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From the Editor's Desk

Betty Mac Kune-Karrer

I begin by announcing that Janice Humphrey has resigned as Assistant Editor. She found the formatting difficult, and time consuming. I was lucky to recruit Beth Bourdeau--who was the Assistant Editor for Volker Thomas. When she was declared ABD from Purdue, she escaped to the sunny climate of the desert Southwest. She is currently a part-time family therapist with Las Familias Center for Childhood Sexual Abuse and a full-time evaluator of HIV prevention programs for minority adolescents. Beth is not only knowledgeable but has considerable experience with the AFTA Newsletter. She came on board at the time of the final revisions to the Winter Issue and is currently formatting the Spring Issue. I welcome Beth back!

This Issue focuses on two authors who have not been active in AFTA and one, who although active in the past, is currently not active. I am hoping that the Newsletter's forum will gain them deserved visibility and that it will rekindle their participation. The content of the three articles published in this issue focus on various levels of a system; individuals, mothers and daughters, and larger systems.

Heloisa Garman's article focuses on the Internal Family Systems approach in conjunction with a Jungian approach to dream analysis. Her ideas stated in a clear and compelling way, make the case for the goodness of fit between these two approaches, and the advantages that therapists might experience when combining them

I have closely followed Cathy Weigel-Foy's work with mothers and daughters the current article shows how far she has come in the evolution of the seemingly simple, but complex idea of addressing a well known generational gap . Her group modality has been widely celebrated among colleagues at the Family Institute of Chicago, as well as the larger community.

Doug Breunlin is well known to AFTA, and the ideas he discusses in the current article have been presented in several professional forums. His collaboration with Rocco Cimmarusti--who is not as yet an AFTA member, has refined this project even further. Their novel approach--truly a larger systems intervention,

targets an entire school population in the western suburbs of Chicago, and has a violence prevention focus.

The Spring Issue also introduces a new section. "The Readers' Corner" This forum gives readers the opportunity to express comments, and ideas which they value. The Reader's Corner can also serve as a forum for AFTA readers who are moved to write poems, and/or reflections on current events. The article published in this issue was given to me by Rachel Hare-Mustin, I found it very helpful; both, for me as a person, and as a therapist/supervisor, I hope you do too.

This poem in memory of Gary Sanders was left out of the Winter Issue.

Flying over Gary's Canada
my heart aches
even more

Jay Lappin

It is with sadness that I report the death of one of our members, Dr. Wynne Galanter of New York City. Wynne supervised at the Child Study Center of New York University, in the N.Y.U. Ph.D. Program in Clinical Psychology, and taught family therapy at the School of Applied Psychology at N.Y.U. She was an unusually lively, warm, and dedicated friend and colleague.

Mary-Joan Gerson

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Susan Oppenheim	New York, NY
Vimala Pillari	Oak Brook, IL
Patricia Pitta	Manhasset, NY
Luis Torremocha Duran	Malaga, Spain
Gil Tunnell	New York, NY
Karen Westbrooks	Bowling Green, KY

Ferid Agani, M.D., is an Albanian neuropsychiatrist, assistant professor at Prishtina University, and National Mental Health Coordinator and Director of the Department for Strategic Management in Ministry of Health of Kosova. He is also a co-leader of the Kosovar Family Professional Educational Collaborative Project.

Steven C. Atkins, Psy.D., is a licensed clinical psychologist who specializes in specific learning disabilities, ADHD, and family therapy and developmental theory. He is an instructor and clinical associate for Dartmouth Medical School's Child & Adolescent Psychiatry Section. He holds a Masters degree in Education from Harvard University and a Doctorate of Psychology from the Massachusetts School of Professional Psychology.

Carl Auerbach, Ph.D., is Associate Professor of Psychology at Yeshiva University. He is the co-director, with Dr. Louise Silverstein, of the Yeshiva University Fatherhood Project. He also does research on trauma and family resilience, and teaches a course in qualitative research methodology.

Jerry J. Bigner, Ph.D., is a relative newcomer to the therapeutic field but has learned so very much from his clients. His therapeutic experiences have certainly enriched his abilities as a professor and enhanced his writing skills. His focus continues to be on his work with gay and lesbian parents and their families. He is most appreciative of having the opportunities to be an advocate on their behalf in local, state, national, and international proceedings.

Thomas W. Blume, Ph.D., Associate Professor at Oakland University, began clinical work in the Washington, DC area. He earned a Ph.D. in MFT from Texas Tech University. He combines family developmental, role, and conflict theories into a focus on the negotiation of identity narratives in relationships.

Mary Coombs, Ph.D., MSW, has been a psychotherapist and clinical social worker since 1971, having practiced in Philadelphia until 1995 when she moved to Berkeley, CA to attend a NIMH postdoctoral fellowship in mental health research at UC Berkeley. Since then, she has been teaching at UC Berkeley as a Lecturer in the School of Social Welfare, and doing psychotherapy process research in the Dept. of Clinical Psychology. Current interests are the

socialization of emotion in the family, the role of emotion in different psychotherapeutic treatment modalities, and clarifying the process of using integrative methods.

Marilene A. Grandesso, Ph.D., is a clinical psychologist, family and couples therapist, teacher and supervisor of family and couples therapy of the Family and Community Nucleus at Pontifical Catholic University in São Paulo, Brazil. Dr. Grandesso was also the president of the Family Therapy Association of São Paulo for the years 2000-2001. She has written the book, *Sobre a reconstrução do significado: uma análise epistemologica e hermeneutic a da prática clinica*.

Barbara Jósefik, Ph.D., is a clinical psychologist and family psychotherapist who has worked in the Department of Child and Adolescent Psychiatry of Jagiellonian University in Kraków since 1979. Dr. Jósefik runs the Family Therapy Unit of the Department, and teaches courses on family therapy in Poland within the framework of the Cracow Foundation of Psychotherapy Development. Her special interests are in family therapy, systemic consultation, and eating disorders.

Katie Kennedy, LPC, lives in Portland, Oregon where she works in private practice with families, individuals and groups. She is an adjunct faculty member of Lewis and Clark College and consults with alternative schools developing anti-violence projects. She loves spending time with her partner, enjoying music, creating art and playing outdoors.

Barry Mason, MSc, is the Director of the Institute of Family Therapy in London. He has recently co-edited two new books-one on supervision (with David Campbell) and one on cross-cultural work (with Alice Sawyer) and is presently writing up research on chronic pain and family relationships.

Sandra Mattar, Psy.D., is a graduate of the Massachusetts School of Professional Psychology (MSPP), and is a licensed psychologist with more than 10 years of clinical experience. Her main professional work focuses around immigrant families, the psychology of acculturation, ethnic and racial identity, cross-cultural mental health issues, and trauma. Dr. Mattar is an Assistant Professor in the Psy.D. program and Adjunct Faculty in the MA in the Counseling program at JFKU. She has taught courses at UC Berkeley-Extension, and MSPP.

Beatriz Maria Molina Velez, MSW, is a family therapist in Medellin, Colombia, who works as a professor at a Family Therapy Postgraduate Program at the University of Antioquia. Although it was the first program in the country, there are still few. It is important for professionals in Colombia to exchange their work internationally to grow theoretically and in their clinical work. They are very isolated.

Mathilde Neder, Ph.D., is a psychologist, psychotherapist and titular professor at the S. Paulo Catholic University; professor and supervisor of the course, "Family and Couple Therapy"; coordinator, professor and supervisor of the course, "Health Psychology: Hospital Psychology;" and collaborator professor of the Medical School and Clinical Hospital.

Susan Oppenheim, DSW, trained at the Hunter Post Masters Program in Family Treatment and the Ackerman Institute for the Family. She participated in a yearlong family-of-origin group at the Westchester Family Institute (led by Monica McGoldrick). She has taught courses in couples and family treatment at The Hunter College School of Social Work, the Doctoral Program at the NYU School of Social Work, and the Columbia University School of Social Work. She is currently a supervisor at the NYU Child Study Center. Most recently, she and AFTA member Tazuko Shibusawa presented, "The Use of Internet in Teaching Couples Therapy Skills: The Electronic Webboard as a One-way Mirror" in Japan.

Patricia Pitta, Ph.D., ABPP, is a family psychologist who practices in Manhasset, NY, and is an Adjunct Professor at St. John's University in the doctoral and post-doctoral program in Family Specialization. She has developed an "Integrated Healing Family Therapy Model," which she has published and is applied to children, adolescents, couples, and individuals.

Luis Torremocha Duran, Ph.D., is a psychiatrist and present Director of the Mental Hospital "San Juan de Dios," and of the School for Family Therapy in Malaga, Spain. He is also the former director of the Provincial Hospital for Psychiatry in Malaga, and former Associate Professor of Psychiatry in the Dept. of Medicine at the University of Malaga. Dr. Torremocha has done clinical work in mental health since 1970, especially with cases of major mental disorders. Since 1987, he has been applying the systemic model to mental health programs for communities and hospitals.

Gil Tunnell, Ph.D., is pleased to become an official member of this exciting organization, after attending two Annual Meetings as a guest. He has been learning and teaching family therapy for almost 20 years now. He is currently in full-time private practice in New York City, with special interests in gay and lesbian couples. Dr. Tunnell currently consults at the Beth Israel Medical Center in its family therapy training program, which he directed for six years.

Karen Westbrook, Ph.D., is professor of Family Therapy at Western Kentucky University in Bowling Green, KY. She has authored *Functional Low-Income Families, Overcoming Dysfunction, and Oral Histories...A Study of Unconventional Strengths*. As an award-winning teacher and effective leader, she has a growing professional presence. She is an AAMFT-Approved Supervisor, an immediate Past President of AAMFT-Kentucky, and was recently elected as a member of the AAMFT Elections Council.

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Distinguished Contribution to Family Therapy Theory and Practice Award: Rosmarie Welter-Enderlin

Evan Imber-Black

I first met Rosmarie Welter-Enderlin through correspondence in 1989. Little did I know then that I was about to embark on a transatlantic collegueship marked by rich collaboration and abiding friendship. I am deeply honored to present the AFTA award for Distinguished Contribution to Family Therapy Theory and Practice to this most accomplished woman, whose work, primarily in the German language has shaped the development of family therapy in Europe.

Rosmarie is the first woman founder and director of a major Family Therapy Institute in Europe, the Ausbildung Institut fur Systemische Therapie und Beratung in Meilen, Switzerland, just outside Zurich. From its' inception, Rosmarie sought to establish a multi-disciplinary team - psychologists, social workers, psychiatrists, anthropologists, sociologists, historians - all working on behalf of couples and families and with Rosmarie's leadership, all seeking to create new knowledge to enhance family life, both at home and in the work place.

Committed to the belief that each training, therapy or consultation is its' own unique situation, Rosmarie has developed a complex, multi-contextual body of work, one that encompasses clients' internal world of cognition and affect; respects their full relational world bringing attention to both meaning and action; honors their historical world, including special consideration of the many ways European history and especially the Second World War continues to reverberate in present day interactions; and challenges their political and social world as exemplified in gender inequality at home and at work. One of Rosmarie's favorite phrases is that each therapy or consultation should be "tailor-made." This is never solipsistic, but rather represents her exquisite attention to the humanistic requirements of each situation.

The sweeping body of Rosmarie's work can be seen in her many books, including: *Couples: Passion and Compassion* now in its fifth edition. This book represents the best of grounded theory, comprising the results of interview with couples two to three years after completing couple's therapy. Focusing on

the couple's attempts to achieve gender equality, this work raises the critical life cycle stage of what Rosmarie refers to as "baby shock," or the impact that the birth of children had on re-establishing stereotypical gender roles, and how therapy can mitigate against this.

Your Love is Not My Love: Partner Problems and Models of Solution from a Systemic Point Of View. This book, along with *How Family Stories Can Be Transformed Into Futures*, which enables couples to look at their own family secrets and life themes, are examples of Rosmarie's commitment to bring systems thinking and practice to an educated lay audience.

Systemic Therapy As Encounter (co-written with Dr. Bruno Hildebrand). This work offers a model for teaching couple's and family therapy, focusing on ways to achieve change through working with family stories and life themes, while challenging solution-focused models. Like all of Rosmarie's work, here theory arises from families' experiences. At the center of this work is the hopeful story of a Swiss farm family, plagued with multi-generations of alcoholism, incest and mental illness, helped through therapy to effectively hand the farm to the next generation.

Understanding Illness and Management Options with Chronic Arthritis, a quantitative study of 120 families coping with the consequences of arthritis, complemented by qualitative in-depth interviews of several families.

Rosmarie has also edited books completed with her colleague Dr. Bruno Hildebrand, including *Feelings and Systems: The Emotional Framework of Counseling and Therapy*; and *Rituals and Their Wealth in Therapy and Culture*. She had an eleven-year tenure as co-editor of the major European Family Therapy journal, *System Familie* and has scores of book chapters, journal articles and pieces written for the popular press.

Rosmarie Welter-Enderlin's work has always demonstrated the courage so necessary to challenge prevailing ideologies, whether that be the notions of radical constructivism that swept family therapy in the 1980's, or the embedded gender inequalities in large corporations that seek her consultation. Her work reclaiming affect required that she boldly confront a European family therapy that had increasingly come to rely on overly intellectual and ahistorical processes of change.

Rosmarie and her colleagues at the Institute in Switzerland give a gift to the European Family Therapy community every three or four years in the form of an International Congress on a major theme, such as Family Worlds; Coping with Chronic Medical and Mental Illness; Affective Communication; Rituals in Culture and Therapy. These congresses themselves have become highly anticipated rituals for the European family therapy community, imbued like all worthwhile rituals with meaning and relational connections. Unlike most conferences that come and go with the lightening quickness of a fast food meal, these congresses are gourmet repasts. Using their profits from a previous congress and starting a year or two before the next one, Rosmarie and her team assemble a multi-disciplinary and international "think-tank" to explore a topic in depth, raising new questions to be examined, new arenas for research. This cross-fertilization of family therapy concepts and practices with those from sociology, art, popular culture, history, etc. break us out of our

usual modes of thinking, providing a richness found in few other venues. The congress, per se, provides a context for thoughtful discourse and respectful debate, as participants are encouraged to shape and re-shape ideas to fit their own communities. Each congress results in a book in order to carry the proceedings to a larger audience. The circularity of thought and action as exemplified in this process is emblematic of all of the work of Rosmarie Welter-Enderlin.

I offer this award on behalf of AFTA to Rosmarie Welter-Enderlin, with joy in my heart, appreciation for all of our work together, and gratitude for our deep friendship.

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Lifetime Achievement Award: Olga Silverstein

Peggy Papp

I shall never forget a live family demonstration interview Olga did during an Ackerman conference some years ago. A young son had committed a disturbing act that sent shock waves through the whole extended family system and divided the members into opposing factions. When the family entered the session I wondered how on earth she was going to handle this hot bed of guilt, anger, betrayal, blame, and mistrust. The audience watched with bated breath as Olga, calmly confronted the situation head on. With exquisite skill and sensitivity she unwound the complex emotional threads that ran through three generations of the family and put her finger on the central issue. By the end of the interview she had transformed a situation that could have torn the family apart into an enlightening experience that provided new options for reconciliation. It was a masterful interview. One of the awestruck participants came up to her afterwards and exclaimed, "You must be psychic!" Olga, who was standing next to her husband and her daughter cautioned, "Be careful what you say. I have to go home with these two people."

I have known Olga 35 years and I don't believe she is psychic but I do believe she has an amazing ability to intuit the underlying interplay of family relationships. In Argentina the participants of a conference began referring to her as a "witch" after observing her uncanny perceptions. In Spain, where she is known as "The Mother of Family Therapy" they believed her unusual insight came from a hidden crystal ball.

It's hard for me to believe Olga was once one of my students. I chose her from among six other applicants who were applying for training at the Ackerman Family Institute. She answered my questions with a candor that was humorous and slightly audacious and I thought she would make a challenging student. Little did I know I was choosing someone who was to become one of the major leaders in our field. It was the first time I had ever supervised and half the time you couldn't tell who was supervising whom. Her clinical virtuosity was immediately apparent and upon completing her training she was hired as a staff member at the Ackerman Institute where she has taught, supervised and mentored for the past 27 years. Her reputation for being a great teacher soon

spread throughout the family therapy community and students clamored to take her classes. Her teaching has had a profound impact on the many generations of students who have been the recipients of her original thinking and artistry. It was this original thinking and artistry that inspired Brad Keeney to write *The Therapeutic Voice of Olga Silverstein*. In this book Keeney analyzes a single treatment case revealing Olga's step-by-step therapeutic thinking and interventions. It is rare for a therapist's work to be considered interesting enough to devote a whole book to analyzing one case. The book captures the elegance and simplicity of her interventions and her unique gift for zeroing in on the essentials and eliminating the chaff.

In the middle 1970s Olga and I formed the Brief Therapy Project at the Ackerman Institute where we developed strategic interventions from a systems perspective. Olga's training tape, "Who's Depressed" dramatically demonstrates the effectiveness of this approach. It was during our work together on this project, I came to realize it was a disservice to think of Olga's work in terms of intuition, a sixth sense, or magic. These descriptions dismiss her accumulated theoretical knowledge, her highly disciplined skill and her innate wisdom that are the result of her total life experience.

As the daughter of Hungarian immigrants, Olga came to this country when she was seven. She married young and was a stay-at-home mother raising three children until she was forty. She then decided to return to school and with the spirit and determination of her immigrant tradition spent the next seven years obtaining first a high school diploma, then a bachelor's degree, and finally an MSW. Unfortunately, when she applied to Columbia University School of Social Work her extraordinary potential was not recognized and she was rejected because at 47 they thought she was too old to make a contribution to the field. She was admitted to Hunter College where they seemed to have more foresight. Poetic justice came years later when many of the people who turned her down at Columbia later attended her workshops.

With the emergence of the women's movement in the 1970s Olga and I joined Marianne Walters and Betty Carter to form The Women's Project in Family Therapy. Having become aware of the sexism in our field, our goal was to examine the sexist concepts and theories that dominated our clinical practice. We began giving workshops in this country and abroad on women's relationships in families. This pioneering work resulted in our writing *The Invisible Web: Gender Patterns in Family Relationships*. We decided to each write separate chapters and to meet periodically to critique each other's work. Whenever Olga was late with her chapter, she tried to convince us it was because she had a "writing disability." When questioned further as to what she meant by this she would always say, "You know, it's like a 'learning disability' only it's a 'writing disability'--like a dysfunction in the transmitters that control the 'writing neurons'."

Despite her self-diagnosed "writing disability," upon publication of the book, her brilliant chapter on mothers and sons caught the eye of a publisher who signed her to write an entire book on the subject. The result was *The Courage to Raise Good Men*, a revolutionary book that challenges the ancient cultural conventions governing mother-son relationships. It is a radical interpretation that strikes at stereotypical ideas of parenting, childhood development and gender definition. Here are some quotes from a few of the reviews. Gloria

Steinem wrote, "*The Courage to Raise Good Men* gives us the faith and know-how to begin a new world in which boys are not betrayed into 'masculinity' by their mothers' retreat, and men and women keep their revolutionary birthright of empathy, love, and connection." Harriet Lerner commented, "A rare and brilliant achievement . . . and an invigorating celebration of human possibility." To Andre Gregory it was, "A stunning work . . . [Silverstein] has woven an exquisite and complex tapestry, blending the personal, the cultural, and the psychological. *The Courage to Raise Good Men* is a unique and totally original book, which I recommend to any man who has ever had a mother, any mother who has ever had a son, and anyone who has ever had a family." The book was widely read around the world and Olga became an international expert on mother-son relationships. (We should all have such a "writing disability." And by the way, to this day she will still insist she has one.)

Olga's list of other accomplishments is long. She has served on many boards including *Family Process*, *The Annual Review of Family Therapy*, *the American Family Therapy Academy*, and *The Journal of Feminist Family Therapy*. She has taught as an adjunct clinical instructor at Hunter College School of Social Work, has served as a clinical research associate at Texas Tech University, and as an honorary Professor of Clinical Psychiatry in Spain. After presenting at a conference in Bilbao the host of the conference graciously thanked Olga's husband for his allowing his wife to come and present for them, whereupon her quick-thinking husband graciously thanked Olga for allowing him to accompany her.

On a personal note, I can't think of a more devoted, loyal and loving friend than Olga. Over the years I have turned to her during many crises and she has always been there with comfort, support, understanding and encouragement. We have laughed together around the world, cried occasionally, created together, worked, played and presented together, agreed, disagreed, gossiped, confided, and shopped together. I can think of only one time when our relationship was seriously threatened. That was when we were presenting at the Tavistock in London and Olga came out wearing the same navy polka dot dress as I on the day I was presenting. (But I forgave her. Nobody's perfect.) One of the things I love most about Olga is her irreverent sense of humor. She has an acute appreciation of the absurdities of life and the ironies of human behavior. Many a stressful situation has been relieved with one of her quick witticism. She confessed to me once that she has always had a secret desire to be a clown. She got her chance a number of years ago at an Ackerman conference in the Berkshires. The staff decided to put on a show for the participants and Olga came out in a clown outfit and proceeded to suck her thumb. She brought the house down.

Recently she played the "dizzy blonde" in a game of "Murder" and had every one in stitches with her impersonation. This Lifetime Achievement Award is long overdue. It is being presented to Olga for her courage in challenging some of society's most disabling gender beliefs, for her questioning traditional notions of manhood and motherhood, for the brilliance of her teaching and therapy that has benefited hundreds of families and students, and for her vision of a new world in which intimacy and equality between men and women is possible.

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Innovative Contribution to Family Therapy Award: C. Christian Beels

Steve Rosenheck

This year AFTA is recognizing Chris Beels for Innovative Contributions to Family Therapy. I first met Chris about twenty-five years ago. In 1980 he asked Bill MacFarlane and me to come to the New York State Psychiatric Institute and help him begin a new training program for psychiatrists who had completed their residencies: the Fellowship in Public Psychiatry. I worked with Chris in that program until he retired in 1987, and we have been strong friends ever since. It is a pleasure and an honor to distill his rich contribution to family therapy and describe his career.

Chris's contribution to family therapy had its origin in his psychiatric residency at the Albert Einstein College of Medicine in the early 1960s, and it is there that the description of his career should begin. In 1961 Chris did an elective rotation at the Westchester Square Day Hospital, one of a handful of day hospitals in the entire country at the time. The director of the Day Hospital was Israel Zwerling, a genuine pioneer. Zwerling had two passions. To begin with, he was a social idealist with a cause. In 1961 phenothiazines had been available for only six years, and the nation's reliance on custodial hospitals remained essentially unchanged. Zwerling was dedicated to the imperative of helping to find a humane alternative. In research at the Westchester Square Day Hospital he produced one of the first American studies demonstrating that a day hospital could function as an alternative to acute hospitalization. Zwerling's other passion was family therapy. He had trained with Nathan Ackerman and was an early convert.

Chris absorbed Zwerling's two passions and began almost immediately to interpret and synthesize them in his own way. After his residency, he spent three years between 1964-67 working on Lyman Wynne's unit at the NIMH, studying schizophrenia and the family. Then he returned to the Department of Psychiatry at Einstein to supervise and teach.

By the time Chris returned to Einstein an original and rather brave agenda had begun to take shape in his mind concerning the place of family work in community-based care for those with severe mental illness. Chris knew that

any vision of community care had to include work with the patient's family, and he believed the field of family therapy was uniquely equipped to discover what that work should be. He had also started to see, however, that many of the clinical habits and founding assumptions of family therapy unwittingly blamed parental caregivers, minimized the confusing magnitude of severe mental illness, and breathed condescension towards the hard work of established service delivery systems. If family work in community-based care was to be done correctly, family therapy would have to jettison these habits and founding assumptions and essentially start from the ground up. It would also have to reach out beyond its usual audience. With respect to this challenge Chris was especially concerned about psychiatrists. In community-based care leadership roles typically flowed to this group, and somehow or other it had to be engaged.

With hindsight it is clear that Chris pursued this new agenda in a single-minded, though continuously evolving way for the next 20 years. A crucial first step came in 1970. That year Chris accepted a position at Bronx State Psychiatric Center as director of in-patient and out-patient services for a specific catchment area. He called the operation The Family Service and, together with a treasured group of Einstein colleagues, designed a new model of care. The model made multiple family groups the central mode of intervention and integrated them tightly with crisis intervention, a day hospital, and an in-patient unit in a way that had never been done before.

Chris directed The Family Service for three years. On the foundation he created, however, the Service lasted until the late 1980s. His work at the Family Service had another long-term consequence, as well. As a result of the experience, Chris began to produce papers on family work with the severely ill in the publication style that became his hallmark. He wrote in a distinctive, literate voice, miraculously free from jargon, and published in wide range of journals, addressing family therapy, professional psychiatry, and schizophrenia, respectively.

In 1975 Chris left Einstein/Bronx State and joined the Columbia University Department of Psychiatry and New York State Psychiatric Institute. During the next five years his activity branched into three new directions.

- Receiving an M.S. in Epidemiology in 1980, Chris began a series of papers in which he used current literature on social support to generate new ideas and new questions about the course and management of schizophrenia.
- In 1979 the National Alliance for the Mentally Ill (NAMI) was formed by families with a member suffering from schizophrenia. Chris recognized the significance of NAMI instantly, and began to work tirelessly to support the New York State and City chapters.
- In 1980, utilizing resources provided by the New York State Office of Mental Health, Chris founded the Fellowship in Public Psychiatry in the Columbia Department of Psychiatry. Conceptualized by Chris with great thoroughness, the purpose of the new program was to provide comprehensive post-residency training to psychiatrists aspiring to leadership in the field of community-based care. More than twenty years later the Fellowship is one of the largest post-residency psychiatric fellowships in the nation, training ten fellows each year.

In 1987 Chris retired from Columbia and began a new chapter in his life. His goal was to have more time to paint, an art in which he is highly accomplished. At this point his active work in the field of community care for the severely ill receded, as planned. His contribution to the field of family therapy, however, did not. Rather, it took new form.

In the 1990s Chris commenced a series of publications, including a book length memoir, in which he looked back on the history of the family therapy and engaged with the field on how it thinks about itself. In this work he returned to a type of discourse he had initiated for himself many years before in an influential Family Process paper co-authored with Andrew Ferber in 1969, titled "Family Therapy: A View." With hindsight, we can see Chris even in that early paper trying to look past family therapy theory in order to describe closely what family therapists actually do. In his current work, Chris is undertaking to think directly and with great originality about the problematic, ever ambiguous role that "theory" has played in family therapy's evolution, speaking in his unmistakable, literate voice, as always.

Chris Beels' pioneering, multi-faceted contribution to serving the families of the severely ill by itself does honor to AFTA's award for Innovative Contributions to Family Therapy. His current writing adds even more. It has been a privilege for me to work with Chris and to have him as a friend. On this occasion it is a tremendous pleasure for me to congratulate him.

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Cultural and Economic Diversity Award: Hugo Kamya

Jay King

**For outstanding work on culture and economic diversity.
Clinical service, training programs, community outreach, and research.**

I would like to start by saying a few words about the person who is getting the award and then a few words about why the organization made a good choice when they nominated Dr. Kamya for this award.

Dr. Kamya was born in very humble surroundings in East Africa in a country that many of the natives pronounce Ooganda as in short for Buganda, the largest ethnic group when the country recaptured its independence in 1964. He was raised there along with 10 siblings, two sets of twins, and his mother and dad in a one room home that was approximately 10 feet by 10 feet. He has several siblings who have been to the states including a sister who has recently moved here and a brother, Ponsiano, who is probably more American than I am and can tell you every ball player on the Yankees and can tell you how many votes Bush needed to win the election that he lost in 2000. A few years ago Hugo built a new home next to his parents home which has 5 bedrooms and a deck that is 40 feet by 40 feet.

During the summer of 2002 I traveled with Dr. Kamya to his homeland and met his family and stayed with them for several weeks. My experience with them helped me to put into perspective who Dr. Kamya is, why he lives his life the way he does, and how he has become the right person for this award.

I grew up at a time when school children were told that Africa was a place where savages lived in the jungle and they were so poor that they had no food and no clothes and that when they got desperate they ate each other. So when you travel to a country that is described the way his country was described, the last thing most Americans expect is the extraordinary generosity of the Ugandan families. Especially the type of generosity that my family saw and especially when the people being generous had so much less materially than those on the receiving end of the generosity. Dr. Kamya is a living example of what his parents and the people of Uganda exemplified for my family and me.

Let me say a few words about his professional journey. He was a young adult and a student during a time when students were being persecuted, incarcerated and killed in Uganda. After his father mysteriously disappeared and was thought to be dead, Hugo survived by leaving his home country and going to Kenya to complete his education. He completed his training at the St. Augustine seminar in 1980 and went on to complete a diploma in philosophy and religious studies in 1983. He then came to the states and completed a divinity degree at Harvard University in 1987 and a Masters degree in clinical social work at Boston College in 1989. At that point he decided that graduate school was too much fun to stop so he went on to complete a Ph.D. in psychology in 1993 and joined the social work faculty at Boston College in the graduate school of social work after finishing his psychology course work. A few years and about a dozen taught courses and a dozen publications later, Dr. Kamyia applied for and was awarded tenure and became Associate Professor Kamyia in 2000. He has done a few things on the side while accumulating his academic achievements. They are far too numerous to list here today. There are a few that I believe are among his most cherished holdings and I will name a hand full of those. I will start with his daughters Elizabeth and Sarah, and of course his wife Nora who did most of the work to bring his daughters into their lives. In addition to his role as father and husband, he is an extraordinary source of pride to his father John and his Immaculate. He is also a source of pride to his brothers and sisters and he is an exemplary friend, mentor and colleague.

The award that Dr. Kamyia will receive today honors achievements in the area of clinical service, training programs, community outreach, and research. Dr. Kamyia has engaged in not one or two of these activities but in every single one of them. One of the roles that has become central to Dr. Kamyia in recent history is the work he has done to facilitate the development of counseling services for the Trinity Church in Boston, which provides pro-bono counseling service to the urban poor. In addition Dr. Kamyia has been working with immigrants and refugees and more recently he has been offering transition groups for boys from Sudan and Ethiopia. His work has expanded and now also includes boys from Somalia, Uganda, South Africa and other countries. Quietly embedded in this effort to help African boys adjust to life in the States, he has also instituted a computer exchange program that provides African youth with rebuilt computers that he ships from the States to Africa. This work has made a dramatic difference in the adjustments that these boys are trying to make between two profoundly different worlds. It is hard to describe the joy and the smiles that you see on the faces of the children in Uganda when they meet with the man that they know is responsible for the computers and other opportunities that have arrived for them from North America.

In addition to his work with African youth he has recently developed an exchange program between Boston College and some of the major universities and seminaries in Uganda. This program will facilitate an active, long-range, intellectual, and cultural exchange between the two countries around ideas and scholarship about HIV/Aids, family and pastoral counseling, theology, psychology and social work.

It probably goes without saying that Dr. Kamyia has a long list of publications on subjects such as Spirituality, Immigration, HIV/Aids, Refugees, Narrative

Therapy, Family Therapy, Inter-racial couples and on and on. At the bottom of his achievements he only speaks five languages, and his energy is driven by very serious long lasting ever-ready batteries. Please welcome the man. Rev. Dr. Hugo Kanya.

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Distinguished Contribution to Family Systems Research Award: William R. McFarlane

Chris Beels

Bill McFarlane's distinction as a researcher is directly connected to his equal distinction as a family therapist and public psychiatrist-administrator. He has spent his career trying to find solutions to the practical problems that arose in his work with families of the severely and persistently mentally ill, and building institutions where those solutions can be tested and taught.

As a medical student and resident he worked with Peter Laqueur at Vermont State Hospital, and learned from that experience, the earliest in the field, the effectiveness of the multi-family group in the long-term problems of schizophrenia. This broadly social approach to a neuropsychological problem has been the core around which Bill built his research career. By concentrating powerfully on this area, and by extending his work on it systematically, he built a campaign against one of our principal mental health problems step-by-step. At a conference he organized at Columbia in 1981, Bill combined his own experience with that of Anderson, Hogarty, Falloon and Leff and set the terms for the discussion of the family therapy of schizophrenia in the coming decade. He edited the proceedings of the conference in the book, *Family Therapy in Schizophrenia* (1983) that became a textbook for that subject.

Then, from his strategic position as head of both the Biosocial Treatment Research Division at the Psychiatric Institute and the Training Program in Family Psychoeducation for New York State, he put together a large-scale statewide organization that would simultaneously teach the technique and test the unresolved questions in this area. Questions of the indications and pitfalls were addressed, and multifamily group work, compared with single-family work, proved to be the preferred, as well as the more economical and efficient form of therapy.

McFarlane's New York group extended this training program in the states of Illinois, Maine, New Jersey, Ohio and Washington. In this, they wrestled with the researcher's ultimate professional problem: dissemination. They tested ways of combining the treatment with work and advocacy programs, and showed that coordinating family work with other essentials of community

treatment resulted in fewer relapses, and better social and work experience. They applied the multi-family group approach to bipolar disorder as well, and demonstrated its effectiveness. Much of this work is described in Multifamily Groups in the Treatment of Severe Psychiatric Disorders, published last year.

Bill went to Portland, Maine in 1992 to be Professor at the University of Vermont and Chief of Psychiatry at Maine Medical Center. While continuing and extending his previous work, he started his most recent adventure in combining treatment, public policy and research: the early identification and intervention with early symptoms of schizophrenia. Based on British and Scandinavian models, this classic public health move from treatment to prevention involves the collaboration of schools, teachers, parents and the community. It caps a career of outstanding achievement by a researcher who understood not only how to ask the right questions, but also how to bear the burden of leadership without which no one listens to the answers.

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A Systemic Approach to Dream Work

Heloisa Cunha Bueno-Garman

From a very early age, I was mesmerized with the world of dreams and its potential meanings to our lives. This topic resonated with me as an individual, and in my training as a clinical psychologist, I became increasingly curious as to how dreams, when understood, could branch out into connections with our conscious mind, and subsequently, with our personal lives and our interactions with the greater world around us. As a systems thinker, I started to realize how understanding the inner world of dreams is as important as understanding the personal, relational, family and social systems for they are all levels of the bio-psycho-social continuum, essential in any consideration about human systems. In the beginning of my training as a systemic family therapist, however, I did not find a model that could bridge the gap between psychodynamic approaches to dream work and external family systems.

When I had the opportunity to be trained in the Internal Family Systems (IFS) model developed by Richard Schwartz, I could finally see how this model, when applied to dream work, could help make this connection. IFS applies systems thinking to internal processes, which permits the understanding of the patterns of interactions within and among individuals, allowing us to link internal processes to external systems such as the family, social systems and culture. The shift of focus from internal to external levels can be done because we are using the same systemic set of assumptions.

The Internal Family Systems model views the mind not as a unitary entity, but as made up of multiple and often differing subparts that are both interconnected and autonomous from each other, each having specific characteristics, style of communication, intentions and feelings. Each part has a way of conceiving the world and ways of surviving in it. Very similar to "external" family members, these parts form alliances, are sometimes polarized with each other and interact sequentially. This model views each part as wanting something positive for the person and to the inner system as a whole. Parts only become extreme when feeling the need to protect the person from traumatic external circumstances such as abandonment, rejection, shock or fear, or when wanting to protect very young and vulnerable parts within us. Some parts become extreme when polarized with another part that has a different and sometimes opposite way of trying to reach the same goal. When

polarized, each part fears that if it gives in, the other will win and damage the system. For instance, a "passive" part can become extreme when fearing the presence of an "aggressive" part, and vice-versa.

This model sees the Self, another aspect present in all human beings, as different from the parts. When the Self is fully differentiated from the parts, the person describes a feeling of well being, of "feeling centered," totally energized and in the present. The Self is not a passive state; on the contrary, it can be an active leader for the system, leading it to its optimal functioning, due to its clarity and ability to be compassionate and understanding towards all the parts. Instead of forcing the parts to change, it will heal and release them from their extreme and self-protective roles by listening to them and showing them that they are appreciated and valuable to the system. Because the Self is the natural leader of the system, the goal of this model is to help the person differentiate the Self from the parts and regain its leadership status, while parts will provide assistance and guidance.

The basic assumption that parts are manifested in most dreams is in keeping with the IFS approach as well as Jungian and humanistic/existential thought. Schwartz states, "Disturbing dreams are not uncommon, as dreams are one way in which parts communicate when they cannot get through directly" (Schwartz, 1995). Jung also sees parts manifested in some dreams as disowned and unavailable aspects of ourselves. Johnson, a Jungian theorist, suggests that a good way to connect to the inner parts of oneself is to think of each dream figure as an actual person living inside you. (Johnson, 1986). Parts can be manifested in dreams in an infinite variety of ways such as human beings, animals, places, objects or feelings.

In my clinical work, I have been attempting to apply the IFS approach to dream work and have had some promising results when exploring the overall meaning of the interplay of the parts manifested in dreams to the client's interactions with family members and significant others. Dream work has made a strong impact on some clients who are able to relate to the dream images and their interplay as a potent source of learning and growth.

I have used four basic steps when working with dreams:

First Step:

This stage is pretty straightforward. The clients tell the dream and are asked to describe specific feelings, sensations, and characteristics of the images.

Second Step:

The clients are asked to go inward, preferably by closing their eyes and noticing what stands out in the dream. It could be a character, an object, feeling, a scene or an abstraction.

Third Step.

During this phase, basic IFS therapy is done. The dreamer is asked what he or she feels about the part or dream image initially chosen. Because other parts may have strong reactions to that part, such as fear, anger or even a fascination towards it, the dreamer is directed to ask those parts to step aside so as not to interfere with the Self's ability to be

curious, compassionate and thus to work with the original part. Once the Self is differentiated, it can interact with that part or dream image by asking it to describe itself, know what it wants for the person, what it fears would happen if it was not that extreme, and explore its perspective about other dream images and the dream as a whole. The Self will go through the same process with different images in the dream or with any new image that may appear. The Self can also help resolve polarizations between dream images by helping the parts to compromise and understand their exaggerated assumptions about the opposing part. Throughout this process, the therapist must continue monitoring what the dreamer feels towards the dream image being processed, so as to detect if a part has blended with the Self.

The Self can also experience a part or dream image by becoming that part and experiencing the whole dream from that part's perspective.

Step Four:

During this phase, there is an attempt to tie together all the meanings found in the dream to form one overall whole. Clients are asked to go over the dream work and detect what part of them feel, think and act like the dream image. If there is a conflict, clients are asked what parts of themselves are in conflict with each other. Clients are asked how those parts are manifested in their lives and in their relationships with others.

One example from my work with a client may be helpful here. The client, a recently married twenty-five-year old female had been in therapy for several months. She complained that although she loved her husband who was very caring and available to her, she did not feel sexually attracted to him and felt that she was becoming "dead" in that relationship. She was bothered by frequent fantasies with a previous lover who had always been emotionally unavailable to her. She described the following dream:

She found herself by a luminous river reflecting the sunlight and surrounded by green vegetation. She knew that her lover had bought a lot at the other side of the river where he moved with family so as to be near her and have secret encounters. She was looking at a small attractive hut made of straw, halfway closed, with a lot of windows that he had built so they could meet. In contrast to the hut's external charm, the inside was cold and bare. All she could see was a bed with white sheets. Her lover was next to the hut, waiting for her. All she needed to do was to cross the river on a boat and meet him. She longed for him, while feeling anger towards him for disrupting her marriage and making it impossible for her to continue with her husband. She looked at the water, knowing that this encounter would inevitably take place.

The client chose to initially start working with the image of the "Young Woman." When the client had reached Self, that part told her that she could only feel sensuous and in love with a man, when controlled and in a one-down position towards him. She did not believe that sensuality could occur in any other form, and she felt trapped.

When the client's Self began interacting with the "Male Lover" image, he told her that he longed for the "Young Woman" due to her weakness. He said he could only feel aroused with a female's vulnerability. He told her he had learned

to be selfish and take what he wanted in life regardless of consequences and that he had become very angry and did not trust anyone.

The "Hut" image said that its reason for existence was to provide a place for those lovers who felt desperation in their attempt to have each other and feel alive. It described the "Male Lover" as needing to always be in control in order to avoid feeling like a vulnerable and hurt twelve-year-old child.

When asked to go to the "River" image, the client got in touch with a wisdom within her. The "River" described itself as all knowing, for it had been there forever. It had understanding and compassion towards everything and everyone and was not judgmental. It described the "Male Lover's" vulnerability as a result of his need for his mother's affection, which he was never able to obtain. At that point, the client reported that the "Young Woman" transformed herself into a "Goddess" that loved the "Male Lover" as a mother, a daughter and a lover. Suddenly, the client became vibrant and emotionally alive. She felt powerful, whole and sensuous. She said she had experienced the essence of femininity. When going over the dream work (Step Four), the client was able to recognize not only the "Young Woman" as part of herself, (that she was already aware of), but also the "Male Lover" as another part within herself that at times made her act in a self-centered, controlling manner with men she needed but did not respect, for they were not able to control her. She was able to see how these parts formed a rigid complementarity between them, constraining her from getting into a fulfilling relationship. When in Self, she was able to access a higher wisdom within, that helped her to perceive herself in a relationship with a male from a completely different perspective. She was able not only to know, but experience herself as a mature and sensuous woman, capable of loving and accepting a man's vulnerability without needing his strength to feel alive. This dream work thus provided the client with a powerful addition to inner parts work she was already involved in.

In future sessions, the client related how she was able for the first time to feel sensuous with her husband and ask for what she wanted, while being aware of his needs. This experience became a turning point in therapy. She started to work on her marriage and became motivated to start couple's therapy.

The basic difference between the IFS approach to dream work and other approaches, is that IFS is designed to build a trust relationship between the part or dream image and the Self. Just as family therapists help parents exert a leadership role within the family, the IFS approach helps the dreamer to differentiate the Self from extreme parts that feel the need to protect the system, so that the Self can exert its natural role as a leader. When there is Self-leadership, all the parts or dream images are valued and consequently cooperate more easily with each other to form a more balanced and harmonious inner system.

In the Gestalt approach, the therapist gets to know the part or dream image by having the dreamer "become" that part or by using the "empty-chair" technique. Dialogues between dream images are also established by having the dreamer alternately "be" or give a voice to one or more dream characters. This approach, however, is not designed to improve the trust between the dream images and the Self. Also, by not differentiating and creating clear boundaries between the original dream image and other extreme parts in the system that

may experience fear or anger towards the dream image being processed, it runs the risk of not providing a context where that dream image can feel accepted and valued.

In the Jungian approach, the dream is seen as bringing the neglected aspects of the psyche to awareness. Dream work is, therefore, an attempt to bring those aspects to the surface so as to create a movement towards balance and completion. This approach uses the amplification of dream images by exploring the personal, cultural, and possibly, archetypal connections to the images. It does not, however, try to change the internal relations between the dream images, or create a relation between the dream images and the Self.

The basic premise adopted in this paper, is that most dreams not only represent disowned aspects of ourselves, but also disclose their patterns of interactions. It permits us to understand the developmental stages of the imaged parts, and from a position of Self leadership, value their role in the inner system. In dream work, the Self can work with the imaged parts' coalitions, polarizations, alliances and sequences of interactions. Dreams are here seen as a theater where in the dramatic interactions of the various parts comprising our inner world are disclosed. In dream work, the dialogue between the waking mind and the dreaming mind permits the transcendent function of the Self to stand as the synthesis of the two. Dream work can fit not only into IFS therapy, but into all systemic individual therapies.

I would like to end this paper by quoting Luis Bonuel, the renowned Spanish film director on his 1985 autobiography *My Last Breath*, "Give me two hours a day of activity, and I'll take the other twenty-two in dreams," with the provision that he would recall his dreams during that time.

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Working with Mothers and Daughters at the Middle School Transition

Cathy Weigel Foy

Twice within the space of four hours, two separate mothers voiced the same worry in my office. "Our relationship is at the brink. We can't talk any more; I just don't know how to reach her." Since my practice includes a fair amount of work with adolescents who struggle fiercely for independence, the plea from the mothers I spoke with that afternoon wouldn't be unusual. It's often an apt description of the shifts in the mother-daughter relationship at adolescence. But that was not the case.

What was interesting about these pleas was that both daughters were 11 years old. I had heard similar accounts from both mothers and fathers among my peers, my family members, colleagues and friends - all of whom are unusually sensitive to the subtle shifts in the mother-daughter relationship. However, since that day four years ago, I've heard it increasingly from clients with pre-adolescent daughters.

Sometimes the concerns are about early "cracks" in their relationship with their pre-adolescent as their daughter becomes more verbally assertive, or brings distance and silence into a once confiding relationship. Other concerns focus on what is yet to come as typical adolescent relationship struggles are anticipated. I laud these parents for their perceptiveness and proactive stance on an often subtle relational shift that is emerging as younger and younger children are bombarded by confusing images and messages delivered by electronic media, retail stores, peers and role models. Parents, as well as daughters, are often confused and don't know where to turn for help as they confront new behaviors and attitudes.

Honoring Healthy Development

After becoming a parent for the first time, the second most significant shift in family life is at the onset of adolescence. Both transitions are about connectedness in relationships - first-time parents learn to expand their circle to include a child, and parents of adolescents fight to maintain connectedness while fostering individuation and autonomy. The transition to parenthood is often eased by support from Lamaze groups, parent-to-be groups, and new

parent groups. Where are such supports for the transition to adolescence?

As the mothers' quotes suggest, the pressures of adolescence seem to be experienced by younger and younger children, at a time when they are not well-equipped (physically, cognitively, emotionally, socially, and spiritually) to cope effectively with these challenges. Mary Pipher very eloquently argues that the broader culture is increasingly shaping the lives of children (1996). The media introduces first graders not only to brand name clothing but to Brittany Spears-styles and thus, begins the connection between popularity and appearance. Fashion policing by peers can be seen in schools across the nation. In an attempt to maximize existing resources, school districts often require children to change buildings as well as friendships three times before reaching junior high school or place 10 and 11 year olds in the same building with 12 through 14 year olds. Just as a child is learning the art of making and maintaining friendships, friends move on not by choice but by the boundary set by the school. Computer technology also influences relationships in ways inconceivable in past decades. It proves an important linkage for families and friends flung across the globe. Yet it can also prove quite destructive to the emerging ego of a 10 year old whose instant message meant for a "friend" is broadcast to a network. Where are supports that honor timeliness in the developmental process, and privilege values and character over appearance and popularity?

In the 1980s, David Elkind warned about assuming competence in a child too soon, privileging the parent's need for responsibility in the child over the child's need for timely development (1988). This message seems no less apt for today's families. For the pre-adolescent, the question that begs to be asked is "Who will protect her from her own ignorance and 'normal' incompetencies?"

Vulnerability: More Characteristic of Girls

Over the last fifteen years, studies show that girls are more vulnerable to the stresses of adolescence than boys (Sadker, 1994; Brown & Gilligan, 1992; Greenberg-Lake Analysis Group, 1991; Michigan State Board of Education, 1991; Gilligan, Lyons & Hanmer, 1990; Gilligan, Ward & Taylor, 1988). IQ scores drop; math and science scores plummet. Girls lose their resiliency, are less inclined to take healthy risks, become depressed, more self-critical, particularly about their bodies.

The shift from being the confident, optimistic, assertive and happy daughter occurs in early adolescence, roughly 10.5 to 12 years old and coincides with entrance to middle school. Recently, a graduating fourth grader confided that she knew fifth grade was going to be "horrible, because the teachers are mean and don't care about you. And all your friends start acting funny - like they don't want to be around you any more." What adult would survive on such a battlefield at work? Needless to say, this transition is over-determined and girls' fears and anxieties need tending. In time-starved families, there are often few resources available for this kind of nurturance.

Resiliency research (Walsh, 1997; Wolin, 1995; Werner & Smith, 1992) points to the crucial presence of a confiding relationship in the development of competencies for successful adulthood. Optimal development of personal and social competencies requires a sensitive titration of challenge, with its attendant anxiety, along with support. In her 1990 study, Apter found that

most girls wanted to confide in their mothers and felt that their mothers understood them the most. The question now becomes, "How do you capitalize on the strengths inherent in the mother-daughter relationship to ease a daughter's transition to middle school and adolescence?"

Early Strengthening of Connections is Vital

Well-armed with studies and research that suggest the criticalness of this transition in a girl's life, I wrestled with all these questions. Many programs that attempt to address preadolescent issues target daughters only (LeCroy & Daley, 2001; Cash, 1997; Abner & Villarosa, 1996; Bingham, Edmondson & Stryker, 1993). I felt strongly that a relational approach could better harness the resources needed for a good transition. My own wish to work with mothers and daughters before negative positions and feelings harden during adolescence only added to my determination. Out of this The Mother-Daughter Connection: Empowering Mothers and Daughter for the Middle School Transition was born.

A group format seemed best suited to the over-all goals: to foster a support network among mothers and among daughters, to enhance the mother-daughter relationship in preparation for the middle school transition. To foster support among mothers and to provide a forum to discuss confusing aspects of adolescence, I decided that mothers should meet in their own group for six sessions. To form a similar cohesive grouping for the girls, girls should meet concurrently in their own group for six sessions. Four combined mother-daughter sessions were planned to give mothers and daughters an opportunity to practice their newly-honed skills, to afford both mothers and daughters a "look" into the dynamics of other mother-daughter relationships, and to allow for the opportunity for other adult-pre-adolescent pairings to develop.

To provide some structure to sessions, a topic was planned for each week, but did not take precedence over the group's preference for other conversations. Topics focused on the areas of struggle at adolescence, including: friendship, communication, negotiation, values, discipline, achievement, body changes, risk-taking behaviors.

Since 9 and 10 year old girls don't appear in great numbers in any one's caseload, the greatest challenge to beginning such a group was formulating an effective marketing strategy. With support from marketing expertise both at home and at work, I developed a brochure, sent it out, made the requisite follow-up calls, and waited. The phone began to ring and the first group met four years ago. The group has become a yearly event at The Family Institute at Northwestern University, Evanston, IL, and I now receive phone calls year round about the group. Referrals also come as a result of presentations in the community as well as from other therapists and interested parents. The demand has encouraged me to consider expanding my efforts beyond the annual group.

Initial, tentative findings suggest that both mothers and daughters are developing trusting friendships with their peers. Mothers report that they feel more prepared to help their daughter to face the challenges of middle school. A more formal program evaluation is in process.

Each mother-daughter pair has taught me and my co-facilitators much about the ebbs and flows of the difficult pre-adolescent transition, and about the complex nature of the mother-daughter relationship. We have been touched by the profound longing for connection that underlies the struggles of each mother-daughter pair. The group remains a "work in progress" as new learnings from each group refine our plan for each subsequent group. And follow-up calls to past participants only encourage us to continue on with this work.

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A Systemic Approach to Changing School Climate: A Necessary Component of a Comprehensive Violence Prevention Program

Douglas C. Breulin and Rocco Cimmarusti

Introduction

Throughout American society there is a growing movement to challenge violence as unacceptable, and to develop strategies to address and eliminate it. Family therapists have made major contributions to this movement, particularly in the areas of domestic violence and child abuse. Family therapists have also tackled the epidemic of youth violence, and have produced salient research and developed model programs.

One manifestation of youth violence is school-based violence. In its most lethal form, such as occurred at Columbine and Santee, school-based violence results in terrible carnage. Less lethal forms of school-based violence such as fighting, intimidation and bullying have also come under intense scrutiny. Rather than normalize such forms of violence as an everyday part of the school experience, school administrators have begun to understand them as harmful to the victims and potential precipitants to deadly retaliation. An outraged nation has called for extensive measures to make schools safer.

Today more than ever schools are committed to drastically reducing if not eliminating all forms of school-based violence. To succeed, schools are developing and putting into place comprehensive violence prevention efforts. Here too, family therapists have contributed to the reduction of school-based violence. Most family therapists have received outpatient referrals from schools to treat violent adolescents, and some therapists cultivate relationships with schools that enable them to intervene in the school on their client's behalf. Multi-systemic approaches to therapy have included schools as part of the ecology in the treatment of violent youth. These approaches target violent youth and reduce their risk for violence by building individual, family, school, and community interventions around them.

Another approach to school-based violence views the school as the context in which violence can occur, and uses systemic interventions to change that context. Violence in schools is more likely to occur when there is a culture of

violence in the school, the school employs harsh and unfair disciplinary policies, there is a tolerance for bullying, preferred groups are encouraged to exist and rewarded, and teachers are overburdened and uncaring. The goal is twofold: to make the school more peaceful, thereby eliminating the contextual triggers for violence, and to increase students' commitment to school that has been shown to be a protective factor against violence.

The goal is usually achieved by focusing interventions on the school's climate with the objective of making it more personal. By consulting to schools, family therapists can offer a systemic lens and act as catalysts to facilitate climate change. To succeed, however, family therapists must form an alliance with the school, recognize and address its complex political terrain, and adapt the program(s) to the resource constraints of the school. We attempted to do just that in a four-year effort to more personalize a public suburban high school. And while the family therapist will encounter unique challenges with each school, the following eight guidelines informed our work described below: 1) gain administrative support; 2) find key individuals; 3) engage multiple perspectives; 4) form a steering committee; 5) develop a specific action plan; 6) create a vision; 7) get outside funding; and 8) evaluate the initiative.

Our Personalization Initiative

In 1997, the Lyons Township Board of Education established the goal of creating a positive school environment for all students. This goal, which emerged from the self-study conducted by a group of administrators, teachers, students and parents, created a mandate to personalize the high school. Throughout the 1996-1997 school year, a task force, consisting of the student support services coordinator, the assistant principal and the senior author, met regularly to define an initiative that would increase personalization. In the spring, Carol Miller Lieber, a renowned high school consultant from Educators for Social Responsibility, joined the team. The task force also sought external funding from a local foundation. Three of the four years of the program were underwritten with a \$150,000 three-year grant.

The task force decided that a top down mandated initiative requiring total faculty buy in would fail; consequently, a bottom up or grass roots effort was adopted. To launch the initiative, the task force planned a week-long summer institute. Invitations were extended to all constituents of Lyons Township High School (LTHS), including its administrators, teachers, parents, students, and community members. This group was carefully chosen to contain voices that would not only celebrate the positives of LTHS, but also vocalize its shortcomings with regard to personalization. Fifty participants attended the institute for three days, during which time the climate of LTHS was assessed and a list of priorities was generated to begin the process of personalization.

A smaller group, with representatives from all constituencies, met for two more days to distill the larger group's findings into a set of specific initiatives. At the conclusion of the institute, this small group agreed to continue functioning throughout the school year as steering committee. The steering committee designated six areas where personalization could be improved, and designed an initiative for each one. The initiatives would be phased in over time as the resources of the steering committee and the school would permit. The six focal points of concern were: 1) teacher-student relationships; 2) student-student

relationships; 3) discipline; 4) relationships with the community; 5) students' attachment to school; and 6) faculty-administration relationships.

Teacher-student Relationships

The relationship between teacher and student was targeted initially through voluntary staff development training designed to help teachers personalize their classrooms. A longer-range initiative focused on new faculty. First, teachers were recruited who espoused the philosophy of personalization, and second, these new faculty were required to take the classroom practices training in the second year of employment. To date about half of the faculty have received the training.

The staff development training used was adapted from the "Partners in Learning" model, developed by our partner, Carol Miller Lieber. Known as peaceable classroom practices, the training offered was a three day summer institute, augmented with on-going staff development throughout the year .

The training provided a philosophy of student centered learning, specific classroom management strategies, and ways to incorporate conflict resolution and emotional intelligence ideas into the curriculum of any subject. Teachers assembled a source book of lessons which they shared with each other, and their commitment to work together helped to sustain the effort.

Student-student Relationships

With 3,500 students distributed between two campuses, 750 of which are recycled every year, the task of impacting student-student relationships was daunting. The initiative selected was a student leadership training program offered through three day summer institutes. Students with non-traditional leadership potential were nominated by faculty for the training. Upon completion of the training, these students formed a leadership group that met monthly and planned and executed activities throughout the school year. Examples of activities were "meet and greet" days, eating lunch with someone you don't know, conflict resolution skits presented to classes, assemblies with speakers addressing peace etcetera. In the second through fourth years, experienced leaders helped to run the training and functioned as leaders of school activities. Like any newly established activity, it has taken years to create visibility and value for this group such that it has high status in the school.

Other programs were also in place to address the needs of students, including a peer mediation program and in 2000, the school adopted the "first class" principles designed to enhance respect in the school.

Discipline

Prior to personalization, the LTHS disciplinary system was based on a punishment model that could be characterized as moderately harsh. Zero tolerance was used only in cases of weapons, but out-of-school suspension was frequently used for physical and non-physical violence and drug and alcohol infractions. Like most schools, non-white students received a disproportionate

number of these suspensions.

The initiative chosen to personalize the discipline system was called "The Alternative to Suspension for Violent Behavior Program. (ASVB)." This program offered violent students a reduced suspension in return for completing a conflict skills training program with a parent. The ASVB was developed by the authors and offered by graduate students in the MFT program at The Family Institute.

Relationships with the Community

Because the high school was perceived by some in the community as a closed system and even antagonistic to outside input, the goal of a community initiative was to open lines of communication. The initiative selected was called the "Community Advisory Council" (CAC). Composed of 50 members with teachers, students, parents and community members represented, the CAC meets monthly to debate a relevant issue affecting the high school. Many of these issues involve the effort to make L THS more personal. The CAC forms opinions which are then formally shared with the Board of Education.

Students' Attachment to School

Like many comprehensive high schools, LTHS was structured in such away that students could come to school every day and never connect consistently with an adult who took a personal interest in their welfare. Increasingly, high schools are recognizing that many students feel lost in such a depersonalized environment and that an adult could increase students' attachment to school. For schools that can't be small, the advisory period is used to create such student-adult connections. LTHS had been exploring this option for several years so the steering committee decided to support the task force that was investigating the introduction of an advisory program at LTHS. Over the next four years, proposals were developed and the advisory program was finally adopted for the 2001 school year.

Faculty-administration Relationships.

The concept of organizational climate has been extensively researched. It has been proposed that the organizational climate will be mirrored in the school climate. The long-standing tension between the faculty and administration created tensions in the school. To address these tensions, an initiative was created to improve the organizational climate of the school. A group of faculty and administrators met monthly with the senior author for a year to understand the context of the antagonism and attempt to create a more cooperative organizational climate. One measure of the improvement in the organizational climate was the relative ease with which the faculty contract was renegotiated in 2000.

Our evaluation of the initiative revealed rather striking outcomes. Discipline data for the two years prior to the personalization initiative and for the four years of it indicated a marked shift in discipline within the school. There was, for example, an 11 percent drop in total disciplinary incidents from the peak in 1995-96 to the lowest level in 2000-01. There was a 76 percent drop in out-of-school suspensions from the peak in 1995-96 to the low in 2000-01, and a 63

percent drop in suspensions for physical violence from the peak in 1994-95 to the low in 1999-2000. The average number of out-of-school suspensions for the three years prior to the personalization initiative was 446 compared to 214 during the personalization years. The average number of out-of-school suspensions for physical violence for the three years prior to personalization was 54 compared to 32 for the personalization initiative years.

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Please note, citations and their references have been omitted from this manuscript in the interests of saving space. References may be found in Breunlin, D. C., Mann, B. J., Kelly, D., Cimmarusti, R. A., Dunne, L., Miller Lieber, C. (Unpublished). *Personalizing a Large Comprehensive High School*.

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Family Policy Column

Rachel Dash (Editor)

In mid-February I interviewed Barbara Olshansky, of the Center for Constitutional Rights. In this issue's column I will share pieces of our conversation. The Public Policy Forum that will take place this summer at the AFTA meeting will feature Ms. Olshansky as guest speaker. Her presentation last year about the stripping of human rights post September 11 and how AFTA members could become involved was so informative and activating that we are grateful she has agreed to come back. Ms. Olshansky is responsible for investigating reports of human rights abuses and bringing cases before the courts. Her work currently centers on US born citizens, immigrants, and people in this country on visas, mostly of Middle Eastern and Asian descent who have been detained, deported or threatened with deportation. Many of these people have disappeared without a trace, their families having no knowledge of where they have been taken. She has also become involved in speaking out as an individual and as a representative of CCR against war in Iraq. Below Ms. Olshansky shares her experience, her ideas and her humanity. The great compassion, courage and authenticity with which she meets the challenges of her work deeply touched me.

The US Patriot Act passed quietly on October 26th, 2001. This act gave federal law enforcement broad powers to weaken protections against unreasonable search and seizure. It comes close to obliterating the fourth amendment. Within the first year after September 11th, thousands of young men of Middle Eastern and Asian descent were detained and questioned by representatives of the US government. We have never gotten an exact figure of how many have been detained. We sued Ashcroft and Mueller under the Freedom of Information Act to find out why they were detained and won in district court. They have refused to comply and the case is still on appeal. We don't know how many people have been caught in their broad net. We are getting calls from all over the country about people "being disappeared". These calls come from community groups, churches, mosques and synagogues. If the government gets notice that a detainee has been spotted the person is moved to another facility. The families are desperate. It has been impossible for them to find their relatives. In addition to the anguish of losing their loved ones, survival becomes an issue. Those that depend on the family member who has been detained or deported sometimes can get public assistance, depending on

their immigration status. Others have to rely on their communities for support or leave the country to go to family. The men have been taken and many of the women don't speak English, they may be shy or fearful of the authorities. There are budding grassroots groups that try to supply translators and someone to go with family members to apply for assistance. We are trying to set up clearing houses to help family members locate and stay connected with each other.

I thought at first that the government was being careful about picking up people who were major visa violators. But they have been picking up American citizens of Middle Eastern and Asian descent, people with green cards and people applying for political asylum. The government has been chartering private jets to deport individuals in the middle of the night. People are bound hands to feet and dumped into the middle of Pakistan. At some points I have just broken down in tears to think that this is my country and we're actually disappearing people like right wing governments have in South America.

People with civil violations, like overstaying a tourist visa are being treated like criminals, being denied bond. Part of my job has been to get people released on bond. A couple had overstayed their visas by a few days so that they could see The Producers on Broadway. The authorities thought the men were Middle Eastern (they were from the Dominican Republic) and arrested them, denying them representation or bond. I am now representing them. A Canadian citizen of Indian descent returning from a visit to India had his passport confiscated while changing planes in the United States. He was immediately deported back to India. A Canadian citizen of Syrian descent who had lived in Canada since he was thirteen was returning from a computer conference, changing planes in the United States. He was arrested (they thought he was someone else), and deported to Syria where he was immediately arrested on charges that he was a Canadian spy.

I have one lawsuit against Ashcroft and Mueller regarding people with minor visa violations. There are many of these cases where the INS offers people of Middle Eastern descent living in this country, but who come from all over the world, the choice of taking voluntary deportation or being detained. Because they have been arrested, even though not charged, they become pariahs in the new country. We have sued to get declarations for these people that their arrests were unconstitutional. The lawsuit is still in front of the court.

The INS is requiring people from twenty different countries to register with them. The first required to register were people of Pakistani descent. Thousands who showed up voluntarily to register were arrested. Immigration is under attack. Every immigrant will have to register by national origin and faith. The FBI announced a nationwide survey of all mosques using hidden cameras to take head counts and requiring mosques to hand over their membership lists. Ashcroft has ordered the FBI to infiltrate churches, synagogues, mosques, social clubs and political organizations to listen for anyone who "might be a terrorist". People will be afraid to attend. We are filing a lawsuit. I ask you, what was this country founded on? It was founded on religious freedom. You read about the Pogroms...this is so twisted. What happened to democracy? The Congress is considering a US Patriot Act Two. This would weaken the possibility of judicial intervention. We have a system of equal branches of government in this country. A judge needs to be able to tell the president, "I need to see the

evidence." It's so ironic, I have spent my career as a radical or progressive lawyer fighting the system and now I find myself fighting tooth and nail for democracy. It is horrifying that the Attorney General doesn't understand the constitution.

I had a melt down last week as I was working on a brief at home. The responsibility that is falling to me just hit me. There are no words to describe how overwhelming it is. I was helping the defense attorneys of Jose Padilla, an American citizen of Mexican descent who had converted to Islam. He grew up in this country. His family was poor. The government thought he had information on al Qaeda. Before his appointed lawyers could ask for his release, the president designated him a criminal combatant. He was flown to a naval brig in North Carolina. His lawyers have not been able to see their client and he no longer gets any protections of the constitution. He is not entitled to a lawyer. He can not see the evidence against him as it is deemed secret and he does not have the right of judicial review. This is being called an executive detention. We don't have executive detention in this country. He can be held for the "duration of the war on terror for the foreseeable future" without a trial and his lawyers, family and friends can not talk to him. This means that you or I could travel in the United States and we could be picked up and never seen again. Since I began speaking publicly against war in Iraq I am strip-searched every time I fly and my husband is afraid for me to travel outside the country, worried that I wouldn't be allowed back in, that he might never see me again.

We have a real need for people with the skills that AFTA members have. There is a need for volunteers to talk to the families of people who have been detained or deported. We need a list of volunteer therapists we can refer to. It would be really helpful if therapists would volunteer to come on inspections of detention facilities and interview detainees, reporting on the effects of living under these conditions. It would be helpful for AFTA to pass and publicize resolutions against a war in Iraq and against racial, religious and ethnic profiling. Press releases about the psychological effects of isolation and detention without being able to talk to family, friends or legal counsel for one to one and a half years could be effective. I will be going into this much more when I come to the AFTA meeting in June. I'm looking forward to it; I love being with AFTA people.

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Parliamentary Procedure

Rachel Hare-Mustin

What is Parliamentary Procedure?

Parliamentary procedure is a set of rules that a group uses to make decisions in an orderly and fair way. In the United States parliamentary procedures derive from the rules of the British Parliament and the United States Congress. There are several parliamentary systems of procedures, which vary somewhat in complexity and details. However, all of them are based on the same principles. Our adopted parliamentary authority is Keesey's Modern Parliamentary Procedure

What Is the Precedence of Rules?

Organizations are guided by a general hierarchy of rules. First are various federal state, and local laws. Next is the association's Corporate Charter. Then comes the association's Bylaws. Then are the formally adopted Rules of Order, which sometimes appear in the bylaws, and the rules of order of the Parliamentary Authority that the association has adopted. Finally, is the Operations Manual, followed by the Summary of Board Policy Decisions.

Why Not Informal, Open Discussion?

First, informal, open discussion is usually not democratic. Louder, more vocal members will dominate the discussion. The Chair may also dominate by (however, gently) moving the group in the directions the Chair thinks best. The principle of equal voice among members is lost.

Second, decision making is often by impatience or exhaustion. Often in informal discussion there will be frequent interruptions of speakers, frequent changes of subject, repetition of ideas, unrelated comments, and loss of focus on key points. Members become impatient and eager for closure from poor quality of debate.

The Chair must guard against the mistaken belief that informal discussion is a

more democratic way to conduct business because it seems more friendly, rather than an unequal way.

What Are the Steps in Handling a Motion?

1. The Motion is made.
2. The Chair states the motion
3. Discussion: The Chair asks for discussion. The member making the motion speaks first, then others.
4. End Debate: The Chair asks if there is further discussion
5. Vote: The Chair then restates the motion and takes the vote, asking first for those in favor, then those opposed. The chair does not ask for abstentions, but if a member wishes to have an abstention recorded for personal reasons, he or she may request it.
6. Results: The Chair announces the result of the vote. The Chair again states the motion, as having been either passed or lost.
7. Restating the motion. Note that the Chair (1) states the motion before discussion, (2) states the motion before the vote, and (3) states the motion after the vote. Members should not be unsure about what business is before them.

Is There Always a Formal Vote?

No. When a Chair senses agreement on a motion, the use of general consensus is an expedient and desirable way to proceed. Following discussion the Chair will state the motion and then say, "If there is no objection, we will" Members, of course, must be ready to prevent abuse of this procedure by saying, "I object," if they do so. The Chair must allow time for such an objection to be heard. A single objection forces a vote.

Voting is often seen as less desirable than consensus as a means to decide questions. One argument against voting is that it causes polarization within a group. An atmosphere of winning and losing limits cooperation within a group and discourages individuals from feeling personal responsibility for decisions.

Some organizations require formal votes only on fiscal matters and on elections.

Is a Unanimous Vote the Same as Consensus?

No. A unanimous vote means that all members present and eligible to vote did so, and all voted the same way. To say a member did not object, thus "standing aside" to allow the group to achieve consensus, is different from saying that he or she voted.

The term "by unanimous vote" should not be used carelessly. It may be hard for members to protest this misuse openly. The practice of declaring a large majority vote unanimous because it would look better on the record is never

acceptable. Similarly, declaring a member who has been elected by a secret ballot "elected by unanimous vote" is not an acceptable practice.

The basic principle of equality of membership should guarantee that each member has the right to vote or abstain from voting without having to reveal which he or she did.

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Books in Review

[Thorana Nelson \(Editor\)](#)

Wampold, Bruce E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum

Reviewed by Douglas H. Sprenkle, Ph.D.

Bruce Wampold's *The Great Psychotherapy Debate* is, in my judgment, one of the most important books in the history of psychotherapy research. Based on a comprehensive and exceptionally careful meta-analysis of almost all controlled psychotherapy research, he addresses a central question of great interest to both practitioners and researchers-- namely why is psychotherapy effective?

There is both wonderful and troubling news in this volume. The good news is that, as other meta-analyses have shown, there is compelling evidence that psychotherapy is remarkably effective. In fact, Wampold's findings probably render the no treatment control group unnecessary. The bad news, for passionate proponents of specific therapy models, is that there is very little evidence that sound psychotherapies are "differentially effective" (relative to each other).

Since many of us have spent a great deal of effort mastering our preferred models, and often have strong convictions about them, it may be disquieting to learn how little evidence there is that "specific" factors that are unique to particular therapeutic models explain why psychotherapy works. In fact, Wampold's careful analysis demonstrates that at most, 8 percent of the outcome variance in psychotherapy is due to the unique contributions of models (including such sacred cows as cognitive behavior therapy). About 70% of the variance is due to "general factors" that are shared by all successful psychotherapies, and about 22% of the variance is unexplained.

In short, Wampold's conclusions strongly support those scholars (like Barry Duncan and Scott Miller within family therapy) who argue that "common factors" are primarily responsible for therapeutic change. These refer to client, therapist, and client-therapist relationship characteristics, as well as generic interventions that are not the province of particular models.

While Wampold's book is about psychotherapy research in general, it is important to note that the major meta-analyst of the family therapy research literature, William Shadish, has reached the same conclusion: "Despite some superficial evidence apparently favoring some orientations over others, no orientation is yet demonstrably superior to any other" (Shadish, Ragsdale, Glaser, & Montgomery, 1995, p. 348).

Wampold would be the first to admit that many single psychotherapy studies show differences between models. But what meta-analysis enabled him to do was to control for the many factors that bias results like the allegiance of the investigator to the model, the use of reactive measures, and so forth. Once these confounds are controlled across many studies, most of the differences among model effectiveness wash out. William Shadish made a similar discovery in analyzing MFT research literature. "There is little evidence for differential efficacy among the various approaches to marriage and family interventions, particularly if mediating and moderating variables are controlled" (Shadish & Baldwin, 2002, p. 365).

A particularly interesting aspect of Wampold's analysis is the attention he gives to therapist effects, which he considers to be an "ignored but critical factor" in explaining therapeutic outcomes. The chapter on therapist effects alone is worth the price of the volume. It offers strong evidence that the efficacy of the therapist often contributes much more to outcome than the particular therapy he or she happens to be using. Taken as a whole, the volume supports a comment I once heard Jim Framo make that good therapists, of whatever stripe, are remarkably similar.

Finally, Wampold offers a number of controversial recommendations (e.g. "limit clinical trials") which are certain to be criticized by the proponents of what he calls the medical model of psychotherapy research, which he juxtaposes with his own "contextual model."

This volume may not be the last word. It is certainly possible that there are, in fact, meaningful differences among our models but that they are too "fine grained" to be teased out by existing research methods or the research questions we are asking (Sprenkle, 2002). However, it is hard to argue with Wampold's analysis of the data now available. This volume is a tour de force of clinical scholarship. He truly puts the onus on those advocates of model specificity to "show us the evidence."

Douglas H. Sprenkle, Ph.D.

Professor of Marriage and Family Therapy, Purdue University

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Overcoming Privilege in "Difficult Dialogues"*

Nancy Baker

Part of privilege is a lack of awareness of the existence of privilege. The goal of this piece is to provide a mirror so that well-intentioned people can reflect on and change their own unconscious exercise of privilege in cross-group dialogue. This can be particularly difficult for women because we often exist simultaneously in places of relative privilege and oppression.

The following thoughts are designed to help begin these "difficult dialogues" across groups of different privilege. They will not resolve the difficult issues of power and privilege. Real change requires an alteration in the relations of power and the existence of privilege. These guidelines are merely designed to assist in beginning the dialogues, which may allow us to start making the significant and needed changes.

1. When engaging in a cross-group dialogue, do not take up air time with stories which show your being "sensitive" or an advocate for the oppressed group. Such gratuitous self-promotion carries the implicitly message that you, unlike others, do not need to do more work on your racism, sexism, homophobia, or heterosexism.
2. When in a situation where somebody makes a racist, sexist, heterosexist, or homophobic remark, never speak up "on behalf" of a member of an oppressed group who may be present. People who are the frequent targets of prejudice make their own decisions about what battles to fight. Speak up for yourself; take a stand about the fact that you are offended by the comments and not just because there is a member of the oppressed group present. Furthermore, you may wish to do a little self-inventory to make certain that you are as active in speaking up against prejudice when there is no member of the target group present-if you are offended, you are offended-that shouldn't change just because of who is in the room.
3. Never, especially in the presence of a member of an oppressed group, express how much you admire, like, respect, etc., the oppressed group, without at least acknowledging that you are making a generalization. Particularly avoid making categorical comments about members of that

group, i.e., "Lesbians are so accepting of others." "Blacks are so courageous." Not all members of any group are uniformly anything. Such comments label you as using stereotypes. Even if you are commenting on positive stereotypes, you are denying members of the group their individual identities. That is offensive.

4. If a member of an oppressed group starts looking uncomfortable or withdraws from the conversation, stop and consider what may have occurred. Not everybody is going to feel safe enough to let you know that they have been offended and asking isn't necessarily going to get an answer if the other person feels unsafe. Do an internal mental review to see if something has occurred that needs to be named. If you find something which needs to be named, go back to guideline #2 and register your own discomfort on your behalf.
5. When a member of an oppressed group does you the favor of identifying the ways in which your conduct or words have felt racist sexist, heterosexist, or homophobic, rather than defending your good intentions, stop and try to understand how your behavior came to be experienced as offensive. It takes hard work to root out the poison of a culture's prejudice. Having an error identified is an opportunity and an invitation to do that work.

Nancy Baker was raised in a small town in Kentucky, and educated in California. She spent 12 years as a machinist, organizer and elected union representative before earning her Ph.D. in Clinical Psychology. She currently works as a clinical and forensic psychologist. She is particularly interested in issues of discrimination and oppression.

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