

Couples and Family Systems Emphasis Area Training

Clinical Training: The Family Therapy Program at the VA Palo Alto Health Care System has an international reputation as a center devoted to the treatment of couples and families, the training of mental health professionals, and the study of family processes. Family-systems theory represents the broad stance from which both clinical data and therapeutic change are considered, and the program's educational curriculum is focused on developing a full range of clinical skills including couples and family assessment, interviewing, intervention, and family-systems consultation.

Psychology postdoctoral fellowship training in the Couples and Family Systems emphasis area training includes 70% time providing couples and family consultation, assessment, and treatment (including direct service, program evaluation, and needs assessment) in a range of clinical settings at the VAPAHCS, working closely with psychologists, social workers, physicians, and interdisciplinary staff.

Primary Rotation Site:

Family Therapy Program, Building 321A (MPD)

Supervisor: Douglas Rait, Ph.D., Director, Family Therapy Program

Primary training in the Family Therapy Program concentrates first on acquiring and mastering the fundamental systemic assessment and treatment skills that most family therapists draw upon. Our training model comfortably represents differing theoretical orientations that include structural, family systems, integrative behavioral, emotionally focused, and psychoeducational approaches to couples and family treatment.

- 1. Patient population:** Couples and families are directly referred to the Family Therapy Program's clinic for consultation and treatment from medical and psychiatric programs within the VA Palo Alto Health Care System and from the community. During his or her rotation, each intern can expect to see a range of cases, varying across presenting problem, couple and family composition, and family developmental stage.
- 2. Psychology's role in the setting:** Psychologists' roles include direct clinical service, training, interdisciplinary team functioning.
- 3. Other professionals and trainees in the setting:** Program staff are comprised of two psychologists (one in Polytrauma at PAD) and two social workers. In addition to training psychology interns and postdoctoral fellows, the Family Therapy Program also provides family therapy training for residents and medical students through Stanford University's Department of Psychiatry and Behavioral Sciences. Finally, the program provides consultation and teaching to services and interdisciplinary staff throughout the Palo Alto VA Health Care System. The preceptor is Douglas Rait, Ph.D., Director of the Family Therapy Program at the VA Palo Alto Health Care System since 1992, Clinical Professor of Psychiatry and Behavioral Science,s and Chief of the Couples and Family Therapy Clinic at Stanford University Medical Center. Additional supervisors include Elisabeth McKenna, Ph.D. (Polytrauma/Family Therapist) and Adele Brainard, LCSW (Senior Social Worker/National IBCT Trainer, Family Therapy Program).
- 4. Nature of clinical services delivered:** Consistent with the VA's emerging commitment to treating couples and families, the Family Therapy Program offers a continuum of services that include, but are not limited to: brief family consultations, couples and family therapy from a structural, integrative behavioral, and emotionally focused perspective, and family

psychoeducation. Interested trainees may also have the opportunity of co-lead couples groups and multiple family therapy. Structural, family systems, integrative behavioral, emotionally focused, and psychoeducational approaches, to couple and family treatment, brief family consultation, integrative behavioral couple therapy, couple therapy for PTSD, behavioral couples treatment for alcohol and substance abuse, and family psychoeducation, and couples/family groups.

5. **Fellow's role in the setting:** Psychology postdoctoral fellows are valued team members and are typically assigned to the Family Therapy Program for either six months or a full year as a half-time rotation that can be combined with other half-time rotations offered by the psychology postdoctoral; program. The professional identities of psychologists with a family-systems perspective may combine both clinical and research interests.
6. **Amount/type of supervision:** The primary format for supervision is group consultation, where fellows present couples or families for live and videotaped consultation. In this context, fellows have the opportunity to observe each other and work together as a clinical team. From a teaching point of view, careful attention is paid to case formulation, the identification and resolution of clinical impasses, and development of the therapist's use of self in therapy. In addition, a range of supervision and consultative models are explored. The clinic presently has two studios equipped with one-way mirrors and phone hook-up, and sessions are routinely videotaped. Direct observation of therapy sessions conducted by interns is a part of the clinic's everyday routine.
7. **Didactics:** Didactics are woven into the training during Thursday morning clinic. In addition, the interns are provided with comprehensive readings in couples and family therapy that provide a solid conceptual, practical, and intensive introduction to couples and family therapy. Monthly conference with family therapy staff from programs throughout the VA Palo Alto Health Care System will be complemented by a new didactic program developed jointly with other VA psychology postdoctoral programs for fellows and faculty with couples/family interests. Finally, the fellow will attend a weekly postdoctoral fellows' seminar series focusing on professional development and supervision.
8. **Pace:** The usual caseload for the Couples and Family Systems Postdoctoral Fellow is five to seven couples or families in the Family Therapy Program.

Additional Rotation Sites: In addition to the primary rotation in the Family Therapy Program, the fellow will select additional couples and family-centered experiences from the following sites, with exposure to mental health, medical, and specialty populations in both outpatient and inpatient settings:

Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321)

Supervisors: Daniel Gutkind, Ph.D.

Kristen McDonald, Ph.D.

See description in Psychosocial Rehabilitation emphasis area section.

Addiction Consultation & Treatment (ACT), Addiction Treatment Services (520, PAD)

Supervisors: Sean Boileau, Ph.D.

Cindy Levin Eaton, Ph.D.

Michael Potoczniak, Ph.D.

See description in Substance Abuse/Homeless Rehabilitation emphasis area section.

Behavioral Medicine Program (Building MB3, PAD)

Supervisors: Stacy Dodd, Ph.D.
Jessica Lohnberg, Ph.D.
Priti Parekh, Ph.D.

See description in Behavioral Medicine emphasis area section, with particular attention to the Andrology Clinic.

First Step Program, Domiciliary Service (347-A, MPD)

Supervisors: Timothy Ramsey, Ph.D.
Madhur Kulkarni, Ph.D.

See description in Substance Abuse /Homeless Rehabilitation emphasis area section.

Hospice and Palliative Care Center (Building 100, 4A, PAD; Palliative Care Consult Service)

Supervisor: Julia Kasl-Godley, Ph.D.

See description in Hospice/Palliative Care emphasis area section.

Veterans Recovery Center (PRRC) (Building 321, MPD)

Supervisor: Bruce Linenberg, Ph.D.

See description in Psychosocial Rehabilitation emphasis area section.

Women's Counseling Center (Building 350, MPD)

Supervisors: Natara Garovoy, Ph.D., M.P.H.
Trisha Vinatieri, Psy.D.

See description in PTSD emphasis area section.

Women's Health Psychology Clinic (Building 5, PAD)

Supervisor: Elizabeth (Beth) Manning, Ph.D.

See description under Psychological services for Medically-based Populations section in the internship brochure.

Summary: Specialized family therapy skills are highly valued in VA and academic medical centers, academic departments, and community-based mental health clinics throughout the country. Although we are supportive of trainees' efforts to continue their training in family therapy and family research, interns participating in the program need not plan to spend the majority of their professional time specializing in this area. However, at the completion of the rotation, we do expect that trainees will leave the program with greater proficiency in engaging couples and families, family assessment and consultation, formulating and executing systemic interventions, evaluating treatment progress, and planning termination. In addition, we hope that the training experience in the Family Therapy Program will stimulate interns' creativity, intelligence, and resourcefulness in their ongoing development as mental health professionals.

Reviewed by: Douglas Rait, Ph.D.; Jeanette Hsu, Ph.D.

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