Accomplishments and Innovations in Couple and Family Therapy: In Memory of Neil Jacobson

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Neil S. Jacobson February 23, 1949---June 2, 1999

By Frank Pittman

Neil Jacobson, Professor of Psychology at the University of Washington in Seattle, and quite possibly the most prolific family therapy researcher in the field today, died suddenly of a heart attack while in Las Vegas to give a workshop on domestic violence. He was only fifty, but in that brief life he had been amazingly productive, continuously conducting federally funded research on marital therapy, depression and domestic violence over the last 23 years. In fact he was the most highly funded researcher in all of the University of Washington when he died. He was principal investigator with Andy Christensen for the largest-ever clinical trial for marital therapy. And at the same time, he was principal investigator for the largest-ever single-site clinical trial for treatments of depression, the result of which was amid-stream promise to knock the sock off of treatment-as-usual for depression. From the beginning of his impact on the field of family therapy, he brought not only a behavioral/ social learning perspective but an insistence on research and data to support the theory and practice of family therapy.

Neil produced hundreds of papers and a series of classic books, including Marital Therapy, written in 1979 with Gayla Margolin; The Clinical Handbook of Marital Therapy, first written with Al Gurman in 1986; Integrative Marital Therapy (or in paperback Acceptance and Change in Couple Therapy), written with Andrew Christensen in 1996; When Men Batter Women, written in 1998 with John Gottman; Reconcilable Differences, by Andrew Christensen and Neil, published in February 2000; and the forthcoming Ending Depression: Reclaiming Your Life Through Self Activation, written with Judith Woodburn. Some of these books are leading textbooks while others, especially the recent one on domestic violence, have gotten astounding press coverage, extensively reported and praised in The New York Times and Psychology Today, on Oprah!, Good Morning America, NPR, CBS, NBC, etc. Whatever else Neil has done in his life, When Men Batter Women is an astounding achievement. Needless to say, Neil was much sought-after as a teacher and has given over 500 lectures throughout the world. Neil's work has also won him awards from AFTA, AAMFT, NIMH, the California Psychological Association (which just named him Psychologist of the Year) and his doctoral alma mater, the University of North Carolina (which declared him a Distinguished Alumnus). He had just been

nominated for a MacArthur Foundation "Genius" Grant, which amounts to being designated a National Treasure. Neil has been indispensable to the fields of psychology and family therapy, and family therapy has acknowledged it.

For the past four years, since marrying my niece, sociologist Virginia Rutter, Neil has been a member of my family. We have been favored with his unfailing good humor, spirited exchanges of opinion, and mutual exploration of ideas ? the things that made him an effective collaborator throughout his career. He has challenged me and held me to a high standard of thought and evidence, as he has all of us. At times, he has been more uncle than nephew to me.

Neil is also famous as a friend, and I believe everyone who had met him since childhood came to Seattle to give a tearful eulogy. He never, judging from the crowd at his memorial service, lost a friend.

Neil, much like a bearded Alfred Hitchcock, was blessed by nature with such an endearingly comic appearance that he spent his life as a walking (or usually reclining) comedy routine, disarming people so thoroughly that he could challenge them on any level and shake up their thinking without ever giving offense. Who could be threatened by those big, black innocent looking eyes or that soothing, honeyed voice? He was the embodiment of non-violence, but Neil loved debate, delighted in finding points of disagreement and starting an intellectual dance that could go on, with mutual pleasure, respect and love, unendingly.

Neil was an active and delighted father to his three marvelous children from his earlier marriages. He made Virginia gloriously happy and she considers him a spectacular husband. Neil is also survived by his parents, Margie and Lloyd Jacobson, his two brothers, Tom and John, a mob of bereft graduate students and some close, longtime friends and collaborators like Andy Christensen and John Gottman, who supplied me with the data for this obituary. Neil was much loved. He will be missed not only by our family, but by the family of family therapists everywhere.

In honor of Neil and his contribution to the field of domestic violence, Virginia and his children, Matthew, Emily and Jesse, have established a fund on behalf of battered women's shelters. Tax-deductible, charitable donations can be made to the Neil Jacobson Memorial Fund and mailed to Neil Jacobson Memorial Fund, c/o Seattle Foundation, 425 Pike Street, Suite 510, Seattle, WA 98101.

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Neil S. Jacobson: AFTA's Year 2000 Distinguished Contribution to Research Award Recipient

The legacy as Neil saw it.

Neil S. Jacobson took great pleasure in intellectual activity and made a life in which it was a vivid, three-dimensional, interpersonal activity. A week before he died, Neil told his graduate student, Sona Dimidjian, that there were two things for which he was most proud in his career. The first was that he had three separate and remarkable programs of research-in marital therapy, domestic violence and treatments of depression. (He also liked to mention that he had a fourth major area, methodology-in particular his work on clinical significance.) And the second was that he was gifted at selected the best possible graduate students. His legacy in these arenas doesn't require special devotion from me, his wife, or anyone else.

You can watch and listen carefully to the work his former students will continue to produce. And what is delightful about remembering Neil is paying close attention to his ideas and continuing to engage in them. His most recent book, Reconcilable Differences, by Andy Christensen (UCLA) and Neil, reached #52 on amazon.com the first day it was released in February of this year. People dig the ideas. His next book, Clinical Handbook of Couple Therapy, Third Edition, with Al Gurman, will be out in another year and with the shape Al and Neil have given the book it will be another classic. His last book, Depression in Context, by Christopher Martell, Michael Addis, and Neil, also coming out next year, will be too. At the AFTA meeting on Saturday, June 24th, you can see a 15-minute video of Neil discussing each of his areas of research and his epistemology to get a reminder-directly from Neil-of what it was he wanted you to hear from him.

Early years of bmt and scientific optimism

Neil received his Ph.D. from the University of North Carolina in 1977. While in graduate school, Jacobson became interested in the application of behavior therapy to couples having relationship problems. Since this was not an area of interest on the part of any clinical faculty members at UNC, Jacobson relied on the literature-specifically the pioneering work of Gerald R. Patterson; Richard B.

Stuart; and Robert L. Weiss-in developing his couple treatment. For his master's thesis, he conducted the first randomized clinical trial on what was to become known as behavioral marital therapy (BMT). Throughout graduate school, Jacobson developed and refined this promising treatment.

Graduate school was also where Jacobson began his work as a methodologist. In collaboration with one of his classmates, Donald H. Baucom, Jacobson and Baucom wrote an influential paper on the design and analysis of placebo control groups in psychotherapy research, published in 1978. During Jacobson's internship year at Brown University, he and Gayla Margolin received a book contract from Brunner/Mazel to write what would now be called a treatment manual on the behavior therapy approach for couples tested in Jacobson's masters thesis and his dissertation. Since Gayla had been a student of Bob Weiss, her contribution reflected her training from Bob, as well as her own ideas about assessment and therapy. This book (Jacobson, N.S., & Margolin, G. (1979) Marital therapy: Strategies based on social learning and behavior exchange principles. New York: Brunner/Mazel) became a widely-used treatment manual, and inspired replications and extensions of Jacobson's research in laboratories around the world (e.g., Germany; Australia; England; Holland). In the meantime, Jacobson spent 1975-76 year working in a psychiatric setting, finding BMT to be an efficacious adjunct treatment for psychiatric inpatients also experiencing marital problems. This work was also published in 1979. Jacobson's first academic job was as an Assistant Professor at the University of Iowa. During his two years there (1977-1979), he concentrated on analogue couple therapy research, basic research on relationships, and, for the first time, began to study depression. This interest in depression was a direct outgrowth of Jacobson's interest in couples, as both research and clinical experience were suggesting a strong association between marital problems and depression, especially in women. The depression work focused on interpersonal consequences of depression for others, and the results of this work were published in 1982. Because this work received a fair amount of attention, Jacobson was invited to participate in an NIMH sponsored conference at Western Psychiatric Institute-chaired by Lynn Rehm-on behavior therapy for depression. A chapter on methodology and assessment came out of that conference, and the proceedings were published in 1982.

The basic research on marital distress was published between 1980-82, and the most noteworthy finding extended Gottman's bank account model of marital distress by operationally defining trust in terms of reactivity, the tendency of couples to respond to immediate as opposed to delayed contingencies. It turned out that the more unhappy a couple was, the more likely they were to be reinforced or punished by immediate as opposed to long-term events in the relationship. The primary graduate student collaborators on this research were Erling Anderson and Danny Moore. Jacobson also worked closely with Holly Waldron, now an Associate Professor of Psychology at the University of Mexico (at the time Holly was an undergraduate).

Seattle and skepticism

In the fall of 1979, Jacobson moved to Seattle, and became an Assistant Professor at the University of Washington, Department of Psychology. While awaiting the results of a Federal Grant application, Jacobson began a program of research on the role of attributional processes in marital distress, much to

the chagrin of his radical behavioral graduate research assistant Bill Follette. Although Jacobson eventually returned to his radical behavioral roots, these years produced a productive program of research on how particular kinds of thinking are related to gender differences, and differences in marital distress.

Perhaps the most important study to come out of this work was Amy Holtzworth-Munroe's master's thesis. In this study that was eventually published in JPSP in 1985, Holtzworth-Munroe (a graduate student from Brown then; a Professor of Psychology at Indiana University now) established a method for assessing without eliciting causal attributions, and found interesting interactions between gender and level of distress. Moreover, Jacobson received a major federal grant in the Spring of 1980, to conduct a study attempting to uncover the mechanisms of change in behavioral marital therapy. The results of this study, while shedding light on how BMT worked, were also instrumental in creating disillusionment on Jacobson's part regarding the absolute efficacy of BMT that lead inexorably to the development of Integrative Couple Therapy (also known as "acceptance therapy"). Finally, Jacobson's long-standing interest in gender politics combined with ethical and moral concerns about the rates of depression for married women led to a side interest in the politics of couple therapy. A chapter on this topic was published in the proceedings from the Germany conference (Hahlweg & Jacobson, 1984), and continued as an interest throughout his work (see Jacobson, 1989, The Politics of Intimacy, and Jacobson and Gottman, 1998, When Men Batter Women).

The results of the dismantling study went a long way toward explaining the mechanisms of change for BMT. These studies were gradually published between 1984-1987. By now, Jacobson's lab had conducted five clinical trials in four distinct locales contributing to knowledge regarding: when BMT was effective; what techniques were responsible for particular effects; how often the approach was successful; and which process variables contributed to its effects. Ever since 1976, but particularly since 1979, Jacobson began to disseminate BMT through clinical workshops delivered throughout the world. His extramural training lectures (including a separate one on Domestic Violence) comprised a major part of his travel time until the day he died, when he was scheduled to lecture on domestic violence to a group of advocates in Las Vegas.

There were a number of graduate students who made major contributions to this work: Amy Holtzworth-Munroe; Karen Schmaling (now in the Psychiatry Department at UW); Mark Whisman (now a professor at University of Colorado at Boulder); Bill Follette (now a professor at University of Nevada-Reno) and Victoria Follette (now a professor and a Dean at the University of Nevada at Reno); Lisa Wood (now at the University of Puget Sound); and Debbie MacDonald, Robert A. Berley, Carolyn Phelps, Nicole Gilbert, and Kathy Melman (now in private practice). BMT had become the gold standard for marital treatments, and to this day remains the only treatment for marital problems that has been designated "empirically validated" by APA's Division 12 Task Force. It was largely for this work, and the clinical contributions from the Jacobson and Margolin book, that Jacobson received an award in 1983 from the American Family Therapy Academy for his "Distinguished Contribution to Family Therapy Research." By 1981, based on a citation search published in the Journal of Marriage and Family Therapy, Jacobson was the most widely-cited couple therapist or couple therapy researcher in the world. This continues to be the status.

Clinical significance

Here was the dilemma that Neil couldn't get past: Their statistical comparisons between groups were disguising the overall disappointing results of BMT. The fact is, a substantial number of couples were not benefiting, and less than half seemed to be joining the ranks of the happily married and remaining in those ranks permanently. Jacobson and his colleagues were frustrated by the limitations of inferential statistics for highlighting these limitations, and took a detour from the "content" of couple therapy research to tackle the question of clinical significance. The question was: how could we depict results in ways that would highlight their clinical significance? At the time Dirk Revenstorf was on sabbatical with Jacobson, visiting from the University of Tubingen in Germany. He was an expert statistician. In collaboration with Revenstorf and Bill Follette, Jacobson published, in 1984, a statistical approach to assessing the clinical significance of psychotherapy effects, that could be used not just for couple therapy but for all forms of psychotherapy. These statistics for assessing the clinical significance of treatment effects are now used throughout the world, and even those who are critical of Jacobson, Follette, and Revenstorf (1984) have proposed, and include in their own research, alternatives for assessing clinical significance. In 1999, Neil's student Joseph McGlinchey completed an empirical test of the two most prominent alternatives to Neil's clinical significance statistic. The newer, far more baroque statistics were no more effective at assessing clinically significant change than Jacobson, Follette and Revenstorf's original, more economical statistic.

When BMT outcome data were scrutinized under the microscope of clinical significance, Jacobson's results simply confirmed the clinical suspicion, i.e., that in absolute terms BMT was lacking: with the help of colleagues Baucom, Hahlweg, and Margolin, Jacobson, Follette, and Revenstorf published these disappointing findings in 1984. The disappointing outcomes do not seem unique to BMT: only 50% of couples benefit from all currently existing approaches to couple therapy, as Jacobson recently concluded in a review published with graduate student Michael Addis (now at Clark University) in JCCP. It was clearly a time for soul-searching, resilience, recovery, and hopefully, renewed creativity.

In the meantime, Jacobson and his colleagues moved to examining the application of couple therapy to the treatment of depression. The "mechanism" grant from NIMH was renewed, with a comparison between BMT and individual CBT, plus the combination as the comparison groups in a clinical trial. This work, which included major contributions from therapists Sandra Coffman and Joyce Victor, was done in collaboration with Dr. Keith Dobson, professor of Psychology at the University of Calgary, who is a co-Principal Investigator also on Neil's current depression study. Graduate students involved in this project were Mark Whisman, Alan Fruzzetti (now at University of Nevada-Reno), Post-doc's Kirk Strosahl and Sheppard Salusky. He identified a sub-group of married depressed women for whom couple therapy appears to be the treatment of choice, and found that BMT was just as effective as CBT at preventing relapse. Most of the work resulting from this project was published in 1991-93, but Jacobson's interest in the relationship between marriage and depression, especially for women, continued. His graduate student Stacy Prince, who just completed her dissertation on depression, straight and same-sex couples, and

gender, was been involved in this work, and Prince and Jacobson's (1995) review of the marriage/depression literature is a widely-cited examination of what we know about the topic. Another recent graduate and former graduate student, Kelly Koerner, also played a major role in examining the basis for the expectation that couple therapy would be an effective treatment for depression in women.

The mid-eighties was a busy time for Jacobson and his laboratory. Jacobson became the Director of the Clinical Psychology Program at the University of Washington in 1989, and added that job to his research, teaching, and clinical responsibilities, until stepping down in 1989. In anticipation of stepping, down, Jacobson applied for a Research Career Development Award from NIMH to pay his salary so he could devote himself full-time to research. This award came through, and started in August, 1989-just as he passed the Clinical Director torch on to Ana Marie Cauce. Jacobson's funding foundation was becoming more secure. Now, he had at least 5 years of salary guaranteed for 12 months, and a large grant on marital problems and depression.

Treating Depression: When less is better or at least just as good and more efficient and respectful of the client

At this point Jacobson expanded to study individual psychotherapy and for the next 12 years methodically disturb the status quo in the treatment of depression. Up until now, all of Jacobson's work had been focused on either couples or research methodology. He had never done individual psychotherapy research, except when CBT was used as a control group in the recent depression study. But Jacobson was struck by how effective CBT seemed to be in expediting recovery from acute depressive episodes. Furthermore, he noticed that much of the improvement was occurring quickly, prior to the "cognitive" interventions. He began to wonder whether or not Beck's CBT for depression might work for other reasons than those suggested by the cognitive theory, and designed a study similar to his prior BMT "mechanism" study to dismantle CBT, and test competing hypotheses about the basis for its efficacy.

Here was the first time that Jacobson had set about studying depression without an interpersonal or couple focus. He was particularly interested in the component of CBT focused on behavioral activation: a behavioral treatment that was quick, easy to administer, and parsimonious. What if this treatment worked as well, or formed the basis for the effectiveness of CBT? In other words, what if there was no need for the cognitive in cognitive therapy? Would that not have important theoretical and practical implications? As an aside, both Jacobson and his colleague from UCLA, Andrew Christensen, had been interested in how to provide psychotherapy less expensively, and had written a controversial and widely-cited think piece about the absence of a relationship between professional training or experience and outcome in psychotherapy research (Christensen & Jacobson, 1993). This research fit nicely with the goals outlined in the article. Thus, Jacobson and Dobson renewed their marital therapy/depression grant, but shifted their focus to individuals. Jacobson received a MERIT award for this grant proposal, which was funded in the late 1980's, and has led to controversial but fascinating results, published from 1996-98, mostly in JCCP. Basically, Jacobson and colleagues found no support for Beck's theory, and plenty of evidence that behavioral activation (BA) was just as effective. During the early phases of this work, Paula Truax (now a

Psychologist in the military) was Project Coordinator, Addis was the Data Analyst, and Koerner was in charge of monitoring adherence to treatment protocols. Other contributors included Prince, and newer graduate students Eric Gortner and Jackie Gollan. Gortner and Gollan continued to collaborate with Jacobson and Dobson as the others graduated and moved on. The original "component analysis" study of cognitive therapy versus behavioral activation alone ended up being the preliminary to the next study. In 1998, Jacobson launched a new study with collaborators Dave Dunner from Psychiatry at the University of Washington, Steve Hollon from Vanderbilt University, and Keith Dobson. This study is the largest single-site clinical trial ever done in the area of depression, and it featured what Jacobson called "the dream team" of cognitive therapists: Steve Hollon as co-principal investigator, Philadelphia-trained Sandra Coffman and Steve Scholl as research therapists. The behavioral activation research therapists, including Depression in Context co-author Christopher Martell, Ruth Herman, and Tom Linde assured highly consistent treatment in the more straight-forward behavioral activation condition. Behavioral activation, however, had a theoretical and ethical basis to it. Theoretically behavioral activation as Neil has developed it is contextual: it is more reasonable to examine factors outside the individual in the environment rather than inside the individual in order to understand and treat their depression. As Neil has said in other domains, factors outside the individual may include family factors, but are not limited to family factors. From an ethical standpoint, approaches that seek to address intrapersonal "causes" of depression tend to be blame the depressed person and tend to ignore a host of practical conditions that are available and practical to address.

The team of graduate students who worked closely with Neil on this study included Jackie Gollan, who completed her dissertation on depression a month before Neil died, Eric Gortner, whose dissertation completed the year before was also on depression, Lisa Roberts, Sona Dimidjian. Neil referred to this group as "the big unit." Gollan is currently a post-doc at Brown University; Gortner is completing law school at Harvard; Lisa is completing her dissertation on psychopathology (she's already published a book on the topic); Sona Dimidjian, who was trained as a family therapist before pursuing a clinical research career and Ph.D. at the U.W., has provided the key continuity and leadership to the study in the wake of Neil's death and continues as the project coordinator as she develops her dissertation. Graduate students Joe McGlinchey and Mandy Steiman continue to work on the study as well. The study will be completed in 2002.

Domestic violence and a scandal in couple therapy

In the meantime, back in the mid to late 1980's, Amy Holtzworth-Munroe wanted to expand her research paradigm to domestic violence. Jacobson had always planned to study domestic violence some day. It was a natural integration for someone interested in couples and gender, and it fit one of Jacobson's main criteria for meaningful clinical research: that it have political and social as well as clinical implications. Serendipity struck when the Psychology Department hired John Gottman as a Developmental Psychologist. John was a renowned family researcher. Neil and Amy quickly talked John into collaborating with them on a domestic violence grant proposal, which was ultimately funded in 1990 (Amy was banished to Bloomington but still involved). Neil and John combined their clinical and methodological skills to paint a dark and intimate portrait of batterers, and to reveal the

resourcefulness, courage, and heroism of battered women. As they began to publish this work (1993-1999), their careful look at batterers and battered women led to a great deal of media coverage, and eventually a contract to write a book for the public: When men batter women: New insights into ending abusive relationships (1998). New York: Simon and Schuster.

During the early phases of this research, Jennifer Waltz and Regina Rushe were co-Project Coordinators. Jennifer is now at the University of Montana, and Regina is now a post-doc at the Palo Alto V.A. Most recently, Eric Gortner and Sara Berns have played major roles in the longitudinal phase of the research, exploring questions such as "When do battered women leave abusive relationships?" "When does the violence stop?" Our current research is on the process of trauma, resilience, recovery, and heroism, in battered women: an attempt to understand the natural processes by which battered women recover from abusive relationships, and how those natural processes can inform advocacy. Graduate students Sona Dimidjian and Sara Berns are continuing this work with a survey study begun under Neil's supervision on the success or failure of couple therapy training to provide family therapists with minimum competence for screening for domestic violence in the couples they see. The results, still in being collected, will confirm or refute the apprehension that Neil and others who work in the domestic violence field have suspected, that couple therapists do a spotty job, at best, of screening couples individually for domestic violence.

Jacobson continued to be recognized, mostly for his couple therapy research, but also for his methodological contributions to psychotherapy research methodology. In 1988, Jacobson was President of APA's Society for a Scientific Clinical Psychology. In 1991, Jacobson was President of the Association for the Advancement of Behavior Therapy. He has been invited to give hundreds of keynote and invited addresses, plenary speeches, and clinical workshops. In 1993, he received an award from the American Association for Marriage and Family Therapy for his Lifetime Contributions to Family Therapy Research. In 1994, his Research Career Development Award was renewed for five additional years; this award was repeated in 1999 prior to his death.

Integrative couple therapy: the basis of Reconcilable Differences

Lurking in the background of these expansions into depression and domestic violence was the growing dissatisfaction with BMT. In 1991, Christensen began to collaborate with Jacobson in a program of research which was to culminate in a new radical behavioral treatment, Integrative Couple Therapy, which has shown great promise in a pilot study funded by NIMH in 1993. Norton published a manual on this treatment approach, which integrates traditional behavior change strategies with those designed to foster acceptance, in 1996. A book for the public is on the way. The pilot study showed 89% success for ICT, the highest success rates the group has ever seen. Starting in September, 1997, a two-site study has been funded by NIMH, with Jacobson overseeing the UW site and Christensen overseeing the UCLA site: a randomized clinical trial will definitively compare ICT with BMT. Sara Berns coordinates the UW project; and Kathy Eldridge coordinated the UCLA project until 1998. Graduate students David Atkins, who has written papers with Neil and infidelity, the topic of his dissertation, and Jennifer Wheeler are also part of the couple therapy project, which runs for five years.

Finally, Jacobson remained active in his writings on methodology. With Waltz, Addis, and Koerner, Jacobson published a paper in JCCP on methods for assessing treatment integrity and quality of treatment delivery. In a recent American Psychologist article, Jacobson and Christensen debated Seligman and others regarding the merits of the Consumer Reports Study. In a 1995 article in the Family Therapy Networker, Jacobson questioned the state of the evidence that psychotherapy works. While those articles help to illustrate the kind of consummate skepticism necessary for an empiricism which is not mechanistic, perhaps his article "Contextualism is Dead, Long Live Contextualism" (Family Process, 1994) does justice to Neil's overriding epistemology, that of radical behaviorism or "contextualism."

In short, the center of Neil's research activity, the Center for Clinical Research at the University of Washington has been in existence since 1979., and has its roots in Jacobson's graduate work, beginning in 1973. Remarkably, the wave of excitement and enthusiasm for scientific discovery was still growing-and at the time of Neil's death he was the number one grant recipient at the entire University of Washington system. There was no rest for Neil, his students, and colleague collaborators at the Center for Clinical Research. He was conducting the largest ever couple therapy study, the largest ever single-site depression study, results that by the study designs assured integrity and early results of which inspire those of us who are enthusiasts. To be a true fan of Neil's work is to understand that while there may not be such a thing as truth, there are most definitely truths that are more useful, and Neil was on to those truths. And you have to believe that while science is only one way of knowing, that it is a powerful knowledge system that can be used well, poorly, or brilliantly. And Neil used this knowledge system brilliantly and there by produced-and will continue to produce in his lab-discoveries that are more reliable because of the quality of this science. Now, as to the eloquence of the work, the humanity, idealism, ethics, and insight. Go ahead, there's lots to read and see for yourself.

By Virginia Rutter, based on Neil's biography for the Center for Clinical Research website which Neil wrote in 1997.

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Carlos Sluzki - An Appreciation

Don Bloch

The American Family Therapy Academy "Lifetime Achievement Award," awarded to Carlos Sluzki, recognizes a long and fruitful career, a recognition that honors both the recipient and the association that confers it. Sluzki has a restless and powerful intellect, informed by humor, a humane heart and a realistic sense of what is practical, making him the best kind of innovative thinker and practitioner. I review his career with pleasure.

Carlos was born and raised in Argentina, a country that has given us so many family therapy leaders. He completed medical school at the University of Buenos Aires (1960). While he was a medical student, during a period of political repression (1953-55), he organized and directed the Comisión Universitaria de Solidaridad, a human rights organization aimed at helping students that were held as political prisoners by the government. He also developed and led (1956-57) a "Lamaze-type" program (a psycho-educational preparation for pregnant women and their husbands toward labor without fear), the first such program ever to have been offered in a public hospital in that country. In 1957, still in medical school, he joined a pioneering group under the direction of an innovative psychiatrist, Mauricio Goldenberg, MD. He remained in that program during its development, and became part of a team that organized, in the early 1960s, an innovative full Department of Psychiatry in a general hospital. Sluzki was for several years the Associate Chair of that Department as well as the director of its research programs. During that decade, he also completed his psychoanalytic training and became involved in a number of psycho-social research projects.

A three-month Fellowship from the Pan-American Union was spent at the Mental Research Institute in Palo Alto, California, at the invitation of its then director, Don D. Jackson. In that period Carlos established enduring professional and friendship relationships with one of the pioneering groups that was developing the field of family therapy - a group that included, in addition to Jackson, Jay Haley, Virginia Satir, Paul Watzlawick, John Weakland, and, on occasion, Gregory Bateson, Albert Scheflen, and many others. The perspective of that group - with its origins in communication theory, strategic in its style,

systemic in its overall orientation - was one to which Sluzki would also later contribute, and which I see as the guiding paradigm of his work.

During his visits, and because of his ongoing participation and contributions, he was named Research Associate at the MRI. For several years he alternated between Argentina and the United States, years during which the deteriorating political situation in Argentina became increasingly dangerous. In 1971, he received a fellowship from the Guggenheim Foundation, and an advanced research fellowship from the Foundations' Fund for Research in Psychiatry, and moved with his family to the United States, where he has been ever since. To give a taste of the character of his extraordinary career let me highlight a few of his activities: Carlos developed the first Family Practice Residency Program at the University of California San Francisco at San Francisco General Hospital, along with a multi-cultural clinic site for that program, becoming Professor of Psychiatry, and of Family and Community Medicine at UCSF. In 1978 he became Director of Training at the Mental Research Institute in Palo Alto and two years later was appointed Director of the MRI, a position he held until 1983. In 1984 Sluzki was invited to come East to direct the Department of Psychiatry at the Berkshire Medical Center, Pittsfield, Massachusetts, where he also was Professor of Psychiatry at the University of Massachusetts. At that location he developed a major treatment and training center-with inpatient, partial hospitalization, outpatient, outreach, emergency psychiatry and consultation liaison services, and multiple training programs. Ten years later, with that model program in place, he returned to California to assume his current position as Director of the Center for Psychiatry and Behavioral Healthcare at Santa Barbara Cottage Hospital, as well as becoming Clinical Professor of Psychiatry at the University of California Los Angeles Medical School.

Over the years Carlos has connected, and contributed to, several interrelated fields:

Psychiatry - where he has maintained a strong bio-psycho-social view and has been involved in his many positions in developing services sensitive to the needs of the community (he is currently the Editor of the American Journal of Orthopsychiatry);

Family therapy - he has been vice-president of AFTA and Editor of Family Process and a prolific writer and active trainer with a vast audience in Europe and the Americas, both North and South. He is considered one of the "founding fathers" of family therapy in Latin America, where he is honorary member of countless national family therapy organizations. Since 1979 he has conducted 17 consecutive intensive summer programs on family therapy in Spanish for professionals from Latin America and Spain, in which some 800 professionals have participated.

Social Networks - this is one of Carlos' current areas of interest to which he has contributed many articles and a book;

Human Rights - he has been involved in many human right endeavors and written extensively on the subject. Among other things he has been the Chair of the Committee on Human Rights

of the American Psychiatric Association and the organizer and first Chair of the Human Rights Committee at AFTA.

His publications have added much to our store of useable knowledge - he has written, co-authored, or edited at least 132 papers and nine books. A small selected bibliography is attached from which the reader may glimpse something of the wide range and high quality of his work. The writing is always economical and felicitous, the thinking stretches the mind, and examples are apposite and chosen from a rich store of carefully observed experiences both personal and professional. The theorizing is state of the art, deep, subtle, and flexible.

Carlos is married to Sara Cobb, Ph.D., a recognized expert in mediation and conflict resolution. Sara is currently the Executive Director of the Program on Negotiations at the Harvard Law School. And, though their career paths separate them geographically, the couple have proven themselves to be outstanding (though, perhaps, unwilling) students of the fashionable problem of conducting a bi-coastal marriage. They have a total of seven children, who, in their totality, mirror the warmth, creativity, inventiveness, joie de vivre, (and the tendency toward over-work) of their parents, as they spread into different universities and locations on the West Coast and beyond. Carlos and Sara have added immeasurably to my life ? it is hard to think what it would have been without them.

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Don Bloch may be thought of as an icon of cultural evolution over the last half-century, embodying all of the confusions, inconsistencies, and changes in course such a description would suggest. He has lived in three families: the first, into which he was born, was a highly traditional non-observant second generation Russian Jewish family; his first marriage was modern transitional/ traditional; his second marriage is blended dual career post modern. As an oldest son, he has been a persistent optimist in the face of the often overwhelming evidence to the contrary that history has provided. The three children of his first marriage and the one child of his second marriage have, together with his two wives, struggled valiantly to educate him in human development and the ways of the world, and would probably consider their efforts to be partially successful. Other education was as a physician, psychoanalyst, family therapist, editor, home owner, and small plane pilot.

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AFTA Award to Susan McDaniel for Innovative Contributions to Family Therapy

Presented by Lyman Wynne at the Annual Meeting, San Diego, June 24, 2000

I am delighted and honored to present the AFTA Award for Innovative Contributions to Family Therapy to Susan McDaniel. During two decades of observing her creativity and initiatives, my assessment of her confirms what Bill Doherty has said to me about her special contribution: "Few family therapists over the past fifty years have had the distinction of moving the paradigm of the field in a decisive new direction. Through her pioneering work in medical family therapy, Susan McDaniel has done just that."

It is worthwhile for us to pause to consider the context and scope of the change taking place with the entry, or re-entry, of family therapists into the rooms of the medically ill. During the 1950s and up until about 1965 - pre-history to most present-day family therapists - most early family therapists were occupied with fighting with psychoanalysis but were relatively comfortable in medical settings, including psychiatric hospitals, and made many highly popular plenary presentations at major medical and psychiatric meetings. Schizophrenia, adolescent disturbance, and medical problems such as anorexia and diabetes were excitedly considered symptoms of family system dysfunction. But as these hypotheses were scrutinized in more detail, as psychiatry become much more oriented to diagnostic entities and to psychopharmacology, and as medicine become more occupied with biotechnical procedures, family therapists emigrated to another continent. For the great majority of family therapists newly entering the field after 1965, biology, medicine, and the psychiatry of serious/persistent disorders became a rather hostile foreign land. To these family therapists, entry to this land required hard-to-get visas and payment of high tariffs, and was assumed not to be of much interest anyway.

This was the context when Susan McDaniel moved to Rochester in 1980. In retrospect, she had had a good background for exploring new territory. She had been reared in the South, in a family where graceful feminine accomplishment was valued. Her genogram is loaded with physicians with whom she had become comfortable as a non-physician. And she had been

exposed to provocatively deviant, creative family therapists such as Harry Goolishian.

During the 1970s as Chair of Psychiatry in Rochester, I had made repeated futile attempts to establish a family therapist presence in the new Department of Family Medicine. Putting "family" into Family Medicine seemed especially appropriate in the homeland of George Engel's biopsychosocial medical model, which had gained widespread attention in medical and psychiatric education (though not in family therapy education), particularly after his landmark articles on the subject in 1977 and 1980. Somehow, soon after her arrival in Rochester, Susan regarded physicians in Family Medicine as appropriate persons to meet, and from whom she might obtain referrals and even set up a collaborative relationship. I don't know how much this fit in with her marriage to David Siegel, a distinguished pediatrician, with whom she has collaborated in rearing two flourishing daughters.

At any rate, by 1982 she had become appointed as Co-Director of Psychosocial Medicine Education in the Department of Family Medicine, together with Tom Campbell, the primary care physician with whom she has had a delightfully good-humored, productive, sparring collaboration ever since. One of the truly remarkable qualities that I have both observed and experienced with Susan is her extraordinary ability to reach out collaboratively with a great diversity of folks, negotiating differences respectfully, and enhancing reciprocal creativity.

During the 1980s Susan opened up new vistas for collaborative care by family therapists and primary care physicians. Her passionate involvement in mentoring new trainees in both fields was carried out with continuous attention to developing and clarifying new concepts for showing how no biomedical event occurs without psychosocial repercussions, and no psychosocial event occurs without biological processes. This was a far cry from the psychosocial fixation of family therapists, which dualistically paralleled the biological fixation of many psychiatrists and other physicians. Meanwhile, in 1983 Don Bloch founded Family Systems Medicine, "a journal at the confluence of family therapy, systems theory, and modern medicine." (Quite appropriately, almost inevitably, Susan and Tom Campbell became co-editors of that journal when Don retired from the editorship in 1995.)

Rather than just grafting on family therapy-oriented concepts to medical concepts, Susan collaborated with Tom and with Dave Seaburn to figure out how to translate systems theory to the practice of primary care, published in 1990 as "A Manual for Medical Providers."

Then in that same year, at the Costa Rica meeting of Family Process Advisory Editors, Susan talked with Jeri Hepworth and Bill Doherty. They realized that they had been working to bring family systems ideas to the attention of medical providers, but that very few of their family therapy/ mental health colleagues knew the first thing about how to put biopsychosocial concepts into psychotherapy practice. The three of them happened to be flying on to a Family Medicine meeting. By the time they touched ground, they had drafted the outline of Medical Family Therapy, published in 1992. This volume challenged the absence of the biological domain from the practice and teaching of family therapy-a challenge, I must add, to which there is still an inadequate response in most degree-granting marriage and family therapy training programs.

Susan and her colleagues have given extra effort to consultation and therapy with patients and families who are commonly rejected by both psychotherapists and physicians. This includes somatizing patients, who do not present with anxiety, depression, or relationship problems but with numerous physical complaints that either do not make physiologic sense or are grossly in excess of what would be expected from physical findings. "The art of medical family therapy with somatizing patients and families involves collaborative negotiation and co-creation of therapeutic stories that are mutually acceptable to the patient, the family, the therapist, and the medical provider" (McDaniel, Hepworth, & Doherty, 1995).

For most of the last twenty years, Susan has been conducting numerous workshops and training programs in which she has progressively refined methods of teaching integrative approaches to family therapy and medical care. Published or in press, she has co-authored or co-edited 10 books that spell out details of the concepts and therapeutic techniques that she and colleagues have collaboratively developed. Tom Campbell has commented that it is "incredible how hard she works. Sometimes junior and even senior faculty find it hard to keep up to speed with her." Important research with Tom that is nearing publication is a study of distressed high utilizers of healthcare, followed longitudinally to evaluate changes in physical and mental health and the cost-effectiveness of collaborative care.

Gradually, the collaborative model for family healthcare is making interdisciplinary inroads. The meetings of the Society for Teachers of Family Medicine and the Collaborative Family Healthcare Coalition have been important vehicles for carrying forward this mission. Across these and other professional groups and disciplines, Susan has retained an identity both as a bona fide family therapist, having taken significant roles both with AFTA and AAMFT, and as a leading family psychologist in the American Psychological Association. Internationally, she has been highly sought as a speaker; Medical Family Therapy has been translated into Portuguese, Romanian, and German.

But it is in her lucid, often emotionally compelling writing that Susan has made her most innovative contributions. A personal favorite of mine is the book, again co-edited with Hepworth and Doherty, The Shared Experience of Illness, which explicitly gives attention to the experience of the contributors both as therapists and as patients in healthcare systems. Susan's intense, lively, often humorous involvement in therapy, teaching, and research planning is the quality that most endears her to colleagues. Dave Seaburn has lightly summarized his experience with her: "When I think of Susan, I think of deep thoughts, long nails, great clothes, broad vision, persistence, perspective, commitment; I think of broad shoulders and excellent mentoring; I think of creativity and humor and intensity and productivity; I learned that Susan can take a 'might be'and turn it into an actuality better than anyone I have ever met."

I congratulate my dear friend Susan McDaniel upon receiving this award from AFTA and praise AFTA for giving her this well-deserved recognition.

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Lyman C. Wynne, M.D., Ph.D., is Professor Emeritus of Psychiatry at the University of Rochester, where he became Departmental Chair in 1971 after 20 years as an intramural researcher and family therapist at NIMH. He has filled a variety of roles in AFTA, including President in 1986-87, and he has received numerous awards from AFTA and other professional organizations.

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Cultural and Economic Diversity Award Recipient - William Lofton Turner

Joan Laird

Several years ago, AFTA instituted an annual award for "Work on Cultural and Economic Diversity." The purpose of the award is to facilitate and foster the development of culturally sensitive, community-based family therapy services that help empower diverse populations in their communities. The award is made to people who are directing, developing, or are otherwise deeply involved in clinical services, training programs, or research projects that advance the availability and quality of services to people of diverse cultural and economic backgrounds.

In this millenium year of 2000, the recipient of the Cultural and Economic Diversity Award is William Lofton Turner. Dr. Turner is a tenured Associate Professor in the Department of Family Studies at the University of Kentucky in Lexington. Since 1993, he has also served as Research Professor at the Center on Drug and Alcohol Research in the university's College of Medicine. Dr. Turner has several careers. He is a teacher, clinician, researcher, grant developer and director, and writer whose educational, practice, and scholarly pursuits span a wide range.

Dr. Turner's recent research has focused on the resiliency and strengths of African American families, on substance abuse prevention, and on the psychosocial dimensions of health, illness and disability. He currently conducts three research projects:

The African American Family Strengths Project. This project, funded by the National Institute of Drug Abuse, is devoted to exploring the role of protective factors in the prevention of substance abuse among African American adolescents. Findings to date indicate that the most significant preventive factors are: closely-knit family structure, high degree of parental control, strong anti-drug messages, moderate to high degree of family openness, high degree of parental educational encouragement, strong family values, good relationships with siblings, strong bonds with extended family, a sense of responsibility fostered by required chores in the homes, and clear ethnic identity.

Etiology of Drug Abuse. This is an evaluation project, examining the effectiveness of a school;-based summer program designed to reduce the influence of risk factors and strengthen protective factors related to substance abuse in young people.

Rural Educational Achievement Project. Three levels of substance abuse prevention in youth are being evaluated: a) a character education and problem behavior prevention program; b) a preventive, school-based program in addition to (a); and c) a family program in addition to (a) and (b).

Dr. Turner has a strong background in family therapy as well. After completing a B.A. in Journalism at the University of North Carolina at Chapel Hill, he went on the be awarded an MMFT degree in family therapy at Abilene Christian University, and in 1990 received his Ph.D. from Virginia Polytechnic Institute and State University in Family and Child Development, with a specialization in Marriage and Family Therapy. From 1985 to 1987, he served as Assistant Institute Director for the Marriage and Family Institute at Abilene Christian University. From 1987 to 1989, he was the Assistant Clinical Director of the Center for Family Services at Virginia Polytechnic Institute and State University, and from 1989 to 1990 worked as a family therapist at the Alcohol and Drug Treatment Program for HCAS Lewis-Gale Hospital in Salem Virginia.

His potential was recognized early by the American Association for Marriage and Family Therapy, who in 1986 gave him their Marriage and Family Therapy Minority Fellowship Award. Since that time he has received several additional awards, most recently the Citation for Distinguished and Meritorious Service from the National Institute on Drug Abuse/National Institutes on Health.

Dr. Turner's list of research grants awarded, publications, papers at international, state, and regional conferences, provide testimonial to his remarkable contribution to the advancement of knowledge in many areas. Primary among them is his work in the area of prevention of drug abuse in African American families and adolescents, and in fostering strength and resilience in Black families. In addition to his prolific publication, Dr. Turner finds the time to serve on many advisory panels, review committees, editorial boards, and is an active member of several national organizations.

I have yet to have the pleasure of meeting Dr. Turner in person, to become acquainted with this man for all seasons. It is a privilege for AFTA to be able to honor his remarkable achievements. In addition to his presence at the awards banquet, Dr. turner will be speaking at the Social Policy Forum. I hope that each of us has an opportunity at the annual meeting in San Diego to welcome and congratulate him, to initiate conversation, and to begin to develop an ongoing dialogue with him.

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The Award for Distinguished Contributions to Family Systems Research Goes to? - Joan Patterson!

It is a special pleasure for me to know that AFTA's Year 2000 Award for Distinguished Contributions to Family Systems Research goes to Joan Patterson, family systems researcher, licensed clinical psychologist, and my university colleague. She is presently Associate Professor and Chair of the Maternal and Child Health Program in the Division of Epidemiology, School of Public Health, University of Minnesota, and also an Adjunct Professor in the Department of Family Social Science in the College of Human Ecology.

One of my professional goals as a professor and researcher has been to fill the ranks of the university professorate with more women. But women in academia are regrettably still more prevalent as students than as professors. It is with pride and pleasure then that I introduce to you in this article a professor and researcher - Joan Patterson - who, with a stellar record of research and teaching, has moved handily into the ranks of tenured university professors. At the same time, she is mentoring others to do the same. The circle continues because of young researchers like Joan.

Dr. Patterson has worked tirelessly at the University of Minnesota for nearly two decades - writing research grants, implementing innovative research projects, and writing articles for juried journals. In the process, she has become an internationally recognized family systems researcher, often called upon to consult with other researchers nationally and internationally. She has published her own research in over sixty articles, four edited or co-edited books, and with colleagues, in numerous measurement manuals and technical reports. She has received almost seven million dollars in research grants, and almost two million dollars in training grants. Clearly, Joan Patterson is viewed by many research funders as worthy of their investment.

Let me tell you a bit more about her work, so that you will see why she is being honored specifically for her Family Systems Research. Consistently, her investigations focus on the relationship between the structure and functioning of the family system and the health of the children and youth within that family. Her particular emphasis is on families in which there are children with chronic illnesses and disabilities. I personally worked with Dr. Patterson and her

colleague, A.P. Turnbull, at a special conference which they organized in Lawrence, Kansas. Their efforts resulted in a book entitled, Cognitive Coping Research and Developmental Disabilities (Baltimore: Paul Brookes Publishers, 1993). The late Aaron Antonovksy was their main speaker in a sea of speakers, parents and professionals, that all of them addressed family strengths in cases involving children with disabilities. Dr. Antonovsky was one among many international researchers who respected Dr. Patterson's ground-breaking research on families with ill or disabled children. Her emphasis on family meanings fit with Antonovsky's solutogenic approach. Both preferred to study the health and strengths of the system rather than the disease or deficits. I, too, felt conceptually compatible with Dr.Patterson's research when she focused on meanings and the social construction - or re-construction - of a family, due to the child or youth's illness or disability. What this means to the parents, siblings, and grandparents is of paramount importance to the well-being of families and the ill or disabled child. This emphasis on resilience and strength in the face of challenge led to what Patterson and her colleagues called "cognitive coping." And as I have written elsewhere, when a family's situation won't change, the only possibility for change lies in the meaning family members attribute to the situation.

To be sure, Joan Patterson has studied families whose situations are not likely to change. Her earliest research focused on families of youth with cystic fibrosis. She is currently beginning a new study with this population to describe behavioral risk factors associated with increased morbidity and mortality, especially for girls compared to boys, which are first observed in adolescence, and continue over their life span. Dr. Patterson is also principal investigator of Project Resilience, a Department of Education funded five-year longitudinal study of families and their young children or adolescents with chronic health conditions. The study is designed to identify the conditions, as well as child, family, and community actors associated with competent functioning in both the youth and their families. Always paying attention to systemic interaction, she examines changes and recursive influences between the chronically ill child and family functioning over time.

A major research goal of Dr. Patterson's is the development and demonstration of the efficacy and effectiveness of family systems interventions which will promote successful psycho-social adaptation. She is interested in preventing disease regression and minimizing functional limitations in families of children and youth with chronic health conditions. She recently collaborated within a Health Maintenance Organization (HMO) in the Minneapolis and St. Paul area to pilot a multiple family group intervention for families who have children with asthma or diabetes. This innovative study was designed to improve medical outcomes for the children by strengthening family resources and the parents' ability to cope positively with their child's chronic illness.

In her role as Chair of the Maternal and Child Health Program, Dr. Patterson provides technical assistance and consultation to community agencies whose efforts focus on improving the health of vulnerable children, youth and families. In a current research project from this category, Dr. Patterson is working with an urban health department to examine the relationship between metropolitan residents' "psychological sense of community" and different indicators of family member health status. Again the focus includes meaning - in this case, regarding one's community. Currently, she is also involved in the evaluation of the impact of a community mental health promotion program regarding the

systemic interactions of providers of education and human services and their service recipients. In everyday language, that means she is studying the interactions of professionals with the folks they serve.

At the University of Minnesota, Dr. Patterson teaches graduate courses on Families and Health, Children with Chronic Illness and Disabilities, Health of Infants and Children, and Resiliency Theory to Action for Maternal and Child Health Populations. She is also an advocate for public policies that contribute to child resilience and family strengths.

As I think about Dr.Patterson's accomplishments as a family systems researcher, I am amazed at the amount of interdisciplinary research that she has done, and subsequently, at the impact she has had on several fields. Based on her list of juried publications, it is clear that her research has been meaningful to scientists and practitioners from a variety of discipline. This is a unique accomplishment! To illustrate, if you want to read about Joan Patterson's research, you can check the following array of journals: Family Process; Journal of Marriage and the Family; Archives of General Pediatrics and Adolescent Medicine; Families; Systems & Health; Family Relations; Marriage and Family Review; Journal of Developmental and Behavioral Pediatrics; Journal of Marital and Family Therapy; Journal of Pediatric Nursing; Pediatrics; Journal of Adolescence; Journal of Family and Economic Issues; Diabetes and the Adolescent. Truly, Joan Patterson's research has contributed to those in family therapy, family medicine, family nursing, family psychology, and others.

To make my task of telling you about Joan even sweeter, I can say that she is one of our own, an alum of the Department of Family Social Science at the University of Minnesota. She completed her doctorate in 1983, shortly after I arrived (so I can take no credit). My colleagues at the University of Minnesota and I are indeed proud of her and her contributions. I am deeply honored that she asked me to present this award to her in San Diego. What more can I say? Congratulations, Joan!

Pauline Boss is Professor of Family Social Science, University of Minnesota. Her latest book is Ambiguous Loss, Harvard University Press. The paperback will be available, Fall, 2000. German and Chinese translations, Spring, 2001, with others forthcoming. In addition to reach and teaching, she is a family therapist in private practice in St. Paul, MN.

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AFTA 2000
Embracing Complexity and Compassion: The Evolution of Family Therapy
San Diego, June 21-24

The Clinical Plenary
by Norma Akamatsu
edited by Hinda Winawer

Editor's Note: The clinical plenary, Social Context in Practice as Epistemological Transformation, is dedicated to Dick Auerswald and to those who first broke ground in the field of Family Therapy. The presenters are Miguel Hernandez, Marion Lindblad-Goldberg and William Madsen. Moderated by Norma Akamatsu, the plenary will open with a brief historical prelude, facilitated by Kitty La Perriere, to give us an opportunity to acknowledge the legacies of those whose years of work contributed to this moment in the evolution of the family therapy movement. The clinical plenary is one of the many venues in which the Program Committee has sought to continue our tradition to do justice to the complexity of diverse perspectives within AFTA throughout our history.

To contextualize the clinical plenary within the annual meeting, here, as it appears in the printed program, is the explication of the annual meeting theme:

The Family Therapy Field, since its inception, has sought to embrace an increasingly contextual understanding of human struggle and resilience. Inquiry and practice have become multilevel, encompassing individual, relational, biological, communal, cultural, economic, and political perspectives of experience. A view of the structure and emotional fabric of family life is now set within the panorma of a diverse and often challenging social context. Changes in epistemology and in the nature and venues of practice have added to the richness of the conversation within the AFTA community. This conference provides an opportunity to reflect upon the foundations of the field and its evolution toward increased complexity and social responsibility.

We may consider, then, the clinical plenary as similar to the complexity of perspectives within AFTA. Our colleagues who will present are unlike one another in a number ways, including generation, theoretical heritage,

perspectives and practice venues. The unifying feature, in the spirit of Dick Auerswald and of the pioneers of the field, is the insistence upon opening the aperture of practice in search of an expanded view and a greater depth of perception of the multiple levels of people's experiences.

My appreciation, as Program Chair, to Norma Akamatsu, for her collaboration and for the following description of Dick Auerswald's legacy as a setting for the clinical plenary. We have dedicated this session to our professional forebears with respect, with appreciation, and with a deep sense of connection.

As a rather young woman in the prerecorded days before I began training as a family therapist, I enjoyed the exceptional good fortune of working with and learning from Dick Auerswald. His enthusiasm for our field inspired and drew me in. For Dick, family therapy was not merely a field, nor simply a model and most certainly was not a "modality." For Dick, family therapy was a "movement" "family therapists broke the rules of mechological thinking [the prevailing epistemology]...and learned to induct families into their new reality" (Auerswald, 1990, p 48).

In Dick's view, our history converges with a 20th and now 21st century epistemological shift a potentially far-reaching transformation of the Western scientific "edit of reality" that has dominated the industrialized world since the 17th century. Making distinctions similar to those attributed to modernist vs. post-modern or structuralist vs. post-structural thought (White, 1997), Dick's "holodigm" contrasts "mechologic" and "ecologic."

In brief, mechologic is characterized as Aristotelian (dualistic, either/or), reductionistic (the thing is understood by examining its parts), Newtonian (based on the premise of objectivity), rationalistic, explicate (objectifiable, charted) and is associated with texts espousing universal truths. "Ecologic" is aligned with New Science (Einstein, Planck) and characterized as holistic, pertaining to "the domain of relational connectedness," heuristic, subjective, implicate (non-objectifiable) and is associated with personal language and poetry. While the former "edit of reality" has clearly been predominant, Dick believed the latter, relegated to the realm of the artistic, mystical or simply foolish, is emerging as a way of knowing that brings forth a perspective of social relatedness on many levels. Dick describes the potentially lethal epistemological blunder of forcing the square peg of mechological thinking upon the round (w)hole of the "domain of relational connectedness":

The outcome is a fragmented institutionalized society divided into separate institutionalized systems and subsystems and sub-subsystems each constructed to deal with a part of the whole of human life in a mechological reality that ignores the implicate relational domain...or worse that results in fragmentation and disconnection...and pulls people apart (p.33).

Dick expropriated the word "apartheid" to refer more generally to this process which culminates in a definition of community as an "us" pitted against "them" (others) and a society held together by blame systems.

Within the smaller arena of health care delivery systems, we can easily recognize how mechologic finds expression in a medical model of humans as

parts, treated by a hierarchy of specialists with monocular explanatory frameworks that preclude apprehension of the realities of the relational webs (families, neighborhoods, communities and social contexts) that are the lived experience of those "treated." Since his landmark contribution, "Interdisciplinary versus ecological approach" (Auerswald, 1968), this has been Dick's subject and project. The two health care delivery systems he designed and directed, the Gouverneur Health Services Program and the Maui Mental Health System were the practical embodiments of his holodigm (see Auerswald, 1982 and 1985.)

In 1990, Dick challenged us: [T]here is a fork in the road ahead. You have a choice. You can join the mechological grouping which considers family therapy to be simply a new modality of treatment to add to the many.... Or you can join the ecological grouping which considers family therapy to be a way of thinking, indeed, a participant in a movement designed to ensure, reinforce and hasten the evolutionary emergence of a new and generally accepted human view of reality one that connects, not disconnects (p. 48) Here I get metaphorically to rip open my respectable blue Clark Kent business suit and reveal the shiny red "E-T-W" spandex number I wear underneath but do not like to show because it makes me look a bit fringy that is, my Epistemological Transformation Warrior jumpsuit. This is yet another Auerswaldian phrase for the ideal end-product, in his view, of a sensible family therapy training program:

For those who want to participate in this needed transformation, there is a movement to be organized and some immediate tasks. We must apply ourselves to the task of learning to think in two...reality systems...and to distinguish one thought...system clearly from the other. Then we must teach others to do this, especially our children. Too, we will have to develop ways of thinking thus together. We might be able to develop a corps of transformational warriors dedicated to forging the evolutionary transformation, to moving our species to a mode of existence beyond apartheid/apartness and beyond the dualistic cycle of peace and war (p. 47).

Dick was not one to shy away from the grand meta-narrative or a progressive idealism often now interrogated and scrutinized with mistrust. Yet, ever pragmatic, he understood such movement is not merely the fruit of good intentions, but follows from an apprehension of our interconnectedness, as in the 1970s ecologist's quip: "Hey, your end of the boat is sinking."

For Dick, the foundational shift is to step out of the box of detaching humans from their social contexts, that epistemological slight of hand so endemic to mechologic, then to sharpen our lenses for ruptures at "interfaces" rather than locating problems inside "things" persons and institutions -- and always to listen for and respond to the human story of the pain of disconnection and the murmuring poetry of our relatedness.

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Accomplishments and Innovations in Couple and Family Therapy: In Memory of Neil Jacobson

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The October 2000 Clinical Research Conference in Niagara-on-the-Lake

ATTACHMENT: A PERSPECTIVE FOR COUPLE & FAMILY THERAPY.

Susan Johnson

John Bowlby was perhaps the very first family therapist. In 1944 he wrote a book called "Forty Four Juvenile Thieves: Their Characters and Home Life". He understood the power of context and the impact that context, especially interactions with others, had on the development of a person's inner life and sense of self. He knew Bertalanffy, the father of systems theory, and thought in terms of control systems and he created his theory while working with delinquent young people and bereaved adults. For his labors he was ostracized and branded as a "Barrabas" for betraying the traditional psychoanalytic doctrine of his time. For almost 20 years after the publication of his famous trilogy, Attachment (1969) Separation (1973) and Loss (1980), only developmental theorists and researchers like Ainsworth and Main tested and applied his theory. They used his theory to understand the interactions between mother and child.

In the 1980's however a few social psychologists like Hazan and Shaver, and a few clinical psychologists like John Byng-Hall and myself, began to take seriously Bowlby's belief that we are social beings who have an absolute requirement for emotional bonds with a few, precious others. It became clear that Attachment Theory offered an understanding not just of the bond between parent and child but of the needs and passions of adult lovers. Bowlby himself believed that emotional bonds with attachment figures were a central part of people's lives "from the cradle to the grave". He spoke, like more recent feminist writers, of the need to depathologize dependency and how strength and resilience is about being able to reach out to others and so create a safe haven in a potentially dangerous world.

In the last decade research on attachment theory has exploded and it has been used more and more as a basis for clinical intervention. The clinical research conference will present many of these interventions, interventions for different kinds of people, the very young and the elderly, and for different kinds of problems, including depression and post traumatic stress. For those who are

unfamiliar with this research and its clinical significance, we can just sample a tiny portion of these research results. Researchers found that those who had a sense of being able to depend on key others cope better with missile attacks in the Gulf War and experienced less negative effects. Securely attached adolescents can take a meta-perspective and meta-communicate with their mothers in arguments. Trauma experts believe that the most significant factor in recovery from traumatic stress is not trauma history but whether a survivor can seek comfort in the arms of another. Securely attached partners seem to be more empathic and more able to create satisfying relationships and are less likely to become depressed if the relationship becomes distressed. Secure bonds seem to promote curiosity and cognitive exploration as well as an open communication style. Researchers can accurately predict a child's behavior when separated and reunited with his/her mother from the way the mother talks about attachment before the child is born.

What then are the basic tenants of attachment theory that will be elaborated on at the conference ? (I hope Bowlby will forgive the over simplification and/ or errors here).

- Evolution has wired into human beings basic needs for contact, comfort and connection with key others. Isolation is inherently traumatizing.
- Secure emotional bonds offer us a safe haven and a secure base. They render both inner and outer worlds safer and more manageable. They are especially crucial at times of uncertainty, vulnerability and change.
- The basis of secure bonding is accessibility and responsiveness. When these are missing, separation distress ensues. This distress follows a predictable sequence of angry protest, clinging and seeking, depression and despair and, finally detachment.
- Interactions with attachment figures organize and shape our internal constructions of self and other and dictate how we regulate and integrate our emotions.
- Dependence and independence are two sides of the same coin not the opposite ends of a continuum. The more securely connected we are and the more we can count on others, the more autonomous and curious and free to explore we are.
- There are only so many ways to deal with the frustration of attachment needs. These ways are to hyper-activate attachment behaviors to try to get other to respond, to shut such needs down and avoid closeness especially when one is vulnerable, or to flip between these two in a disorganized manner. If we are not secure enough to reach for comfort, we tend to develop one of these habitual ways of relating to others, especially in times of stress.

At the conference Dr Stephen Suomi will begin the proceedings by reminding us of our primate past and what we can learn from our fellow primates. Then Cindy Hazan will focus on evolution and an overview of attachment theory and Roger Kobak will relate the theory to the practice of couple and family therapy. Howard Liddle will then describe how attachment theory informs his interventions with delinquent adolescents and I will talk on how to create pivotal attachment events that redefine the quality of the bond between adult partners. Nancy Cohen and Marlene Moretti will take us back to considering interventions for infants and young adolescents and Pam Alexander and Valerie Whiffen will talk about taking an attachment perspective on healing from trauma and depression. There will then be a panel discussion on same sex

attachments, working with the elderly, custody issues and attachment and change in therapy. The final morning will focus on violent relationships from an attachment perspective with Don Dutton and discussant Virginia Goldner. The conference will end with Vivian Carlson offering a cross cultural perspective on attachment relationships.

To offer a personal perspective for a moment, I agreed to chair this conference because I believe that couple and family therapy must have a cogent, integrated theory of close relationships to guide intervention, if not attachment theory then another. Such a theory should tell us what is pivotal in a relationship dance, help us formulate goals and target our interventions. Such a theory should help us understand and predict our clients responses to each other and to our interventions and enable us to foster lasting change. In my practice of emotionally focused couple and family therapy, I have found this theory immensely helpful. It offers me a map for helping people defuse negative cycles like criticize/defend and for the construction of positive cycles of trust and connection. In the end, it was not reading John Bowlby or even some of the wonderful work published by the presenters at this upcoming conference that convinced me of the relevance of this theory. I was convinced by the couples and families who came to me for help.

I hope you will come and join us to hear about what this perspective has to offer the M&FT field, as well as to share your ideas and thoughts with your colleagues in the beautiful setting of Niagara on the Lake.

Sue Johnson is Professor of Psychology & Psychiatry at the University of Ottawa in Canada and Director of the Marital and Family Therapy Clinic at the Ottawa Hospital. She is one of the originators and the main proponent of emotionally focused therapy for couples and families (EFT). EFT is now one of the most clearly delineated and empirically validated brief interventions for distressed couples. A summary of recent research suggests that with this approach over 70% of couples are non-distressed at the end of therapy (10-12 sessions) and that theses results tend to be stable. Sue is also a well known international presenter and teacher and offers externships in EFT in Ottawa.

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Homeopathy, Aikido and Systemic Psychotherapy

Ken Silvestri

There is an explosive growing interest in alternative healing, but surprisingly little is mentioned in the Family Therapy journals. I recently emailed AFTA members, asking if anyone was interested in discussing the use of holistic resources in psychotherapy. About a dozen members responded. It was suggested that I expand on this by describing how I have combined Homeopathy, Aikido, and systemic psychotherapy.

Since I was a graduate student at Columbia University the late seventies, it has been difficult for me to view systemic thinking and psychotherapy as anything but holistic. I remember looking at films made by Gregory Bateson as part of cultural anthropology classes taught by Margaret Mead and Paul Byers, an anthropologist who became my advisor and mentor. There were always sporadically "inserted" frames of Bateson holding his movie camera, a cigarette hanging from his mouth, obviously filmed filming the scene that was being viewed. The point constantly made throughout my studies was to think systemically by simultaneously seeing the part and the whole. It was as if using a stereoscopic lens, or more aptly put, a "peripheral vision" that Mary Catherine Bateson eloquently described in her book by that title. My "insert" in this essay is who I am, in the context of my experience with Homeopathy and Aikido which I have incorporated into my practice of psychotherapy.

Briefly, Aikido is a non-competitive martial art based on producing peace and harmony. It consists of hundreds of techniques, which re-direct the energy of an attack through graceful, blending movements. Aikido utilizes meditation, breathing, and various centering exercises to make best use of one's ki or chi. It is easily applied to every-day dynamics and conflict (see George Leornard's Way of Aikido or Greg O'Connor's Elements of Aikido). This part of my "insert" (sans cigarette) has been a profound experience entailing three-to-four Aikido classes a week for several years; finally an active, systemic metaphor of which I had been searching for a long time.

Another "insert" no less profound for this particular context is Homeopathy. It is the second-most used method of healing in the world, according to the World

Health Foundation. Homeopathy's main focus is to treat the whole person, not the disease. Its FDA approved remedies, made mostly from minerals and herbs are non-toxic, diluted until only a "microchip" of its essence remains. Once taken, the homeopathic remedy mimics the etiology of the illness to be cured ("like cures like"). This allows the immune system to follow its natural course of healing (see Dana Ullman, Consumer Guide to Homeopathy or Luc De Shepper, Peoples Repertory).

Although I had used homeopathy for acute household illnesses in the past, it wasn't until homeopathy helped cure a chronic condition in one of my children, that I realized its power. I have since completed a certification in Homeopathy from the New School Of Homeopathy in Cambridge, MA, and I am in constant awe of its amazing results with mental and emotional problems. At one time, there were many successful homeopathic psychiatric hospitals in the United States with thousands of recorded cases of empathic systemic healing. During the 1920s and through the '30s, major pharmaceutical interests lobbied the curriculums of America's medical schools to support alleopathic medicines and practices forcing homeopathy to fall out of favor. Recently, I attended a seminar at a local law university on alternative healing. On the panel was an AMA representative who was in charge of "investigating" alternative healing. He stoically described many horror stories of abuse and misuse of medicine. When asked about homeopathy, he paused, smiled in a puzzled manner and said that he had been tracking forty individuals who were being treated for various ailments with homeopathy in California, all of whom seemed to be getting better in relation to their presenting problems. His reasoning, which he stated was a guess, was that homeopaths are like psychotherapists, spending more time with their patients than is practical, obviously creating a placebo-like effect. This type of response is not un-common for those who have little knowledge of Homeopathy. Extensive literature and research, mostly from Europe and Asia, demonstrates that it is safe and it works. My personal experience leads me to believe that the active use of energy-based methods like homeopathy and Aikido when merged with systemic psychotherapy take the word "holism" to unbelievably higher levels.

In my practice I make it clear that homeopathy is an educational resource, among others, such as meditation and stress-related exercises, that can enhance resolution of mental and emotional problems. I make no claims of being something other than a psychotherapist. When a client has existing medical problems, and chooses to explore homeopathy, it is strongly suggested that a partnership be formed with a physician. I ask anyone interested in making use of homeopathy with me to sign a disclaimer that states the above and my role as a psychotherapist and educator. I have working alliances with several homeopathic medical physicians which are not dissimilar to traditional psychotherapist/physican relationships. However, in my experience, the common language and objectives of homeopathy produces a much more collaborative and effective relationship.

A recent case summarizes the above. Debbie and Sam have been married twenty years with three children. Their presenting problem was Sam's insecurity and anxiety, especially when Debbie would go to business meetings. She had just received a promotion with a large retail company and was feeling good about being affirmed. Her new position included some travel and increased community involvement. My initial session consisted of "joining" through establishing a connection, something all therapists strive for and gain

through experience and rigor. In my case, my practice of Aikido has helped me fine-tune my senses. In the practice of Aikido you have to be very greatly aware of the space in front and behind you in order to complete a technique, many of which can cause serious injury if not executed in a precise harmonious way with your partner. Sam was obviously not comfortable expressing his feelings. He had been at the same job for twenty-five year as a production manager. Bored and tired at forty-six years old, I had to spend more time than usual making him feel comfortable by synchronizing with him, being sure to blend with his cadence, expression, style and to share similar experiences.

When the comfort level felt right, I proceeded to map out their genogram. In Aikido one "steps off the line" and produces a distance or space that is governed by the belief that if you push hard on the world, it will push hard against you; yet if you push gently, it will push gently back. This is felt more readily when you feel the connection to others and the world. I have done thousands of genograms and each one fascinates me more. With the framework of Aikido and Homeopathy, my mapping is now more sensitive to the nuances of subtle, human communication. This awareness assists the process of discovering the meaning of why Debbie, Sam and myself are together. I still utilize benchmarks for information gathering of gender, class, culture, and race. I strive to facilitate commitment, equity and ways of intimately volleying for a win-win pattern.

Sam was pushing Debbie away by trying to sabotage her newfound confidence. She choreographed herself with much self-blame and guilt, all right there to be viewed in their family of origin legacy. I gave them a copy of You Can Go Home Again, (Monica McGoldrick), to support an understanding of this dynamic. I now include in this peripheral level, homeopathic insights gained from the past two hundred years of its narratives. Homeopaths focus on traumas ("not well since a shock to the immune system") by sensing the energy revolving around symptom modalities, causes, feelings, and generalities that are descriptive of the whole person.

In Debbie's case and from her genogram; issues of abandonment, anxiety, and panic attacks were well marked in her time line; Sam had cut-offs from his father and repetitive grief-issues as an adolescent. Debbie's innate personality traits indicated an outgoing attention-seeking individual with years of repression to her natural style of communi-cation and for Sam, an inward lack of confidence from his up-bringing had skewed his cooperative family-oriented nature.

I continued to work with them in subsequent sessions with the objective to strengthen their connection and understanding of each other's deeper messages. This was enhanced with progressive relaxation and visualization exercises. They both agreed to have me do a complete homeopathic assessment, which includes a survey of relevant descriptors about themselves that they answered at home. After assessing their information a homeopathic remedy was suggested for each of them that matched their current mental and emotional states. My training and experience suggested that they take the remedies in water each day. Remedies are inexpensive, over-the-counter and non-prescription. The local health food store offers a whole line of remedies, which are manufactured in FDA-approved Homeopathic Pharmacies (sold in the form of tiny sugar pellets impregnated with the remedy). I gave them

educational handouts with references as to how to take them. I also suggested different breathing and synchronization exercises for them to do each day.

Within five weeks of taking the remedies and six psychotherapy sessions, Debbie reported a feeling of well being. She also had an existing eczema problem around her ears for the past sixteen years that started when she became anxious after the birth of her first child. Interestingly, her suggested remedy was also indicated for eczema in the ear area. She had been to five dermatologists over the years and each time was prescribed cortisone creams to no avail. The eczema receded completely in one week. In the homeopathic literature and common to most philosophies of healing, the body cures from the inside to the outside, layer by layer, like the peeling of an onion, following a natural course. Debbie's disappearance of her eczema proceeded her feeling more secure and confident. She reported a keen, new sense of communication. The remedy indicated for Sam was predominately for grief. His reoccurring headaches subsided and he began asking his mother and sisters questions about his past and went to some of "those places" he said were "not allowed for inquiry." His sense of improvement was the difference he felt in his self-confidence. He did not feel alone anymore and began to open up and share with Debbie things that he had never talked about.

All family therapists, including myself, have had success along these lines, however, the most profound difference that I have observed has been the readiness for change influenced by the use of homeopathy and Aikido in my experience. From this I believe that whatever holistic method is used within the practice of psychotherapy it will help those involved get closer to living that larger metaphor of nature.

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Managed Care and Family Therapy

Kilian Frisch

The decision of whether or not to participate in managed care networks involves a choice of the worlds and worldviews within which we ply our trade. In the current issue of New Therapist magazine (http://newtherapist.webjump.com/), Kenneth Gergen (2000) asks whether therapy will "simply be an industry or can it further its definition as a unique and professional community?" (p.22).

I have been able to work outside of the managed care world because of my community memberships. These include memberships with the people I see professionally, memberships with a group of professionals here in Philadelphia, and on-line memberships which affirm the values which make my life better.

How do I deal with managed care and HMO's? I don't. About ten years ago I signed on as a provider for a managed care company in California, thinking that I might supplement my income with an occasional case from this company. At that time I was seeing someone who was working very hard with a number of difficult "stories" in her life. She was paying my full fee at the time of each session. Some months later, she came in and said that I was an in-network provider for her mental health coverage. She said that when she discovered this with her HR representative at work, they also saw the rate at which in-network providers were compensated. The HR rep said, "I wouldn't work for that."

A couple of things happened as a result. Firstly, I had to refund several hundred dollars to the person. This adversely affected our work together because she was embarrassed to be seeing me for such a low rate, since she knew and had been happy to pay my regular fee. I was very uncomfortable with the complications which accompanied this development, and I resented the intrusion of a third party into my work.

Secondly, I looked at the numbers and realized that if I began to see more people under the managed care agreement, our family income would be drastically reduced. Given our circumstances at the time, there wasn't much

"give" in our budget as it was.

So I did the simple thing. I realized that I had a low volume practice, and that I couldn't afford one, let alone multiple, situations where I would be paid according to a managed care rate. I resigned from the managed care panel and resolved to have a practice unencumbered by such entaglements. The simplicity of the situation made the decision easy. It was impossible for me to be a "little bit" of a managed care provider.

Another development occurred in the way I work. I became enlivened by the ideas of narrative practice, which resulted in a change in the way that I scheduled people. Previously, I wanted people to come in regularly, weekly, so that treatment proceeded but also so that my income stream could be regularized. The question became, "Whose needs take precedence?" Consequently, I began to ask people when they might want to return for a session. While preferable in terms of my values, this shift introduced another element of uncertainty into the the picture of how I worked and made a living.

So what do my practice, and my practices in relation to my practice, look like? There are very few regular appointments on a weekly basis. Those folks who like to schedule their lives and therapy that way, do that. I work or am available to work, from 8 AM until 9 PM. Evening and weekend hours are a must. There is another curious story here - my office has come to resemble something of a drop-in clinic. Folks will often call with a desire to come in on relatively short notice: sometime in the same day or a day or two later. Others like to schedule themselves a month or so further out, knowing that once an appointment is scheduled, they'll have a chance to take a look at how things are working regardless of whatever else is going on in their lives.

People stop coming in when things work well, and they return when circumstances suggest that coming back seems like a good idea. So a lot of my work proceeds on the principle of "one session at a time."

I also choose to see people for a reduced fee if they seem willing to work and put their therapy relatively high in their list of priorities.

Some other unforeseen developments have opened up as a result of my listening to the people who find their way into my office. One fellow was struggling with the different worldviews presented by the narrative metaphor, and he suggested that I start agroup for people to share their knowledges about narrative work with each other, or in his words, "to help get some traction with this work." I called up some other men with whom I had worked or was working, and we started meeting on a monthly basis. One of the group members is a fellow in his thirties with four young children. He and his wife were struggling in many ways, one of which was financial. Two group members underwrote couples therapy for this man and his wife for a period of two years. That would not have happened had I not taken the first fellow's suggestion about starting a group.

The number of groups has now grown to four. This venue provides much flexibility and possibility for the group members and myself. Each group figures out how to meet in its own way. One group meets on the third Thursday of

each month, another meets every three weeks on Mondays, another has to be more flexible but finds one evening a month when they can all get together.

What does this mean for me? Well, the first thing that comes to mind is that I've had to reconfigure most of my ideas about security. I always feel better after one of our narrative group meetings, because I witness the collective and synergizing efforts of people working to live their lives differently. I also get scared when I look at my appointment book at the beginning of the week and it's not as full as I want, or as full as I need it to be in order to pay the week's bills. I can be affected by the fear that wants me to get mobilized and "make something happen," or I can try to deconstruct the various ways the stories of fear have operated in my life. It's far better to concentrate on honoring the stories which connect with respect for other people, and to pay attention to what I need to do to challenge stories of fear in my life and in the lives of the people I see. The groups contribute a great deal to my life in this respect.

Secondly, I have a membership with a narrative study group, which I lead. I called some colleagues and asked whether they would be interested in learning more about narrative practice. Over the past four years, this group has become a micro-culture of shared meanings, having less to do with becoming narrative therapists than with engaging in discussions which reflect our values in therapy and life. This process presents a viable alternative to the potentially monolithic model of the world of managed care.

Thirdly, I belong to three different online communities. One is a family listserve which weaves the disparate elements of my far-flung family together. While our views on everything run the full spectrum, I am amazed at what binds us. It's about love.

I also belong to two online groups composed primarily of ex-Jesuits, which reminds me of dedication to a set of ideals and sacrifice.

Lastly, I have recently joined a postmodern therapies list,and have participated in discussions which link postmodernism with an examination of the practices of therapy.

These disparate threads and memberships constitute my communities. My membership in these communities is reflected in my therapeutic practice so that the distinction between life and practice has ceased to be much of a distinction. In the above-mentioned article, Gergen suggests that we define therapy as a "process that acquires its efficacy in a particular context of cultural meanings." I prefer to have a hand in the creation of those meanings, rather than to have them imposed upon me by the industry of managed care. I could not do that without my memberships.

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Let Us Know that You Are Out There: Notes from the Connectivity Committee

Ellen Pulleyblank Coffey

As a result of discussions at the AFTA retreat in October a new connectivity committee was formed. Its members currently include: Ellen Pulleyblank Coffey, Chair, Matthew Mock, Peter Fraenkel, Mabs Mango, Gary Sanders and Maria Flores. Our charge is to make suggestions to the Board about what changes in AFTA's structure and activities may lead to greater connectivity between members.

A working definition of connectivity suggested by Peter Fraenkel includes:

- Members' sense of ongoing relationship with one another during AFTA meetings.
- Members' sense of sustained involvement with one another between meetings.
- Members' sense of connection to the organization as an entity, including its mission and activities.
- Members' sense of connection to AFTA's past, its present, and its future.
- Members' sense of knowing how to participate in different aspects of AFTA and their interest in doing so.

We are in Phase One of our connectivity exploration. We see this as a period of "diagnosing the system/searching out the stories" rather than racing for solutions. We would like the membership to join us in this phase of discovery. So far we have read the AFTA survey, made our own reflections, had a conference call discussion about the issues, and put together this article.

Mabs Mango summarized the AFTA survey in this way: "The overall theme seems to me to be asking for a small organization, with face to face contact at conferences, with less hierarchy and structure (except for those few who want exactly the opposite.)"

In our conference call we discussed those groups of people who may be particularly neglected. These seem to be our new members and our elders. We

have not turned to our elders to help us move forward and only in special cases do we give adequate mentoring to new members. Again Peter Fraenkel: "This is even true at the Board level. An example was my confusion as a new chair about whether or not I was expected at the February meeting. I got the impression that it was a Board only meeting and I didn't attend. As a new member of AFTA I also felt that I didn't get enough mentoring. When I joined I didn't know anyone. Only by luck did I meet another new member (Gonzalo Bacigalupe) and we became fast friends. Some discomfort is inevitable, but we do need better mentoring.""

Stories from new members about joining AFTA vary greatly. At the Board meeting Sue Johnson talked about how welcomed she felt when arriving at her first meeting. Some members have been invited by AFTA members and mentored by them, but there are other stories of people joining and feeling not seen or heard. Part of our work is to collect joining stories and make suggestions that will help all new members feel welcomed. We are also searching for the stories from our elders or any members who feel marginalized. There is a plan afoot to videotape interviews of our elders.

Matthew Mock suggested that we think in terms of "tributaries in the stream" as we search for these stories that have been left unresolved and for others that tell of AFTA's moving through "troubled waters". Peter Fraenkel suggests the image of "emotional dams" that block and divert parts of the main stream, often into bodies of still water that develop so much algae that they are choked. We want to collect more images and metaphors that capture members' positive and negative experiences of AFTA. We also want to search for stories about what is happening in the culture of managed care and family therapy and the aging population of our members that pull people away from participation in AFTA. Our discussion led us to also think of defining more clearly our sense of identity by focusing on the work and interplay between members who have been in the organization for different lengths of time. The dialogue groups are a good example of moving in this direction. A key point in inviting people to participate more fully is that everyone likes to be asked. We also may want to pay particular attention to our invited guests Some readily join while others seem to hesitate, perhaps not knowing how they fit into the organization. This becomes more and more important as we reach out to diversify our membership.

Matthew's image of tributaries or departures from the main "stream" of collegiality that are not followed yet continue to affect the feelings of many AFTA members left us wanting to collect members' stories about unresolved incidents such as: the Women and Violence Plenary, the White Racism Workshop in Montreal, numerous other plenaries, the issues raised by Daniel Kusnir in his recent article about roundtables and how there seems to be little attention paid to the work of our less known members. Somehow these stories go underground, with occasional bursts, yet rarely are they addressed directly. We had the feeling that they were draining away some of the energy from the organization and wondered how they might be addressed more directly and how we might track our processes more closely from year to year, not only in the Board, but with the members at the Annual Meeting, in the Newsletter and ultimately on the Web. Peter suggested that we consider some kind of event, ritual or discussion in which we experience the possibility of connection that sustains through conflict. He wants AFTA members to work together to harness the differences to create (as Bateson said) the "binocular vision that helps us

appreciate the depth and complexity of all that we try to understand and work on. Getting suggestions from members about how to do this will be one of the main tasks of the committee.

Matthew reminded us not to lose sight of the events that have drawn us together. Lastly we wondered if like all families we don't need more clearly defined beginnings, middles and endings that have continuity from year to year. In response to our request for input, Hinda wrote: "AFTA began with conflict in Chicago, and with a healing exercise. There were a number of verbal scraps about adopting the bylaws. There were heated discussions and considerable backbiting. There was a healing-resolution, however. A number of people in the field were not there because of illness. I think Milton Erikson was dying at the time. Carolyn Attneave convened a tribal meeting of the committee of the whole. She conducted some sort of ritual-I can't remember what-but I remember feeling that someone had taken us in hand and given us an opportunity to be in a different emotional space with each other-the way Norma did with the song at the retreat."

In order to pay attention to these possibilities we have to challenge our tendency to only focus on the work. At a recent Board meeting we had no time to discuss connectivity or spend much time with each other because there were too many other things to decide. We at AFTA are part of the current cultural phenomenon of having less time and doing more work. Connectivity requires quiet space to pick up our heads, look around and see one another. This sometimes happens at AFTA in wonderful ways and we also want to collect those stories, but we hope with reflection this will happen more consistently for more members.

We would like interested members to let us know about their levels of connectivity to AFTA. We request that you send us examples of what is working for you, what is not including those stories that you believe are not being told, but need to be heard. If you have suggestions of what we may do to further connectivity we would like to hear those as well. If you wish to be a member of the committee, let us know and join us at our committee meeting at the Annual Meeting. Please send your comments to the editor or to Ellen Pulleyblank Coffey at: epulleybl@aol.com.

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Kosovar Family Professional Education Collaborative (KFPEC)

John Rolland and Stevan Weine

The American Family Therapy Academy is collaborating with the University of Prishtina, the University of Illinois at Chicago, and the University of Chicago affiliated Chicago Center for Family Health in a project called the Kosovar Family Professional Education Collaborative (KFPEC). The overall aim of this project is to enhance the capacities of Kosovar professionals to build on the strengths and resources of Kosovar families to better address their mental health and health service needs in the midst of a war-torn region. We are co-leading this collaborative with Ferid Agani M.D, Associate Director of Clinical Services at the University of Prishtina.

Currently, the University of Illinois at Chicago is working with the psychiatric leaders of the provisional authorities in Kosova, in collaboration with the WHO, to draft a strategic plan for the mental health services for Kosova using community-based services. Ferid Agani has been in Chicago at the University for the past month to facilitate that effort. These relationships and efforts provide a framework for the Kosovar Family Professional Education Collaborative (KFPEC).

Ivan Pavkovic who co-directs the Project on Genocide, Psychiatry, and Witnessing at the University of Illinois, has been instrumental. Ivan is originally from Croatia and was very central in mental health reforms in Bosnia and Croatia in the aftermath of war. He went to Kosova this past fall for extended discussions regarding development of the project. The key ingredients are a resilience-based, family-centered effort to deal with recovery from trauma and loss that will be ongoing. In February there were a number of meetings in Chicago and consultation within the Human Rights Committee to make this project a reality.

For the past eighteen months, the two of us have been collaborating on a major grant from the National Institute of Mental Health as part of their effort to support research into the mental health consequences of torture. This project, CAFES: offers family education and support for the Bosnian refugee families (20,000 individuals) in Chicago. This project is unique in its use of

trained Bosnian group facilitators for a nine-session multi-family discussion group format. Most recently, we have been funded to provide similar services to Kosovar refugee families.

In our team project in Kosova, over an initial ten-month period (April 2000 to February 2001) we aim to enhance an existing collaboration between the University of Prishtina and the University of Illinois at Chicago by forming a collaborative with the American Family Therapy Academy and the Chicago Center for Family Health, and centers upon family-focused education and training. We want to build knowledge and technical expertise in the general area of family work for a large number of professionals and para-professionals in Kosova. We will provide advanced more intensive training in specific family interventions with smaller groups of identified professionals and para-professionals in Kosova. Finally, we will evaluate the impact of training and participation in this collaborative effort from Kosovar and international perspectives and to use that data as a basis for articulating a model of education in international family work that can be adapted to other cultures coping with trauma and loss.

The family, with its strengths, is central to Kosovar life, but health and mental health services are generally not oriented to families. Although "family" is a professed part of the value system of international organizations, most programs do not define, conceptualize, or operationalize a family approach to mental health services in any substantial or meaningful ways. Recognizing that the psychosocial needs of refugees, other trauma survivors and other vulnerable persons in societies in transition far exceed the individual and psychopathological focus that conventional trauma mental health approaches provide, this project aims to begin a collaborative program of family focused education and training that is resilience-based and emphasizes family strengths.

This collaboration includes family professionals from AFTA, and professionals, para-professionals, and other family advocates from Kosova. The Kosova professional group is to consist of mental health professionals (psychiatrists, psychologists, social workers) and health professionals (physicians, nurses). It will bring together a group of Kosovars which is heterogeneous with respect to discipline and workplace.

To establish a true collaborative, international experts are needed to help Kosovar helping professionals to develop the knowledge and skills that will enable them work more effectively with families, particularly to help strengthen family resilience for coping and recovery from trauma and loss. We, in turn, need to have a fuller picture of the world of the Kosovar families, its strengths, beliefs and values, and needs. What are the particular cultural meanings of suffering, emotional distress, mental illness, and mental health treatment to families? How can we identify the idioms used by families to affirmatively represent suffering, which may be used in engagement interventions? We need the active help of Kosovar professionals, paraprofessionals, and families to help them to achieve this learning.

The project will consist of a series of educational activities, which will bring together international family professionals and Kosovar professionals. The international team, consisting of four to six family professionals, will visit Kosovar in April 2000. Over the next ten months, there will then be no less

than four follow-up visits with pairs of international professionals. Each visit will consist of several educational activities: 1) seminar series on general family issues; 2) small-group intensive workshop on developing practical family skills in a specified area; 3) site visits and ethnographic inquiry.

It is expected that as a result of participating in this initiative, Kosovar professionals will have: an enhanced understanding of family approaches; acquired specific practical family skills that they can utilize in their work; enhanced sense of professional identity and work as well as morale; and developed collegial relationships with American professionals. Kosovar professionals will produce written reports on important family topics for distribution and possible publication in Kosova; American faculty will produce written reports on the model of family education for presentation and publication internationally. This model/manual will be developed so that it can be adapted to other cultures/settings worldwide. The collaborative group will produce a summary report, which makes recommendations for future family work in Kosova.

At the February AFTA Board meeting at the Roberto Clemente Family Guidance Center, we discussed this project, and had a compelling dialogue on several basic issues of language and values which underlie this proposition. We would like to address two of those issues.

Kosova, not Kosovo. Our collaborators say it is who they now are. Concerns are raised: Does that mean we are supporting another extreme ethnic nationalism? No, it should not. We are engaging in the same way that literally hundreds of international groups are, with the Kosovar people and the legitimate organizations. The governmental status of Kosova is a work in progress, and will be so for some time. Working with Kosovar professionals and organizations creates the opportunity for advocating for peace and open society in the new Kosova. Our training will be offered to everyone, but the reality is that currently the region is mostly ethnic Kosovar. We, like other NGO's and relief organizations, need to see this as a starting point. There is no other group in there with a family-based model and the type of systemic approach to conflict resolution and reconciliation we have to offer.

We choose the word collaborative because this word choice denotes a two-way relationship between Kosovar and American professionals, intentionally distinct from the usual train the trainer approach. Trauma training, with very few exceptions, tends to pluck health and mental health professionals from their existing structures, and pour knowledge onto them in the transient structures provided by the international community. Four organizations are working together here, and the relationship must be clearly beneficial to all. Specifically, the Kosovars must not be passive recipients of American wisdom. They must do things, from the beginning, which enhance their functioning as professionals in the world of Kosova. They are also teachers, especially on the Kosovar landscape, families, values, and services.

We see this as an important and exciting learning opportunity for all parties and look forward to more dialogue on these and other issues within the AFTA community. At the upcoming Annual Meeting in San Diego, a portion of the Human Rights Forum will be devoted to reporting on this project and the initial AFTA team's visit to Kosova.

John Rolland, current Chair of the Human Rights Committee, is Associate Professor of Psychiatry and co-director of the Center for Family Health at the University of Chicago and its affiliated post-graduate family therapy training institute, the Chicago Center for Family Health.

Stevan Weine is Associate Professor of Psychiatry at the University of Illinois at Chicago where he is co-founder and co-director of the Project on Genocide, Psychiatry and Witnessing. He is the author of When History is a Nightmare: Lives and Memories of Ethnic Cleansing in Bosnia-Herzegovina (Rutgers, 1999).

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AFTA'S COMMITTEE ON LARGER SYSTEMS

By Pat Romney

What is the relevance of larger systems to our work as family therapists? Few of us recall that by the 1950s, when Gregory Batesons pioneering work on schizophrenic communication in families was beginning to catapult clinicians into a whole new way of thinking and working, Norbert Wiener (1948) had already written his book Cybernetics, the book that set systems theory in motion.

In the 1960s and 1970s, family therapists were busy establishing the field of family systems theory through the development of our practice. Foundational work, such as Watzlawick, P, Beavin, J. and Jackson D. (1967) Pragmatics of human communication patterns, pathologies and paradoxes and Salvador Minuchin's (1974) Families and Family Therapy was being published. In 1968, Ludvig von Bertalanffy published General Systems Theory and followed into the 1970s with several other important works on systems theory.

The "change the system" mentality of the sixties and the birth of the community mental health movement in 1963, with its emphasis on a total community rather than individual patients, both expanded the practice and vision of clinicians. Mental health professionals who focused on larger systems: hospitals, schools, businesses, human service agencies studied general systems theory and were schooled in theories of consultation and education. Clinicians studied family systems theory and their arena was the consulting room on both sides of the one-way mirror.

In our own organization our fellow family therapists consult to family businesses, do organizational assessments, act as clinical consultants to schools, create and develop community programs, and provide diversity training to corporations. Perhaps inspired by these activities and interests, President Celia Falicov's and the AFTA Board recommended in October 1999 that AFTA begin to recognize and communicate about existing larger system work in AFTA. To initiate these activities, the Board voted to create a new Committee on Larger Systems.

The first effort of the new Committee on Larger Systems (Jay Lappin, Janine Roberts, Ramón Rojano, Jo Vanderkloot, Howard Weiss, Mary Whiteside, and myself) is the AFTA Forum on Larger Systems?"Family Therapy Expanding and Evolving," which will take place at the 2000 Annual Meeting in San Diego." The Forum will create an opportunity to dialogue with other AFTA members about work with larger systems and the role these efforts may play in the future of family therapy.

At the Forum, Janine Roberts will describe a school-based consulting program that brings value to the lives of children, provides additional resources for a school system, and is a training opportunity for future family therapists. Ramón Rojano will speak about how the community family therapy approach provides an expanded theoretical and practical framework to work with larger systems, and how this type of work serves as a form of prevention. I will illustrate how systemic practice and reflective conversations can guide and sustain management and diversity consultations.

Mary Whiteside will moderate the Forum and lead us in an exploration of the theoretical and practical connections between family therapy and larger systems work. Do we see work with larger systems as an expansion of family therapy? An expanded aspect of systemic practice? Should we stay close to work that involves families (family businesses, community mental health)? Should we think about systemic practice in a wider sphere (schools, businesses, human service agencies)? We will share our perspectives on these issues.

Perhaps most importantly we will engage in some future thinking. Who do we want to be? What kind of work do we want to do? Where do we want to be in five or ten years as family therapists and as an organization? In what domains will we choose to function?

What links family systems theorists and general systems theorists is the principle of non-summativity - we maintain the conviction that the "whole is more than the sum of its parts." What links family therapists to those who work in the realm of organizational behavior is our interest in understanding and improving the lives of people and groups. What links family therapists to larger systems thinking and practice is our belief in the importance of community and context.

Join us in San Diego. Find out where we're headed and help us to set the course!

Patricia Romney, Ph.D. is President of Romney Associates, Inc., a research and consulting firm specializing in developing the human side of enterprise.

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Theraplay: Helping parents and children build better relationships through attachment-based play (Second Edition)

by Ann M. Jernberg and Phyllis B. Booth. San Francisco, Ca.: Jossey-Bass Publishers: 1999: 434 pp.:$37.50 (paperback).

Reviewed by Ivan B. Inger and Jeri Inger

Theraplay, originally authored by Ann Jernberg and published in 1979. is in its Second Edition. Ann Jernberg died in 1993, and Phyllis Booth, listed as second author, has undertaken the major revisions of this edition with the contributions of others at the Theraplay Institute.

Ann Jernberg was Director of Head Start Psychological Services, founder, inspiration, and synthesizer of the concepts and methods that have become known and widely applied as Theraplay. Theraplay was an attempt to find a straightforward way of helping young children and parents with attachment and developmental difficulties, within a safe, nurturing environment. It was also a populist effort to train Headstart workers to identify and respond to the mental health needs of their child clients.

This edition was undertaken to incorporate changes in child development theories and to update practitioners about the revision and expansion of treatment methods. This edition also addresses current thinking and treatment of childhood autism, and what has become the delicate and controversial issue of touch in the treatment of children.

What is Theraplay and how does it relate to systemic family therapy theories and practices? Theraplay is an ideology and methodology that creates a bridge between family therapy and individual therapy.

Theraplay is a form of play therapy that directly includes parents and significant others in the therapeutic experience. Clients are engaged in a highly structured, interactive process with the therapist who takes charge, carefully plans, structures sessions, and, ")does all in her power to entice the child into a relationship." The therapist, using nurturing touch, remains firm in the face of

resistance and engages in interactive, physical, play. The therapist initially takes on a parental role, but soon brings in the parent(s) and makes the transition toward the parent(s) taking over the Theraplay relationship. This is a form of reenactment psychotherapy, in the best tradition of Gestalt Therapy, Psychodrama, Structural Family Therapy and others that are designed to bring a new form of interacting into the daily lives of an individual and/or family.

Theraplay has much in common with instrumental family therapies, such as Structural Family Therapy and several Strategic Family Therapies, including Solution-Focused Therapy, Object Relations Family Therapy, and some Postmodern Narrative Therapies. One of the common aspects among these therapies pertains to the role of the family therapist as an active interventive participant in the interview bringing preconceived templates of ideas and reenactments of situations into the therapy room.

The confluence of Theraplay and instrumental family therapies is found in their attempts to integrate intrapsychic and interpersonal aspects of individual development and family relational patterns. These instrumental family therapies mentioned above contain efforts to create therapeutic experiences that attend to the interface between the inner world of the individual, and the outer world of others. One of the crucial aspects of these attempts at integration concerns the attitude of therapists about their place in the therapeutic process. The history of family therapy is replete with examples of the therapist as the conductor who directs the interaction in therapy using her template to understand family dynamics and to promote change according to that template. This includes Postmodern therapies, which profess collaboration, while the subtext of what is desirable and undesirable change remains in the hands of the therapist.

Theraplay's foundation stone is the parent-child-therapist triad, with the latter as the medium through which that relationship can change. Theraplay accomplishes this, not through traditional psychotherapy modes of treatment, but through nontraditional participation of the therapist. This too, has been a hallmark of some family therapies whose methods represent efforts to move away from traditional models.

Theraplay emphasizes concrete experiencing as the way to bring about relationship change. Theraplay therapists do not look to symbolic meanings as explanations of relationships. This may sound familiar to many family therapists who work in the "here-and-now mode," who emphasize the importance of the family unit being in charge of the therapeutic process, and who see symbolization (as used by psychopathology models) as part of an oppressive hierarchical structure. Yet, there is an element, even in those Postmodern Family Therapies, of the therapist as the instrument who creates the context and direction for change, much like Theraplay which is highly structured to enhance the attachment between child and parent.

By studying this interesting method, family therapists can expand their ideas about children and ways of relating to them therapeutically, thus, incorporating Theraplay's ideas and methods into their practices.

This book, especially its way of linking theory and practice at the level of concrete interaction, is worthy of study and admiration. It is a pioneering effort

similar to the efforts of many pioneers in the field of family therapy: risks that have been worth taking in the face of the skeptics.

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Book Review

The Scientist Practitioner
By S. Hayes, D. Barlow
And R. Nelson-Gray
Boston: Allyn and Bacon 1999
Costs $66.00

A few years ago I found myself getting caught up in some heated discussions about empiricism versus clinical work (or art). Especially at national conferences, the lines were being draw. I usually left these arguments feeling frustrated, uninformed, and wishing that these issues had more factual substance. As I read The Scientist Practitioner, I realized that this book was what I was really wishing for.

The reader is never confused as to the authors' position?strongly supporting science, empiricism and personal research as an essential part of training and clinical practice. However, even the artist-clinician can be drawn into the scientist-practitioner perspective as the authors explain both the history and assumption underlying their perspective. If the reader is still not convinced, the authors push forward by identifying new incentives brought on by managed care to create research-informed and data-driven clinical treatments. Examples of research-informed psycho-social treatments such as treatment for panic disorder are described and the reader is urged to think about opportunities for the scientist-practitioner in managed behavioral health care. All of this material is covered in the first four chapters and they are the most interesting chapters and the unique contribution of this book.

Starting with chapter 5, the book becomes a more typical research design book. Topics such as within-series design, program evaluation, self report versus physiological measures are covered. These chapters summaries are excellent brief "how to" chapters but not as thought-provoking as the first few chapters. The authors spend the first four chapters convincing the reader that the scientist-practitioner model is the goal and then spend the rest of the book teaching the skills and methods that the budding scientist practitioner reader needs to know.

Family therapists who have little interest in research or science will not be interested in this book. But the busy clinician with a cursory interest in research but little time or knowledge to conduct his/her own research, could find this book motivating and informative.

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