose to pursue my doctorate. Their dedication to teaching and training prepared me for success. Their unwavering support and encouragement combined with appropriate academic rigor and comprehensive clinical training made my transition to doctoral education incredibly smooth. I have felt prepared since day one in my PhD program. Each of the faculty took the time to meet with me individually, allowing me to ask all my questions about the PhD process. Each offered*

*helpful insights regarding the application process, interviewing, and what to expect from doctoral work.”- Bryson Greaves, LMFT, PhD (c) Class of 2013*

In recent years, our graduates have continued to Ph.D. programs at: Alliant, Florida State University, Loma Linda University, Texas Tech, University of Georgia, University of Minnesota, West Virginia University, and Virginia Tech.

## **Award Opportunities**

Our students have been successful in receiving the following academic awards:

### **1) HRSA TeamUP Project**

The Department of Counseling & Marital and Family Therapy (CMFT) was awarded a HRSA grant, aimed to increase the number of behavioral health providers equipped to provide effective care to communities in need. The grant allows the Counseling and MFT programs to improve and expand innovative interprofessional training to meet the growing needs of vulnerable, rural, and underserved populations in Southern California, with a particular focus on Latino families. The project emphasizes training in multicultural/linguistic competence, integrated behavioral health, and evidence-based practice. **We are the only MFT program to receive this award within the state of California.**

Through the grant, all CMFT students have access to:

- Professional development opportunities: conference travel support, USD training series, Spanish language training
- Innovative specialty training: case simulation and integration of technologies
- Digital clinical resource library
- **A subset of 20 students per year will receive a \$10,000 stipend** allocated during students' clinical practicum year

***Stipend awards through the HRSA TeamUP Project are distributed based on the following priorities:***

**First Priority:** Students providing behavioral health services in an integrated care setting. Current practicum sites include: *University of California San Diego (UCSD): Integrated Behavioral Health, Internal Medicine, Pediatrics, Reproductive Medicine.*

**Second Priority:** Students providing services in a language other than English to linguistically diverse populations. Current practicum sites that serve linguistically diverse populations: *Rady Children's Hospital, San Diego Youth Services.*

Third Priority: Students providing behavioral health services in a rural, medically underserved area, or to vulnerable populations. Current practicum sites: *St. Vincent De Paul Village, YMCA OZ, Kickstart.*

If you would like to learn more about the HRSA TeamUP project, please contact Alexis Issac, HRSA TeamUP Project Coordinator, at (619) 260-4136, [aisaac@sandiego.edu](mailto:aisaac@sandiego.edu).

### **2) AAMFT Minority Fellowship Program (MFP) \$10,000-11,000**

[http://www.aamftfoundation.org/Foundation/What\\_We\\_Do/MFP/Application\\_Information/NITT\\_MFP-Y\\_Application\\_Information.aspx](http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/NITT_MFP-Y_Application_Information.aspx)

This program provides financial support, mentoring, training and networking opportunities. The MFP objective is to reduce health disparities and improve behavioral health care outcomes for racially and ethnically diverse populations by increasing the number of culturally competent masters level behavioral health professionals.

### **3) CA Educational MFT Stipend Award Program \$18,500**

<http://www.pgu.edu/california-state-stipend-application.html>

The objective of the MFT Stipend Program is to promote public mental health as a career option for those entering the MFT profession.

## **Core Faculty Clinical Interest**

**Dr. Todd Edwards** Main clinical interests: Adolescents and their parents, men's issues, and families coping with chronic illness. Experience in the following clinical settings: Community mental health, primary care (family medicine), and private practice.

**Dr. Jo Ellen Patterson** Main clinical interests: the impact of parenting on children's development, collaborative care, global mental health. Experience in the following clinical settings: Primary Care (Family Medicine), Mental Health Clinics outside the United States, Private Practice. Community Clinics.

**Lily Vistica, LMFT:** Main clinical interests: Severe mental illness, people without housing, disaster mental health. Experience in the following clinical settings: American Red Cross, Disaster Mental Health, Community Mental Health, Psychiatric Hospital.

**Dr. Lee Williams** Main clinical interests: Couples therapy and premarital counseling. Experience in the following clinical settings: The VA (couples therapy); St. Vincent DePaul (homeless population); Escondido Youth Encounter (sexual abuse); Marriage and Family Counseling Center.

## **Books by MFT Faculty**

- Williams, L. (2022). *Assessment in couple therapy: Navigating the 7 Cs of relationships*. New York: Routledge.
- Patterson, J., Griffith, J., & Edwards, T. (2021). *The therapists' guide to psychopharmacology: Working with patients, families and physicians to optimize care (3<sup>rd</sup> Ed.)*. New York: Guilford Press.
- Patterson, J., Williams, L., Edwards, T., Grauf-Grounds, C., & Chamow, L. (2018). *Essential skills in family therapy: From the first interview to termination (3<sup>rd</sup> Ed.)*. New York: Guilford Press. (Translated into Chinese, Korean, and Japanese)
- Williams, L., Patterson, J., & Edwards, T. (2014). *The clinician's guide to research methods in family therapy: Foundations of evidence-based practice*. New York: Guilford Press.
- Williams, L., Edwards, T., Patterson, J., & Chamow, L. (2011). *Essential assessment skills for couple and family therapists*. New York: Guilford Press.
- Patterson J., Bischoff, R., Peek, C. J., Heinrich, R., & Scherger, J. (2002). *Mental health professionals in medical settings: A primer for the general practice of mental health care*. New York: W.W.

## **Family Based Care**

- Yasir Arafat, S. M., Saleem, T., Edwards, T. M., Ayat-E-Zainab Ali, S., & Khan, M. M. (2022). Suicide prevention in Bangladesh: The role of family. *Brain and Behavior*, e2562.
- Edwards, T. M., Patterson, J., & Griffith, J. (2021). Suicide prevention: The role of families and carers. *Asia-Pacific Psychiatry*.
- Jaurequi, M. & Patterson, J. (September/October 2015). More than an observer: The family therapist and psychotropic medication. *Family Therapy Magazine*, 44-47.
- Edwards, T., Patterson, J., & Williams, L. (2015). Evidence based practice for family therapists. In J. Carlson & S. Dermer (Eds.), *The Sage Encyclopedia of Marriage, Family and Couples Counseling*. New York: Sage Press.
- Williams, L., Patterson, J., & Edwards, T. (2014). Attitudes, skills, and knowledge: The ingredients to becoming a research-informed clinician. *Family Therapy*, 13(5), 24-27.
- Patterson, J., Edwards, T. M., & Carnes, S. (2005). Assessment, diagnoses and treatment planning. In R. H. Coombs (Ed.), *Family therapy review: Preparing for comprehensive and licensing exams*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Patterson, J., Miller, R., Carnes, S., & Wilson, S. (2004). Evidence-based therapies for marriage and family therapists. *Journal of Marital and Family Therapy*, 30(2), 183-195.
- Patterson, J., Hayworth, M., Turner, C. (2000). The family therapists guide to spirituality. *Journal of Marital and Family Therapy*, 26, 198-209.

## **Collaborative Care**

- Patterson, J., Edwards, T. M., Griffith, J. L., & Wright, S. (2021). Moral distress of medical family therapists and their physician colleagues during the transition to COVID-19. *Journal of Marital and Family Therapy*. <https://doi.org/10.1111/jmft.12504>
- Garland, A., Jenveja, A. & Patterson, J. (2021). PsyberGuide: A useful resource for behavioral health apps in primary care and beyond. *Families, Systems and Health*.
- Sudano, L., Patterson, J., & Lister, Z. (2015). Training for teamwork: A case study. *Families, Systems, & Health*, 33(3), 262-269. doi:10.1037/fsh0000152
- Patterson, J., & Edwards, T. M. (2013). Collaborating with families in the care of elderly patients. *Mental Health and Older People*. World Mental Health Day, World Federation of Mental Health, October 2013, 49-51.
- Sieber, W. J., Miller, B. F., Kessler, R. S., Patterson, J., Kallenberg, G. A., Edwards, T. M., & Lister, Z. D. (2012). Establishing the Collaborative Care Research Network (CCRN): A description of initial participating sites. *Families, Systems, & Health*, 30(3), 210-223.
- Edwards, T., Patterson, J., Vakili, S., & Scherger, J. (2012). Healthcare Policy in the United States: A Primer for Medical Family Therapists. *Contemporary Family Therapy: An International Journal*, 34(2), 217-227.
- Edwards, T. M., Svab, I., Ivbijaro, G., Scherger, J., Clarke, D., & Kallenberg, G. A. (2012). Multimorbidity in primary care mental health. In G. Ivbijaro (Ed.), *Companion to primary care mental health*. Geneva: World Health Organization.
- Eggen, A., McSpadden, K., Patterson, J. (2011). HIPAA and psychotherapists working in collaborative care. *Family Therapy Magazine*, 10(4), 28-30.
- Patterson, J. & Reitz, R. (2011). Power and medical family therapy. *Family Therapy Magazine*, 10(6), 22-26.
- Edwards, T. M., Stern, A., Clarke, D.D., & Ivbijaro, G. (2010). The treatment of medically unexplained symptoms in primary care: a review of the literature. *Mental Health in Family Medicine*, 7, 209-221.
- Bischoff, R., Hollist, C., Patterson, J., Williams, L., Prest, L., & Barkdull, M. (2008). Providers' perspectives on troublesome overusers of medical services. *Families, Systems and Health*, 25(4), 392-403.
- Sieber, W. J., Kallenberg, G., McColley, N., McQuaid, J., Patterson, J., Wu, J., & Edwards, T. (2003). Informing the implementation of a collaborative care model in a culturally diverse primary care clinic system. *Annals of Behavioral Medicine*, 25(suppl.), 49.
- Edwards, T., & Patterson, J., (2003). A 'golden girl' tarnished: Amplifying one patient's (& family's) voice through collaborative care in a family medicine setting. *Journal of Feminist Family Therapy*, 15 (2/3), 75-88.
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- Patterson, J. (2002). Learning from the pioneers of collaborative care. *Families, Systems & Health, 20*(4), 375-378.
- Patterson, J. (2001). Training: The missing link in creating collaborative care. *Families, Systems and Health, 19*(1), 53-58.
- Edwards, T. M., Patterson, J., Grauf-Grounds, C., & Groban, S. (2001). Psychiatry, MFT, & family medicine collaboration: The Sharp behavioral health clinic. *Families, Systems and Health, 19*, 25-36.

### **Global Mental Health, Culture, and Diversity**

- Wieling, E., Trejo, A. N., Patterson, J., Weingarten, K., Falicov, C., Hernandez, A. V., Heffron, L. C., Faulkner, M., & Parra-Cardona, J. R. (2020). Standing and responding in solidarity with disenfranchised immigrant families in the United States: An ongoing call for action. *Journal of Marital and Family Therapy, 46*(4), 561–576.  
<https://doi.org/10.1111/jmft.12460>
- Patterson, J., Hani, H., Vakili, S. & King, A. (2018). Family focused care for refugees and displaced families: Global Opportunities for family therapists. *Journal of Marital and Family Therapy*.
- Patterson, J., Edwards, T., & Vakili, S. (2018). Global mental health: A call for increased awareness and action in marriage and family therapy. *Family Process*.
- Patterson, J., Edwards, T., Griffith, J., & Lee, G. (in press). Global mental health with couples and families. In J. Lebow, A. Chambers, & D. Breunlin (Eds.), *Encyclopedia of Couple and Family Therapy*. Evanston, IL: Springer.
- Ivbijaro, G., Patel, V., Chisholm, D., Goldberg, D., Khoja, T. A. M., and Edwards, T. M. (2015). Informing mental health policies and services in the EMR: Cost-effective deployment of human resources to deliver integrated community-based care. *Eastern Mediterranean Health Journal, 21*, 406-412.
- Edwards, T., Patterson, J., Lee, W., Beh, A., & Mill, E. (2011). East meets west: An international family therapy education partnership. *Family Therapy Magazine, 10*(5), 28-31.
- Blatt, B., Kallenberg, G., Lang, F., Mahoney, P., Patterson, J. & Shaobang, S. (2009). Found in translation: Exporting patient-centered communication skills to China. *Medical Education, 14*, 252-265.
- D’Urso, S., Reynaga, S., & Patterson, J. (2008). The emotional experience of immigration for couples. In V. Thomas, & M. Rastogi (Eds.), *Couples therapy with ethnic minorities*. New York: Sage Press.
- Burgess Manning, J. & Patterson, J. (2007). Bridging two worlds together – A collaborative interview with Jo Ellen Patterson. *Australia New Zealand Journal of Family Therapy, 28*(1), 38-43.
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## **Training**

- Williams, L. M. (in press). Ethical issues in termination. In K. S. Brown (Ed.), *The AAMFT Ethics Textbook*. Alexandria, VA: American Association of Marital and Family Therapy.
- Edwards, T., Patterson, J., Scherger, J., & Vakili, S. (2014). Policy and practice: A primer on the past, present, and future of healthcare reform in the United States. In J. Hodgson, A. Lamson, T. Mendenhall, & R. Crane (Eds.), *Medical family therapy: Advance applications*. New York: Springer.
- Williams, L. M., Johnson, E., & Patterson, J. (2013). The appropriate use and misuse of social media in MFT training programs: Problems and prevention. *Contemporary Family Therapy: An International Journal*, 35, 698-712.
- Edwards, T. & Patterson, J. (2012). The daily events and emotions of family therapy trainees in off-campus practicum settings. *Journal of Marital and Family Therapy*, 38(4), 688-696.
- Patterson, J. Scherger, J., & Smith, A. (2009). Preventive medicine and primary care. In J. Suls, J. Davidson, & R. Kaplan (Eds.), *Handbook of health psychology*. New York: Guilford Press.
- Williams, L. M., & Winter, H. (2009). Guidelines for an effective transfer of cases: The needs of the transfer triad. *American Journal of Family Therapy*, 37, 146-158.
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- Edwards, T., & Patterson, J. (2006). Supervising family therapy trainees in primary care medical settings: Context matters. *Journal of Marital and Family Therapy*, 32(1), 33-43.
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## **Couples**

- Williams, L. M. (2021). Unequally yoked? Religion and spirituality in couples in which one believes in God and the other does not. *Pastoral Psychology*, 70, 225-238.
- Williams, L. M. (2020). Treating common couple concerns. In K. Wampler and A. J. Blow (Eds.), *The handbook of systemic family therapy* (pp. 79-88). Hoboken, NJ: Wiley.
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- Williams, L. M. (2016). FOCCUS and REFOCCUS: Preparing and sustaining couples for marriage. In J. Ponzetti (Ed.), *Evidence-based approaches to relationship and marriage education* (pp. 137-147). New York: Routledge Press.



- Williams, L. M. (2014). Communication training, marital enrichment, and premarital counseling (pp. 401-430). In J. Wetchler & L. Hecker (Eds.), *An introduction to marriage and family therapy* (2<sup>nd</sup> ed.). New York: Routledge Press.
- Williams, L. M., Ulm, N., & Banker, J. E. (2013). Addressing religious differences in couples: The *Two Churches, One Marriage* program. *Journal of Family Psychotherapy, 24*, 93-109.
- Williams, L. M., & Jimenez, M. (2012). Treating the overfunctioning and underfunctioning couple. *American Journal of Family Therapy, 40*, 141-151.
- Williams, L. M. (2011). Premarital counseling: Promises and challenges. In J. L. Wetchler (Ed.), *Handbook of Clinical Issues in Couple Therapy* (2<sup>nd</sup> edition) (pp. 311-325). New York: Haworth Press.
- Williams, L. M. (2010). Interchurch couples: Potential challenges and blessings. In T. Muldoon & C. S. Dobryzynski (Eds.), *Love one another: Catholic reflections on how to sustain marriages today* (pp. 184-198). New York: Herder and Herder.
- Williams, L. M. (2005). Negotiating couple boundaries: The metaphor of gardens. In K. M. Hertlein & D. Viers (Eds.), *The couple and family therapist's notebook: Homework, handouts, and activities for use in psychotherapy* (pp. 43-47). New York: Haworth Press.
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- Williams, L. M., & Lawler, M. G. (2001). Religious heterogamy and religiosity: A comparison of interchurch and same-church individuals. *Journal for the Scientific Study of Religion, 40*, 465-478.
- Williams, L. M., & Lawler, M. G. (2000). The challenges and rewards of being an interchurch couple. *Journal of Psychology and Christianity, 19*, 205-217.

### **Interpersonal Neurobiology**

- Patterson, J., Edwards, T., & Griffith, J. (2017). Neurobiology in couples and families. In J. Lebow, A. Chambers, & D. Breunlin (Eds.), *Encyclopedia of Couple and Family Therapy*. Evanston, IL: Springer.
- Patterson, J. & Vakili, S. (2014). Relationships, environment, and the brain: How emerging research is changing what we know about the impact of families on human development. *Family Process, 53*(1), 22-32.