President's Column

I feel so honored and excited about becoming the president of SEPI. And it is still hard to believe it! SEPI has always been such an important influence on my professional development. In graduate school days, I devoured books and articles written by the founding members of SEPI (some of which I translated into Japanese), whose work were creative, innovative, and enlightening; most importantly, their openness to overcome the boundary of schools, question unexamined assumptions in psychotherapy, and to capitalize on differences and similarities between theories to explore what is at the core in effective therapy were so validating and freeing. It felt true to me.

When I finally attended my first SEPI meeting, it felt like coming home. I remember being fascinated by open and stimulating discussions that followed very interesting presentations. I was so fulfilled to meet and hear all these stories of their integrative personal development. I also learned good integrative therapist is not just flexible, open, and creative but disciplined and coherent in their approach. Coming from Japan where I felt the hierarchical and formal relationship among colleagues somewhat felt alienating, SEPI's welcoming atmosphere meant so much to me. As a president, I hope to keep and develop this tradition bringing and welcoming new members who resonate with SEPI's mission.

My colleagues and I started a Japanese group for Psychotherapy Integration in 2005. We continued to hold meetings since then. This year, the group will be an official academic association, which will be a very exciting new start of psychotherapy integration in Japan. A large-scale survey of Japanese clinical psychologists showed that over 70% are integrative or eclectic in their orientation. Therefore, SEPI can play a huge role here and probably in other Asian countries.

I am teaching at Ochanomizu University in Tokyo and my research is on change process in psychotherapy. I am particularly interested in the role of emotions. For past several years, I have been working on building a Practitioner-Researcher Network in AEDP that examines the process and outcome of psychotherapy in private practice settings. I am also conducting a small-scale outcome study integrating EFT and AEDP to facilitate the corrective emotional experience in addressing past emotional injuries due to personal failures and other shame related issues.

One of the emotions that I have been interested in is shame: Shame is such painful, troublesome, emotion that are involved in varieties of emotional sufferings. Shame has a biological and physical component: when we feel shame, it occurs instantly in our body: blushing, hiding one's face, gaze down, etc. Shame is also very social and cultural phenomenon. What is considered shameful can vary greatly depending on culture. In Japan, shame-based psychological problems are common such as gaze avoidance and social anxiety.
"The theme of 2020 conference is Envisioning Positive Mental Health: Suffering and Flourishing. (...) It is essential that therapists empathically listen to, witness, and respect client’s suffering, it is also important that we never lose sight of our potential for healing, growing, and flourishing."

The sense of shame, or self-consciousness is promoted and used as a way of social control, socialization, and parenting. It seems to me that my exposure to varieties of shame related problems and issues culturally and socially and my background in affect-focused therapies will enable deeper understanding of working with shame in psychotherapy. AEDP and EFT have been such strong influence on me. The SEPI spirit in me always keeps me interested in both approaches. I am also open to other approaches and new findings in psychological studies that help me understand how to work with emotions in psychotherapy more effectively.

Vancouver conference is right around at the corner. The theme of 2020 conference is Envisioning Positive Mental Health: Suffering and Flourishing. Clinical psychology and psychotherapy have long focused on psychopathology and human problems. Although it is essential that therapists empathically listen to, witness, and respect client’s suffering, it is also important that we never lose sight of our potential for healing, growing, and flourishing. Envisioning positive mental health requires not only about paying attention but also deeply honoring and exploring human suffering and flourishing.

The 2020 meeting will be held at Marriott Vancouver Pinnacle located right at the heart of downtown. Vancouver in May to June is simply gorgeous with fresh green, blue sky and ocean. The conference will have three plenaries, many interesting panels, structured Discussions, and mini-workshops. There are 3 preconference workshops in the morning of Thursday. You don’t want to miss the opportunity to attend these experts’ creative and informative clinical workshops. This year’s meeting will offer one semi-plenary on each day. First, the opening plenary will present Jesse Owen and Diana Fosha. Dr. Jesse Owen who is one of the most productive and innovative psychotherapy researchers is currently conducting a large research project on flourishing in psychotherapy. Dr. Diana Fosha, the founder of Accelerated Experiential Dynamic Psychotherapy, which has long recognized the power of both positive and negative emotions for creating and reinforcing transformational change. On the second day, Rhonda Goldman and Sara Nasserzadeh will discuss sexuality and intimacy. Sexuality, though we recognize its utmost importance, has not been well integrated into the everyday practice of psychotherapy. Dr. Sara Nasserzadeh who is probably the first and foremost expert recognized in middle eastern countries will present the integration of cultural and psychological understanding of sexuality. Dr. Rhonda Goldman who is one of the leaders of emotion-focused therapy for couples will discuss intimacy, sexuality, and emotion in psychotherapy. Finally, on the third day, Dr. Laurence Kirmayer who is a professor in the department of transcultural psychiatry will give a keynote speech. He is a world expert of transcultural psychiatry and will bring cultural, anthropological, historical, and modern psychiatric view to understanding our mental health and suffering. Canada is one of truly multicultural societies. I am very happy to bring his transcultural perspective to SEPI. Finally, the program committee will bring a special panel session on memory reconsolidation organized by our important member, Richard Lane. In collaboration with many prominent SEPI members, he has finished a book entitled “Neuroscience for enduring change: Implications for psychotherapy”. The panel is to celebrate this achievement and also to give SEPI members a chance to learn about this important project that traverse neuroscience and psychotherapy and will have huge implications for the future development of psychotherapy.

Finally, the Banquet will be held in the conference hotel on the third floor from which we can overlook a beautiful harbor of Stanley Park. It will be a perfect place to toast for the hard work, friendship, and the next meeting in Lausanne! I would like to thank the local host, David Kealy and his team for all the great work to make this meeting come true.

I look forward to seeing you all in Vancouver!

Shigeru Iwakabe
"The detailed responses of RN Coordinators showed that offering simultaneous interpretation would result in a very small increase in the number of people attending a SEPI conference."

"We should continue to ask how we can promote the crossing of these language barriers, and to look for methods that we can carry out."

The detailed responses of RN Coordinators showed that offering simultaneous interpretation would result in a very small increase in the number of people attending a SEPI conference. This varied somewhat by language, but somewhere between 10 and 40 additional members would attend, even if all events, rather than just the plenary events that draw a large audience, were interpreted. The cost estimate for plenary events only was over $6,000 USD for the internet-based service and over $12,000 USD for the traditional service. It is clear that the simultaneous interpretation service is not feasible for SEPI at this time. We will continue to look into other options, including applying for grant money.

It is also important to note that we did not receive any additional information from SEPI members about their language needs, nor did any member contact us about volunteering. The lack of responses could represent a lack of interest, or, on the other hand, general satisfaction with the current situation on the part of most SEPI members.

Because of SEPI’s commitment to being an international community that promotes psychotherapy integrations, we must work to be sensitive to the needs of the international community. Language barriers do exist, and we should be always aware of who are bearing the burdens of crossing the language barriers. We are always reminded that the The Turkish RN employs translators so that they can cross the language barrier. At this point, it seems that knowledge will be shared in English, with the possibility of losing knowledge that is only presented in a different language. That being said, we should continue to ask how we can promote the crossing of these language barriers, and to look for methods that we can carry out.

We welcome comments and questions from any interest SEPI members.

Tom Holman (tom@tomholman.com)
Doménica Klinar (dome.klinar.a@gmail.com)
The Society for the Exploration of Psychotherapy Integration
XXXVI Annual Conference
May 28-30, 2020

Suffering and Flourishing: Envisioning Positive Mental Health

Registration now open!

Marriott Vancouver Pinnacle Downtown
all conference functions
will take place at the Marriott

Registration is now open!

Plenary Presentations and Speakers Announced
Thursday, May 28th
Diana Fosha, PhD, and Jesse Owen, PhD

Friday, May 29th
Intimacy and Love in Modern Relationships
Rhonda Goldman, PhD and Sara Nasserzadeh, PhD

Saturday, May 30th
Laurence Kirmayer, MD,
Director of the Division of Social and Transcultural Psychiatry
McGill University
"JPI: In Focus" are exclusive video-recorded talks focusing on a recently published paper or special issue on the Journal of Psychotherapy Integration.

In this issue, we talk with Dr. Patrick Love, from the University of North Texas, US, who served as a guest co-editor with Dr. Jennifer Callahan on the upcoming JPI Issue on supervisee perspectives of supervision processes.

Click HERE to watch our exclusive video interview.
(or use the link: https://youtu.be/tB0ocmi6qtM)

The Integrative Therapist wants you to be an author. We are seeking brief, informal, interesting and actionable articles with a personal touch. Please limit references to those that are absolutely essential. Our bias is towards articles relevant to SEPI's three missions: integration between researchers and clinicians, integration across cultures, and further development of psychotherapy integration.

Contributors are invited to send articles, interviews, commentaries and letters to the Newsletter's Editor, Alexandre Vaz (alexmagvaz@gmail.com)

Submission Deadlines and Publication Dates
- January 1 deadline for February Issue
- April 1 deadline for May Issue
- July 10 deadline for August Issue
- October 15 deadline for November Issue
The SEPI Research Committee is issuing a call for nominations for the 2020 SEPI Dissertation and Marvin R. Goldfried New Researcher Awards. Please nominate your students and junior colleagues! See below for details.

**SEPI Dissertation Award**
Graduate students who are (a) SEPI student members, (b) not members of the SEPI research committee, and (c) had a dissertation proposal approved by their university, but have not yet completed the project at the time of submission, are eligible. The topic of the dissertation must be related to psychotherapy integration—the integration of different theoretical orientations and/or the integration of research and practice. This $1,000 monetary award can be used for any purpose related to the dissertation, such as materials, instruction, or conference participation. Doctoral students can nominate themselves or can be nominated by any SEPI member.

**Marvin R. Goldfried SEPI New Researcher Award**
SEPI members who are (a) researchers with 10 or fewer years post-terminal degree (e.g., PhD, MD) and (b) are not currently members of the SEPI research committee are eligible. Early career researchers who are more than 10 years post-training but have taken time off within their first 10 years (e.g., parental leave) will also be considered on a case-by-case basis. This $1,000 monetary award will be based on a body of work that is impressive with regard to quality, quantity, and connection to psychotherapy integration. At least one relevant empirical paper that is in press or has been published within the last 2 years must be submitted as part of the nomination. This award can be used as the awardee decides, although it is encouraged that it be used for SEPI conference attendance. Candidates must be nominated by a SEPI member and cannot nominate themselves.

SEPI’s Research Committee will choose recipients for both awards. Awardees will receive their awards at the annual SEPI Conference (2021).

Electronic submissions are required. For further details, please contact:
Dr. Ioana Podina
ioana.r.podina@gmail.com
"The Integrative Therapist aims to strengthen the integrative efforts of SEPI by encouraging a nuanced discourse across research and practice as well as between the researcher and clinician within each of us."

"As the clinician becomes embodied by the researcher, and the researcher is found within the clinician, our understanding of psychological well-being, psychotherapy, and individual and group experience will deepen."

The Integrative Therapist aims to strengthen the integrative efforts of SEPI by encouraging a nuanced discourse across research and practice as well as between the researcher and clinician within each of us.

Though integration of research and practice is a central goal of clinical psychology, these two disciplines remain quite siloed. The Integrative Therapist will work to actively unite these silos by providing a platform for a discourse on the multidimensionality of human experience and the psychotherapy process informed by clinical practice and research. As the clinician becomes embodied by the researcher, and the researcher is found within the clinician, our understanding of psychological well-being, psychotherapy, and individual and group experience will deepen.

The Integrative Therapist invites engagement by all members in this dialogue to unite factions of the clinical psychology community in solidarity to better achieve our shared goals.

As a first effort in this direction, you will find in this issue an exclusive practice-research bridge survey that The Integrative Therapist circulated via different listserves and social media groups. 381 participants shared their thoughts, and results are presented on the next page of this issue.

Feel free to keep the dialogue going and suggest new ideas and efforts on this topic by reaching out to us at:

Alexandre Vaz (Editor) - alexmagvaz@gmail.com
Sasha Rudenstein (Associate Editor) - sasharudenstine@gmail.com
"While 75% of all respondents reported using empirical data to support clinical work, Students and Early Career clinicians were more likely to do so."

"53% of Student respondents report a wish to engage solely in clinical work upon graduating."

For one week in February (2020) The Integrative Therapist administered a survey to students and therapists with the goal of learning more about how clinicians have thought about research and practice as well as are currently bridging these two disciplines in their work. We are grateful to the many who completed the survey (N = 381). While the survey was broad stroke (and non-scientific) the responses do identify interesting trends for us to consider. We hope to hone our focus with time and look forward to collaborating and discussing these findings with the SEPI community.

Distribution of survey responses (N):
Students (46)
Early Career Clinicians (87)
Clinicians, 10+ years (248)

In brief,
- 38% of respondents wished their training program offered greater integration across research and practice.
- While 75% of all respondents reported using empirical data to support clinical work, Students and Early Career clinicians were more likely to do so.
- While 78% of all respondents reported thinking that empirical research influences current practice, Students and Early Career clinicians were more likely endorse this perspective.
- 67% compared to 7% of those respondents reported that their clinical work informs the research questions they explore (26% report that they are not involved in research).
- 65% of Student respondents report that they experience integration across research and practice within their training program (35% report the training to be siloed).
- 53% of Student respondents report a wish to engage solely in clinical work upon graduating.

Please see the online supplemental material for responses to the following two questions:

"Please describe or provide examples of ways in which empirical research is helpful in your clinical practice" (Link: www.sepiweb.org/resource/resmgr/docs/Survey_Suppl_6.1.1.pdf)

"Please describe or provide examples of ways in which empirical research does not address your real-life clinical concerns" (Link: www.sepiweb.org/resource/resmgr/docs/Survey_Suppl_6.1.2.pdf)
Think back to when you applied to graduate school, did you wish to attend a training program that was predominantly oriented around research, clinical practice or an even mix?

<table>
<thead>
<tr>
<th></th>
<th>Student (%)</th>
<th>Licensed Clinician (%)</th>
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<tbody>
<tr>
<td>Mostly Research</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Mostly Clinical</td>
<td>65</td>
<td>62</td>
</tr>
<tr>
<td>Even Mix</td>
<td>30</td>
<td>36</td>
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Looking back, do you wish your training program provided more:

<table>
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<th></th>
<th>Licensed Clinician (%)</th>
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<tbody>
<tr>
<td>Clinical</td>
<td>16</td>
</tr>
<tr>
<td>Research</td>
<td>11</td>
</tr>
<tr>
<td>Integration across research &amp; practice</td>
<td>38</td>
</tr>
<tr>
<td>More of both</td>
<td>9</td>
</tr>
<tr>
<td>No change</td>
<td>26</td>
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Do you experience the research and clinical training that you are receiving in your program to be integrated (i.e. is there discourse across the research and practicum courses?) or siloed?

<table>
<thead>
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<th></th>
<th>Student (%)</th>
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<tbody>
<tr>
<td>Integrated</td>
<td>65</td>
</tr>
<tr>
<td>Siloed</td>
<td>35</td>
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Do you seek out empirical research related to the clinical issues that come up with your clients?

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<thead>
<tr>
<th></th>
<th>Student (%)</th>
<th>Early Career (%)</th>
<th>+10 years (%)</th>
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<tbody>
<tr>
<td>Often</td>
<td>25</td>
<td>36</td>
<td>33</td>
</tr>
<tr>
<td>Sometimes</td>
<td>60</td>
<td>54</td>
<td>44</td>
</tr>
<tr>
<td>Rarely</td>
<td>13</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Never</td>
<td>2</td>
<td>2</td>
<td>4</td>
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How much do you think empirical research influences your current clinical practice?

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<th></th>
<th>Student (%)</th>
<th>Early Career (%)</th>
<th>+10 years (%)</th>
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<tbody>
<tr>
<td>Very much</td>
<td>32</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>Moderately</td>
<td>60</td>
<td>63</td>
<td>53</td>
</tr>
<tr>
<td>Very little/None</td>
<td>8</td>
<td>13</td>
<td>22</td>
</tr>
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Since graduating from your doctoral/masters program, have you received continued training in:

<table>
<thead>
<tr>
<th></th>
<th>Licensed Clinician (%)</th>
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<tbody>
<tr>
<td>Clinical</td>
<td>59</td>
</tr>
<tr>
<td>Research</td>
<td>0.7</td>
</tr>
<tr>
<td>Both</td>
<td>38</td>
</tr>
<tr>
<td>Neither</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0.3</td>
</tr>
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</table>
"The integrative treatment models described in this book are well-established and involve a coherent and systematic combination of diverse theoretical concepts and techniques."

"Another major strength of this book is that each chapter presents a summary of current scientific knowledge about the clinical issue presented in the clinical vignette."

Integrative Couple and Family Therapies: Treatment Models for Complex Clinical Issues
Edited by Patricia J. Pitta and Corinne C. Datchi
Published by American Psychological Association, 2019
Review by C. Wayne Jones, Ph.D., University of Pennsylvania

Therapists treating couples and families routinely work with diverse populations who are grappling with complex, multi-faceted clinical problems that fall outside the guidance offered by one treatment model. While therapists may randomly pull together a collage of ideas and techniques from different treatment models to address these issues, this is not the thoughtful and deliberate process associated with true model integration that is promoted in this easy-to-read book. The integrative treatment models described in this book are well-established and involve a coherent and systematic combination of diverse theoretical concepts and techniques with clear guiding principles, key concepts, and mechanisms of change.

Taken together, the chapters in this book make a compelling case for integrative approaches to couple and family treatment. Patricia Pitta and Corinne Datchi, the book editors, are uniquely qualified given that each have successfully developed their own widely used integrative couple and family therapy models (chapters one, four, and seven). Their introductory chapter provides an informative history of psychotherapy integration and presents a useful typology for grouping integrative approaches into four modes. These four modes include the common factors approach, technical eclecticism, assimilative integration, and theoretical integration. The latter two modes, which comprise most of the chapters in this book, are conceptually driven and theoretically complex.

Clinicians will find this book highly practical. Each chapter begins with a case vignette, which keeps the description of the integrative treatment theory grounded in real world situations. Another major strength of this book is that each chapter presents a summary of current scientific knowledge about the clinical issue presented in the clinical vignette, providing a context for both the case and the integrative model designed to treat the issues in the case.

The first half of the book focuses on five complex clinical problems, which include incest, infidelity, money and power dynamics, and the role of technology and online relationships in marriage. In chapter one, Pitta describes the stressors faced by couples grappling with infertility. She describes how Assimilative Family Therapy (AFT) can be applied to helping spouses understand their experience, navigate the stress of medical treatment, resolve emotions about their inability to conceive a child, and explore alternatives to pregnancy. AFT is grounded in Bowen’s family systems model, integrating concepts and interventions from psychodynamic, cognitive behavior, communications, and other systemic theories.

Fraenkel describes the application of a Systemic Narrative Feminist Model to the problem of childhood sexual abuse in the family in chapter two. This model integrates concepts and techniques from structural family therapy, intergenerational family systems, narrative therapy, and feminist family therapy. This model is an important correction to purely systemic models that have not always properly weighted gender and power disparities in conceptualizing and treating sexual abuse in the family. The author emphasizes that it’s not possible to create a safe therapeutic environment without considering these dynamics.
"The second half of the book focuses on six contextual issues which can exacerbate and further complicate the issues with which couples and families are struggling. These include blending families, racism, undocumented immigration, gender inequality, and incarceration."

Regas's Mindful Differentiation Model (MDM), like Pitta's AFT, is grounded in Bowen's Family Systems Model. Regas integrates concepts and techniques from acceptance and commitment therapy into a systems approach that employs mindfulness to foster greater self-regulation and self-differentiation in each of the spouses. In MDM, affairs are viewed "as an emotional triangle that occurs when partners are struggling to be autonomous and connected in relation to the other (p. 87)." In a particularly challenging case study, Regas masterfully demonstrates the steps toward moving a highly fused Iranian American couple toward greater self-differentiation and recovery from the brink of divorce. The case underscores the point that to create relationship change, all it takes is one member of the couple to take a decisive step.

In chapter four, Patterson and Datchi tackle the relationship between money, power, and gender, a frequent source of conflict in couples, but too often not addressed sufficiently by therapists. These authors address these issues using a framework derived from Cognitive Behavior Couple Therapy (CBCT), an integrative model that focuses on the interplay between cognitions, behaviors, and emotions in couple relationships. A key mechanism of change in this model involves raising the spouses' awareness of the cognitions that influence their emotional experience and interactions.

New technologies that allow for instant access to and communication with others via the internet can be both challenging and of great benefit to couples and families. In chapter five, Nielsen describes an integrative model that combines structural family therapy, psychodynamic concepts, and Gottman's research-based method into an integrative model which he humbly calls couple therapy 4.0. This is a particularly interesting chapter in that the author describes the personal discovery process he goes through in recognizing the limits of his personal theories and how he gradually builds an increasingly sophisticated and complex integrative model. He applies the model to a middle-aged couple with presenting concerns centering on the use of online pornography and sex-themed chatrooms.

The second half of the book focuses on six contextual issues which can exacerbate and further complicate the issues with which couples and families are struggling. These include blending families, racism, undocumented immigration, gender inequality, and incarceration. The first chapter in this section by Lori Katz describes the application of holographic reprocessing therapy with military couples who have experienced military stress and trauma. This model is grounded in cognitive-experiential and attachment theories but integrates techniques from many other schools of thought. This treatment approach, which begins with helping couples become more aware of their implicit interpersonal internal models, seems perfectly tailored to counteract the influence of military culture, which tends to support emotional suppression over reflection and emotional processing.

The couple and family relationships of those who are incarcerated are too often forgotten. In chapter seven, Datchi describes an integrative treatment approach grounded in a keen understanding of cultural context and Functional Family Therapy (FFT), adapted to support couples and families where one member is under correctional supervision through the criminal justice system. The case study involves an African American couple whose bonds have been severely tested by the husband's longstanding struggles with substance abuse and incarceration for drug-related crimes. Datchi demonstrates how the adapted version of FFT was used to help the couple maintain their bond, strengthen the protective factors in their relationship, and increase the likelihood the husband would return home.

The tragic plight of unaccompanied and undocumented Latinx youth is given focus in chapter eight. Cervantes details the trauma and loss these youth experience both before and after entering the US. The application of a socially and culturally responsive approach to treatment, the SALUD model, is described. This trauma-informed model is grounded in an empirical knowledge about Latinx families and is an integration of structural family therapy and narrative therapy. The approach prioritizes safety and awareness. The goal is to help youth reframe their life circumstances or life-story, view reality as changeable, and focus on meaningful short-term, reachable goals.

A resiliency-focused model for addressing men's intimacy difficulties, often a byproduct of male gender socialization, is described in chapter nine. The focus is on gay couples. Greenan highlights how a gay man's growing up feeling "less than" combined with gender microaggressions and early shaming of same-sex attraction can further complicate the negotiation of closeness-distance in gay couples. Structural Family Therapy is at the core of the resiliency-focused model, which addresses reenactments of past attachment
trauma, emotional regulation and communication, and relationship satisfaction. This approach incorporates concepts and techniques from mindfulness practice, communication skill training, and accelerated experiential dynamic psychotherapy.

Browning and van Eeden-Moorefield’s chapter (10) on stepfamilies and step grandparents is exceptionally strong. The authors’ treatment approach recognizes that stepfamilies start from a place of loss and complexity and have their own unique developmental phases. Their approach, stepfamily therapy, uses strategic therapy as a home theory and integrates concepts and techniques from structural family therapy and Bowen’s family systems theory. Working with stepfamilies can be overwhelming for couple and family therapists because of the sheer number of interlocking people and relationships. Browning and van Eeden-Moorefield’s integrative approach simplifies the focus, emphasizing subsystem work, using visual maps of relationships across generations (genograms) and outlining discrete steps of intervention that build on one another.

In the final chapter, Jeremie-Brink and Chambers describe a strength-based, culturally tailored model for working with African American couples. The approach is termed IST, an integration of Pinsof’s integrative problem-centered therapy and Breunlin’s metaframeworks. To understand problems, the authors highlight the importance of attending to adverse structural barriers (e.g. racism and sexism) that can impact the couple’s relationship as well as the cultural contexts of membership for each spouse (i.e. intersectionality) and how this impacts perspective on what is “normal.” Treatment honors the cultural values and strengths of African Americans and uses those strengths as resources.

I recommend this book without reservation to anyone working with couples and families. All the chapters are quite strong. The integrative treatment models described here will be useful for trainees as well as practicing psychologists, social workers, counselors, and marriage and family therapists.

C. Wayne Jones, Ph.D.
Clinical Associate Professor of Psychology in Psychiatry, Perelman School of Medicine, University of Pennsylvania