
FAMILIES & HEALTH NEWSLETTER

“Pay it Forward Edition”



Message from the Chair

Ruth Nutting, PhD, LMFT
Families and Health Special Interest Group
Chair

Dear CFHA and SIG Members,

The year 2020 began with lofty aspirations for all. From life-trajectory celebrations, to professional endeavors, and personal growth, there is no individual who did not anticipate greatness for this year. What we faced was much different than what we anticipated. Uncertainty, injustice, and isolation were just a few of the experienced phenomenon.

That’s not all, though. Courage, hope, and resilience prevailed. This was observed particularly within the CFHA community. Like so many others, the FHSIG leaders are grateful for each and every member who has provided support in navigating the ever-changing realities of today.

We also want to thank CFHA members for the support demonstrated to the FHSIG over the past year. Regardless of the increased demands felt by all, attendance to FHSIG presentations were some of the highest recorded. In the upcoming year, we look forward to continuing to provide high-quality learning opportunities, while simultaneously advocating for the inclusion of family systems within the American healthcare system.

Here’s to a meaningful and intentional year ahead.

2020-2021 Families and Health SIG Leadership

We are excited to introduce the new Families and Health SIG leadership team for 2020-2021! There are some great initiatives planned for the coming year around clinical, research, training, and educational areas. Please look for continued emails on the listserv and posting on the CFHA Families and Health SIG webpage about updates and events. This team will bring lots of energy, experience and innovative ideas to continue the family-centered mission in CFHA.



*Ruth Nutting,
Ph.D
Chair*



*Stephanie
Trudeau, Ph.D
Outgoing Chair*



*Jessica Goodman,
Ph.D
Chair Elect*



*Tyler Lawrence,
Ph.D
Secretary*



*Brittany Huelett,
M.S. -
Early Career
Representative*

Families and Health Webinars

The SIG offers webinars throughout the year as a way to deliver great content to members on Families and Health practice and research areas. Please continue to check CFHA emails for upcoming talks. You can also check out the CFHA webinar archives website to replay past webinars: <https://www.cfha.net/page/WebinarArchives>.



Families and Health Blog



**Max Zubatsky,
PhD, LMFT**

**Newsletter
Editor**

As we've entered the peak months of the pandemic, everyone tries to find their silver lining through these trying times. Despite our weekly work schedule mostly being on Zoom and telehealth, we still organize virtual family meetings, birthdays, and happy hours to connect with our relatives across the country. Some may utilize more free time to take up a new hobby or skill that they have wanted to try for a long time. Walks through our parks and outdoor communities make us realize the beauty we have around us. We even become more nostalgic in sifting through old boxes to find memorabilia, photos, and memories of our past. Although it often takes convincing to family and

friends that academics don't have a hoarding problem!

While cleaning out a few old boxes last month, I came across a large stack of papers from my graduate work at Minnesota. In the middle of the stack was a wrinkled-up note on conference letterhead. The note was a list of book

recommendations from Bill Doherty back in 2007 at the AAMFT National Conference. When I was looking at doctoral programs, I had a meeting scheduled with Bill at the conference in Long Beach. Prior to the conference, Bill tore his knee pretty bad and was recovering while wearing a walking boot. Despite being in noticeable pain, Bill still managed to walk more than a mile across the convention center to meet with me at the lobby coffee shop. I was in awe that he would take that much time out to speak to a prospective student. During the 30 minutes of our meeting, he gave a full history of Medical Family Therapy and the intersection of family therapy and family medicine.

It opened my eyes to a completely new world of seeing health and illness. He was kind enough to write down a list of resources and books to start reading (his Medical Family Therapy book of course being at the top). At the end of his recommendation list, he noted at the bottom, "CFHA Conference, look into joining." It was a pivotal factor in deciding on a doctoral program and finding a mentor to navigate me in the field. Without this meeting, I'm not sure I would have found CFHA, or even enter the world of Medical Family Therapy and integrated care for that matter. These springboard moments in our careers always start somewhere. Mentors have amazing ability to see what's ahead that others cannot see, while giving learners the full opportunity to create for themselves.

These types of "pay-it-forward" moments are what we need to help develop the next workforce of family-centered professionals in the field. New perspectives, ideas, and initiatives from the Families and Health SIG is one way that we're

advancing the family-centered mission of CFHA and carrying out the wisdom of Don Bloch's vision. Don and our great systemic thinkers were a collaborative force that was revolutionary and essential back in the 1990's (and still is to this day). The younger generations will never forget the importance of those planning meetings at Amelia Island and the Wingspread Conference Center. These founding members continue to mentor aspiring professionals to assume clinical, research, teaching, policy, and leadership positions that will advance the future of our healthcare workforce. This newsletter highlights a "pay-it-forward" theme to carry on this legacy of mentorship and family-centered practice for generations to come. In Don's words during the early development of our association, "The ship is sailing even as it's being designed and built." Through the COVID-19 pandemic, a new administration in our country, and the deepening need for family-centered healthcare, the wind is now at our backs, Don. We're ready to set sail again.

“Pay it Forward” Advice from Families and Health Pioneers in the Field

Our field has several pioneers and innovators in family-centered work, whether in clinical practice, education, training, research, or policy specialties. This edition of the newsletter wanted to highlight the voices of several well-known individuals in the field and share their words of wisdom to future students and professionals going into work in healthcare and medical settings. Professionals offered their advice below on not only why family-centered work is so critical, but how this lens has shaped the perspectives of their careers.

Janice Bell, RN, Ph.D.



“Global pandemic—those words have taken on new meaning. Family health and healing have taken on new relevance in these extraordinary times. Who is behind the mask? We need to increase our relational care by remembering to introduce ourselves as we practice empathic listening and acknowledge illness suffering.”

Kathryn Fraser, Ph.D.

“Our nation is at an inflection point where it has never been more important to understand the racial/cultural history of the families we treat. Within our social structure in the U.S., privilege and power affords opportunity while discrimination and disenfranchisement detract from success. Family systems theory strives to look at patients in the context of the various systems they inhabit. Only when we understand the intersection between social inequity and health inequity can we maximize our use of family systems theory



to improve our patients' health. We must understand a family's pathology but also its strength and resiliency, ultimately leveraging the power of families to instill hope and lasting change in its members health status."



Bill Gunn, Ph.D.

"Here is some advice that I've given residents and learners over the years. Know the basic context of your patients: What do they do during the day? Who do they think of as "family"? Who do they live with? What has been their prior experience with health care professionals? Listen carefully to what is not said or said nonverbally. What is it they really want! Involve the "uninvited guest" to a visit in finding out who they are and what they think. Family members can help or hurt following a treatment plan. Finally, patients and families are part of the team. Avoid the need to "fix" and be curious and non-anxious about what they can do for themselves rather than only what we do for them. Chronic conditions with no cure happen a lot."

Jennifer Hodgson, Ph.D.

"When I started out in this field, family-centered care was something we were fighting to be recognized as equal in importance to many longer standing individually oriented approaches. Since then, empirical support has served to reinforce that family centered care is not only critical to improving health outcomes but should widely be available to all patients. Those coming into the field now are doing amazing things toward (a) advocating for the importance of promoting examination of cultural humility of providers and the socio-cultural context around our patients, (b) moving the needle on how relational data is analyzed, (c) pushing forward policies that make relational sense, (d) designing family centered treatment methods that are adaptable to integrated healthcare workflows and, (e)



advocating for reimbursable codes that honor this complex and critical work. For those practicing family centered care, the path less traveled is not easy but the journey is far more rewarding. Those just beginning on this path please continue to take these risks and bold steps toward a system of care that honors where health happens, within the families and communities that our patients live in, and not merely in the exam rooms where they are seen."



Barry Jacobs, Psy.D.

"People who go into family-centered careers often have their own personal family stories. I grew up in a family in which my father had brain cancer when I was a teenager. The dramatic changes that my family went through at the time informs the work I do now every moment of every day.

While we never want to superimpose our histories on our clients, we should always plumb our own experiences for the insights and inspiration to better help families struggling with illness and disability."

Larry Mauksch, M.Ed.

*"Since graduate school a top clinical strategy has been, "expand my view of the system." When I joined the UW Department of Family Medicine, the McGoldrick and Gerson book, *Genograms and Family Assessment*, first ed, was published (1986). My first visit with each patient (over 2000), couple or family over 30 years always included constructing a genogram. I shared the genogram with the patient/family -- an intervention itself. Patients saw patterns, dynamics, trauma with me. Each genogram along with my interpretation was dictated into the medical chart for my family physician colleagues to see. In subsequent visits, viewing the genogram information ahead of time brought the patient and family to life and made me a more focused, engaged clinician."*





Susan McDaniel, Ph.D.

“Many problems in our healthcare system relate to ignoring the context--the social determinants-- of the patient and their health. Involvement of the family (broadly defined as the most significant relationships of a patient) is a vehicle to understand culture, resources, and beliefs that often have a direct effect on health outcomes.. A focus on the family and community allows an interdisciplinary team to conduct a comprehensive assessment, yielding a treatment plan for a patient, with the support of those most important to the patient. The family therapist, as part of this team, can help to ensure that the patient and family are active members of the healthcare team, ensuring their preferences and realities drive a shared decision-making process. In other words, when appropriate we serve as a bridge between the patient and family, and the rest of the healthcare team and community, ensuring that the needs of the patient (rather than only those of the healthcare system or any of its clinicians) are at the center of the plan. Family therapists are often the missing link in implementing a truly biopsychosocial approach to health and illness. The same processes involved in understanding family process and resilience are applicable to teams and the processes that make them optimally effective, allowing for adaptive reserve.”

Tai Mendenhall, Ph.D.

“Family-centered work serves to connect-the-dots across the biopsychosocial/spiritual worlds that we all (patients and providers, alike) inhabit -- from the beginning of our lives to the end. The health behaviors, viewpoints, attitudes, perspectives, belief systems, and ways-of-being in the world that get us into trouble were often first learned within our families-of-origin, and/or are maintained within our own families now. The ones



that get us out of trouble (that help us to adapt, to cope, to heal, and to grow), too, evolve and/or are maintained in-connection and in-communion with others. No individual person -- no matter how individuated, differentiated, independent, or even socially-disconnected -- lives in a vacuum. We are complex creatures. Good care -- family centered care -- embraces this complexity."



Keeley Pratt, Ph.D.

"Our association and many of the disciplines represented within CFHA were built upon the core value and centrality of families to our clinical work and scholarship. It is more important now than ever, for providers and scholars across disciplines to be pervasive and creative in our inclusion and assessment of families to ensure representation across diverse family structures, racial/ethnic and economic backgrounds, and nationality. I am encouraged that the next generation was trained during a time in which clear examples of both tragedy and resilience among families and communities were observed, and encourage the next generation to remember that dichotomy in their future family-based work in health care."

Randall Reitz, Ph.D.

"I became committed to family-centered care when my little brother and my cousin were diagnosed with type 1 diabetes in the same year. With the support of loving parents and a stable homelife, my brother thrived with his health and diabetes management. Unfortunately, my cousin came from a home rocked by alcohol dependence and depression. It took her 20 years to achieve good blood sugar control and to learn to manage her own mental health struggles. I see



these same patterns every day in my clinical work. I'm also encouraged each time a family-centered intervention brings stability, focus, and love to a family that is struggling. Family is the heart of family medicine. Family should be the heart of all health care."



John Rolland, MD, MPH

"During my medical training, serious illness struck in my personal life with my first wife and my mother. I learned firsthand the enormous challenges and unmet needs of couples and families facing a major health condition. These experiences focused my career towards a public health-oriented family systems approach with this population. Chronic conditions inherently draw the patient's family and community networks into a broader caregiving team. Also, with the rapid expansion of rehabilitation medicine, palliative care (including hospice), and geriatric healthcare, specialty care offers huge opportunities for family-oriented integrated care. The burgeoning field of genomic medicine is by definition family-based. The need for medical family therapists in these areas couldn't be greater."

David Seaburn, Ph.D.

"Why Collaborative Family Healthcare? "Collaborative" because we focus on the importance of mental health and healthcare professionals working directly together and whenever possible training side by side. "Family" because family has the greatest influence on the well-being of its members. And "Healthcare" for obvious reasons as the umbrella term for this holistic approach. The point is simple---this is the essence of integrative healthcare; and this is its future."

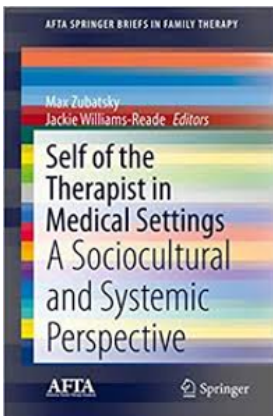




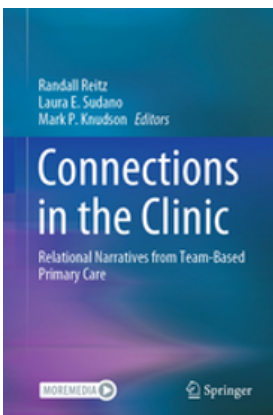
Lisa Zak-Hunter, Ph.D.

“Families (however defined) are the epicenter, the core, of what first influenced and continues to sustain a patient's understanding of themselves, their health, values, and the world around them. It is amazing, once you dig a little, to learn how deeply a patient's family background and current social connections impact their functioning, well-being, and interactions with the healthcare system. The future of healthcare depends on practitioners who understand and can intervene at this level.”

New Families and Health Book Releases



Self of the Therapist in Medical Settings: A Sociocultural and Systemic Perspective
Max Zubatsky, Ph.D and Jackie Williams-Reade Ph.D
<https://www.springer.com/us/book/9783030392703>



Conversations in the Clinic
Randall Reitz, Ph.D and Laura Sudano, Ph.D
<https://www.springer.com/us/book/9783030462734>

Family-Centered Professional in the Spotlight



**Deepu
George, PhD,
LMFT
Associate
Professor
The
University of**

Texas Rio Grande Valley School of Medicine

In every edition, we honor a professional in the “family-centered spotlight.” The staff wanted to recognize the valuable work of Dr. Deepu George, Associate Professor at The University of Texas-Rio Grande Valley School of Medicine. Deepu has expanded integrated behavioral health practice for the Rio Grande Valley System, reaching more underserved and underrepresented populations of families in this community. Deepu is a current board member of CFHA and has served as the prior chair of the Primary Care Behavioral Health Special Interest Group. He is also responsible for the development

of the Medical Family Therapy fellowship at his site, training students to excel in clinical, research, teaching and collaborative care areas of their career. His clinical and research interests include advancing the efforts of integrated behavioral health through quality improvement and population health methods. Deepu continues to explore the roles of family systems and social determinants of health in his teaching to residents and other providers. He also has a strong emphasis in provider wellness, developing measurable feedback tools and interventions for providers to improve their overall well-being. Deepu continues to receive external funding in these areas to help advance the research missions of integrated behavioral health. We want to thank Deepu for his continued dedication to the role that family plays in integrated care, evidenced-based practice, and delivery of services to underserved populations!

Medical Family Therapy Website and Fellowships:



<https://www.medicalfamilytherapy.org/>

Check out the 'one stop shop' for everything Medical Family Therapy. There is information about the history of MedFT, practice areas, billing, education, and other resources in the field. The site is continually updating new articles, news and other events happening in Medical Family Therapy.

The following is a list of MedFT Internships and Fellowships that are being offered for the 2021-2022 year. These training sites prepare advanced students with specialized clinical, teaching, supervising and research skills in several health, medical, and integrated care areas. Each site has supervisors who have successfully trained, mentored, and developed the next generation of healthcare professionals. Please visit the [medicalfamilytherapy.org](https://www.medicalfamilytherapy.org/) page for more information:

- **University of Nebraska Medical Center, Department of Internal Medicine**
Jennifer Caspari: jennifer.caspari@unmc.edu
- **Chicago Center for Family Health/University of Chicago**
John Rolland: john.rolland@northwestern.edu
- **St. Mary's Family Medicine Residency/ University of Colorado**
Randall Reitz: reitz.randall@gmail.com
- **Indiana University School of Medicine-Family Medicine Residency**
Emilee Delbridge: edelbrid@iupui.edu
- **Wake Forest School of Medicine**
Aubry Koehler, Aubry.Koehler@wakehealth.edu

- **Vidant Medical Center Inpatient Physical Medicine & Rehabilitation Medical Family Therapy Fellowship**
Erin Sesemann, erin.sesemann@vidanthealth.com
- **UT Southwestern Medical Center**
Sarah Woods, Sarah.Woods@UTSouthwestern.edu
- **University of Texas Rio Grande Valley School of Medicine**
Michelle Varón, PhD: Michelle.Varon01@utrgv.edu

Featured Family-Centered Articles in Families, Systems, & Health from 2020

Criscuolo, M., Marchetto, C., Chianello, I., Cereser, L., Castiglioni, M. C., Salvo, P., Vicari, S., & Zanna, V. (2020). Family functioning, coparenting, and parents' ability to manage conflict in adolescent anorexia nervosa subtypes. *Families, Systems, & Health*, 38(2), 151–161. <https://doi.org/10.1037/fsh0000483>

Felix, H. C., Narcisse, M. R., Long, C. R., & McElfish, P. A. (2020). Effects of a family diabetes self-management education intervention on the patients' supporters. *Families, Systems, & Health*, 38(2), 121–129. <https://doi.org/10.1037/fsh0000470>

Kaslow, N. J., Dunn, S. E., Henry, T., Partin, C., Newsome, J., O'Donnell, C., Wierson, M., & Schwartz, A. C. (2020). Collaborative patient- and family-centered care for hospitalized individuals: Best practices for hospitalist care teams. *Families, Systems, & Health*, 38(2), 200–208. <https://doi.org/10.1037/fsh0000479>

Pratt, K. J., Ferriby, M., Noria, S., Skelton, J., Taylor, C., & Needleman, B. (2020). Perceived child weight status, family structure and functioning, and support for health behaviors in a sample of bariatric surgery patients. *Families, Systems, & Health*, 38(3), 300–309. <https://doi.org/10.1037/fsh0000317>

Roberson, P. N. E., Lenger, K. A., Gray, T., Cordova, J., & Gordon, K. C. (2020). Are marital relationships a barrier to health care utilization in Southern Appalachia?: A dyadic examination of the link between marital quality and individual health care usage. *Families, Systems, & Health*, 38(3), 265–277. <https://doi.org/10.1037/fsh0000499>

Signs, T. L., & Woods, S. B. (2020). Linking family and intimate partner relationships to chronic pain: An application of the biobehavioral family model. *Families, Systems, & Health*, 38(1), 38–50. <https://doi.org/10.1037/fsh0000459>

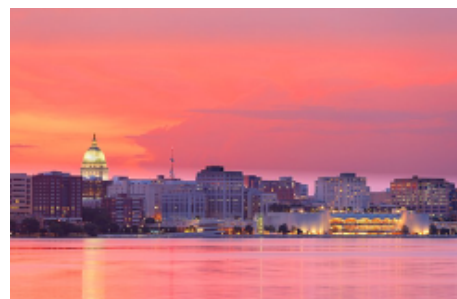
Tankha, H., Caño, A., & Dillaway, H. (2020). “Now I have hope”: Rebuilding relationships affected by chronic pain. *Families, Systems, & Health*, 38(1), 51–56. <https://doi.org/10.1037/fsh0000472>

Family-Centered Proposals for the 2021 CFHA Conference in Madison: A Call for Submissions!



Thank you to all who attended and presented at the 2020 CFHA conference. The conference committee did an outstanding job adapting the conference to a virtual format. There were several presentations, seminars, and posters that highlighted the concept of family. We saw a very strong turnout at many of these talks.

We want to send out a call for Families and Health submissions for the 2021 conference. Here are some ideas for family-centered proposals for the 2021 conference. Please contact the SIG as well if you have other ideas for



topics or formats of talks. Start collaborating with others on these or other ideas as well!!

- The importance of the family system in healthcare during and after the COVID-19 pandemic (resilience, virtual interventions, new challenges)
- Family-centered research outcomes in primary care
- Screening and treatment of intimate partner violence
- The importance of family in the treatment of opioid and substance use
- Family-centered work and PCBH: Can both worlds merge?
- Cultural competencies in healthcare that includes the family
- The expanding roles of Medical Family Therapists in healthcare settings
- Family caregiver stress in primary care
- Skills when working with LGBTQ patients and family members
- Developing a family-centered workforce in integrated care
- Trauma-Informed Care and the assessment of ACES in medical settings