

Focused Issues in Family Therapy

Series Editor

D. Russell Crane, Brigham Young University, Provo, UT, USA

More information about this series at <http://www.springer.com/series/13372>

Tai Mendenhall · Angela Lamson
Jennifer Hodgson · Macaran Baird
Editors

Clinical Methods in Medical Family Therapy

 Springer

Editors

Tai Mendenhall
Department of Family Social Science
University of Minnesota
Saint Paul, MN, USA

Angela Lamson
Department of Human Development
and Family Science
East Carolina University
Greenville, NC, USA

Jennifer Hodgson
Department of Human Development
and Family Science
East Carolina University
Greenville, NC, USA

Macaran Baird
Family Medicine and Community Health
University of Minnesota Medical School
Minneapolis, MN, USA

ISSN 2520-1190

ISSN 2520-1204 (electronic)

Focused Issues in Family Therapy

ISBN 978-3-319-68833-6

ISBN 978-3-319-68834-3 (eBook)

<https://doi.org/10.1007/978-3-319-68834-3>

Library of Congress Control Number: 2018934419

© Springer International Publishing AG, part of Springer Nature 2018

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made. The publisher remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Printed on acid-free paper

This Springer imprint is published by the registered company Springer International Publishing AG part of Springer Nature.

The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Tai Mendenhall

I dedicate this book to my incredible wife, Ling. Thank you for loving me for who I am, and for supporting me in all of the ways that you do along this always-exciting, sometimes-exhausting, never-boring, and forever-evolving career path. You inspire me every day, and I love you with all of my heart. I also want to thank my family—my parents (Vince and Diann, Tom and Suzette), sisters and brothers-in-law (Tiffany and Jeff, Carrie and Patrick), niece (Jessa), and nephew (Kadin)—for cheering me on. Thank you to my mentors—Drs. Bill Doherty, Pauline Boss, Wayne Caron, Wayne Denton, Pete Harper, Paul Rosenblatt, Hal Grotevant, and others—for believing in me over the years, even (especially!) during times when I was not so sure. And to my students, my patients, and their families: I thank you for keeping me humble, and for teaching me more than I have ever taught you.

Angela Lamson

To the love of my life, Brad Lamson, thank you for supporting me through the many nights and weekends away from you and Carter in order to get this book to completion. I am so grateful that

you helped me to carve out an hour each day to walk with you and talk about our day, visions for our future, and the joys of raising a teenager. God could not have created a better husband for me or a better father for our son. Carter Lamson, thank you for your hugs of reassurance throughout my writing of this book. My favorite conversation with you was the day that we discussed how you were my best biopsychosocial-spiritual innovation, and you are. I love you, son! I want to thank my coeditors—Tai, Jennifer, and Mac—for your passion for this field and for your late night messages when I needed them most. Thank you to my parents, mother-in-law, siblings, dearest friends, extended family, and godchildren, who kept wondering what topic I was writing about next and for giving me virtual hugs to charge forward. Mom, Dad, Marty, and Patty—a special thank you to you for believing in me and instilling in me your love and a work ethic to want more for this world. A very big thank you to the ECU administrators (especially Chancellor Steve Ballard, Dr. Paul Gemperline, and Dr. Cynthia Johnson) and our wonderful MFT/MedFT faculty (Drs. Brimhall, Didericksen, Dosser, Hill, Hodgson, Jensen, Krepps, Markowski, Rappleyea, Roberts, Tyndall, and White) over the years who had the forward thinking to allow us to create such an incredible PhD program. I also must extend deep gratitude to my numerous personal and professional mentors, to the students who have grown this field beyond my imagination, and to the patients and families who have welcomed me into their lives and reminded me that the human soul can endure incredible pain and still find space for hope and resilience.

Jennifer Hodgson

I dedicate this book to my amazing husband, Steve, who is 100% in my corner as a working mom. I also dedicate it to my three children,

Lauren, Ava Lynn, and Brennon. They are the reason behind how hard I work. My goal is to leave behind a better healthcare system for them. I also want to send a special thank you out to my family, colleagues, and students. My family inspires my work ethic. I am grateful for their love and support. I could also not forget my mentors and colleagues who have made it possible for me to focus on my scholarship and who have added depth and breadth to the advancement of medical family therapy as a field. Lastly, to my students and patients, you show me new ways to think about health and wellness. You demonstrate what courage and commitment are in the work that you do. It is such a privilege to be in your company and revel in your wisdom and grit.

Macaran Baird

While indebted to numerous mentors and professional colleagues, I dedicate this book to my wife, Kris. You have literally and metaphorically traveled with me during my professional and personal journey for over 48 years. And to my children: Macavan; his wife, Shannon Lundeen; and their two sons, Paxton and Harlan, and to Trina-Marie Baird and her husband, Todd Guttman, as well as his extended family. All of you have shared generously your love, trust, and commitment to me while also improving the lives of others. I could not have contributed to this book without you. In particular, I dedicate the legacy of this book to Macavan, whose courage, gentle intelligence, and love is a legacy in itself.

Tai Mendenhall, Angela Lamson, Jennifer Hodgson, & Macaran Baird

We dedicate this book to all of the families and loved-ones for whom we hope our collective efforts will benefit.

Foreword

This is at least the third generation of books defining and shaping the field of medical family therapy (MedFT). The pioneering text, *Medical Family Therapy: A Biopsychosocial Approach to Families with Health Problems*, by Susan McDaniel, Jeri Hepworth, and William Doherty in 1992 reviewed the developmental history, medical interface, and clinical scope and context of a newly named field. Its foreword by Donald Block, MD, forecast that the field would survive, adapt, and expand even as he recognized inherent flaws in the U.S. healthcare system. A notable second text, *Medical Family Therapy: Advanced Applications*, by Jennifer Hodgson, Angela Lamson, Tai Mendenhall, and D. Russell Crane in 2014 offered a more detailed view of this expanding field. Its separate sections on training, research, policy, and finance revealed a maturing of MedFT with distinct practical demonstrations of doctoral training programs, research in existing integrated settings, policy options that support this type of integrated care, and insights into sustainable financial models that recognize MedFT's economic value.

In just a few years, this field has grown in both breadth and depth. It is no longer a rare experience to see a MedFT provider in action or to be identified with this formal title on staffing lists at a hospital or clinic. Trainees can choose from several PhD programs specifically tailored to MedFT. In short, the field is now an established part of our medical infrastructure. This new text, *Clinical Methods in Medical Family Therapy*, joins others in clarifying practice strategies in MedFT that improve the lives and experiences of patients and families who face serious, chronic, and/or debilitating illnesses and injuries.

My own connection to MedFT is both professional and personal. As a family physician who was trained in family therapy as a resident, I grew up professionally by striving to integrate family therapy into family medicine, into any kind of primary care and, eventually, into larger care systems before we had a concise name for this field. We just did our best with like-minded colleagues to create teams that integrated systems thinking, family therapists, physicians, and clinicians of all types. We looked for research opportunities and tested our ideas across many care contexts with little financial or administrative support. Over time, more sophisticated clinicians linked with fully trained research professionals to create increasingly

credible scholarship. Policies and payment models evolved that created opportunities to move beyond fee-for-service reimbursement for clinical care, which opened doors to broader teams in both primary care and specialty services. Currently, there may be more medical family therapists in specialty services with bundled payment such as oncology and cardiology than in primary care practices. As an early participant, I marvel at how we have collectively grown in the academic and applied clinical field of MedFT.

Over the past decade, my personal connection as a patient with intermittently life-threatening illnesses has given me insight into how the impact of serious illness can land powerfully on family members just as much as it might for an individual patient with a medically defined disease. I have survived several cardiac events, cardiac surgery, and—finally—acute leukemia. I acquired a new awareness that my journey as a patient was more direct as I had my own medical procedures and interventions, medication side effects, chest pain, etc. Perhaps these experiences were more dramatic and, thus far, survivable—but they left a relatively small post-illness legacy of loss and sadness for me as a patient. During my own illnesses, it was clear to me that my wife and two children suffered more emotionally with feelings of powerlessness in the face of said illnesses and my need for intense expert care. Had I succumbed, they would have been left with the aftermath—not me. They provided me tremendous emotional and physical support, but I had the good fortune of being directly involved in my own survival by being a fully engaged patient. They could listen, support, worry, lie awake at night, and help in innumerable ways, but they could not directly affect my disordered body and organ systems. I was less exhausted in the journey than they were. Family education, therapeutic discussions not yet labeled as medical family therapy, and friends helped them recover as I healed. Fortunately, we have all recovered emotionally from those experiences during an era prior to the wider availability of MedFT.

Just as we are finishing this text, I have been alerted again to the need for and benefit of formally trained, fully established care teams that include MedFTs. Our son, a nonsmoker at age 41, was recently diagnosed with stage IV adenocarcinoma of the lung with metastases. He is under the expert care of a noted oncology center and is receiving state-of-the-art medical care that we hope will prolong his life. His wife and two young children were quickly introduced to the expanded oncology team, including a medical family therapist and an experienced family-life educator. At the care visit, this team helped my son's family and all of us grapple with this sudden awful illness with a greater sense of empowerment and stability than would have been possible a decade earlier. We have already discussed hope, mortality, how to maintain a purposeful daily life, and how we can help each other the most. As we manage our shock and grief, we already know that we will all have help in this journey. Now, I more fully comprehend that sense of helplessness and deep sadness sitting within us while we family members strive to maintain hope and gratefulness for each day that we have together. The therapist and team helped us to engage these thoughts and feelings rather than hide from them. With this help, I know that we and, especially, our grandchildren will understand the journey, survive it, and move

ahead someday with greater capacities to cope with tragedies that life brings our way unexpectedly from time to time.

I am grateful that our family is facing this challenge during a time when MedFT is a routine part of care in a place where the other components of excellent treatment are already established. This gratitude is welcomed by us, as it will be for other families in the future. It is about time that healthcare is delivered at the family (versus exclusively at the individual) level. Patients return from our offices to their homes, communities, and support systems. That is where change happens, and that is where we need to focus our interventions, research, and care. MedFTs are doing groundbreaking work in these areas across clinical, training, research, and policy levels.

This text describes clinical methods useful in a variety of settings and medical specialties (spanning across primary, secondary, tertiary, and other unique care environments and clinical populations) that can be used by current and future generations of MedFTs and others assisting families who are facing medical challenges. Its grounding in research-informed applications, clear illustrations of diverse treatment teams, engaging examples and discussions regarding common care challenges, and articulate illustrations of MedFT clinical, teaching, supervisory, research, and policy efforts across a continuum of scope and sophistication serve to confirm how far this field has come. And as healthcare practice(s) continues to grow and evolve, it is my hope that healthcare providers—therapists, medical providers, and other professionals—will continue to advance MedFT into the uncharted territories that lie before us.

Macaran Baird

Department of Family Medicine and Community Health
University of Minnesota Medical School
Minneapolis, MN, USA

References

- Hodgson, J., Lamson, A., Mendenhall, T., & Crane, D. (Eds.). (2014). *Medical family therapy: Advanced applications*. New York, NY: Springer.
- McDaniel, S., Hepworth, J., & Doherty, W. (1992). *Medical family therapy: A biopsychosocial approach to families with health problems*. New York, NY: Basic Books.

Preface

Introduction to Clinical Methods in Medical Family Therapy

Medical family therapy (MedFT) represents a rapidly growing field in health care that purposefully interweaves patients and their families' physical, psychological, social, and spiritual worlds. It does this with both scientific rigor and systemic training at its foundation. Originally coined in the 1990s, MedFT challenged outdated orthodoxies like mind-versus-body and nature-versus-nurture (McDaniel, Hepworth, & Doherty, 1992). The field has since served to bridge multiple facets of the healthcare system together, including collaborative and integrated behavioral healthcare (IBHC) research, training, policy, and practice (McDaniel, Doherty, & Hepworth, 2014; Hodgson, Lamson, Mendenhall, & Crane, 2014). Since these early beginnings, MedFT has grown in its visibility, scope, and influence across training programs, healthcare contexts, research, and policy discussions around the world. MedFTs are now serving as leaders in educational, research, policy, and clinical service settings wherever it is taught, studied, advocated, and provided. Its empirically rooted definition—aligning with efforts by Tyndall, Hodgson, Lamson, White, and Knight (2010)—is a field that is grounded in

a BPSS [biopsychosocial-spiritual] perspective and marriage and family therapy, but also informed by systems theory. The practice of MedFT spans a variety of clinical settings with a strong focus on the relationships of the patient and the collaboration between and among the healthcare providers and the patient. MedFTs are endorsers of patient and family agency and facilitators of healthy workplace dynamics. (pp. 68–69)

Guided by our passion to grow the field, we engaged the editor of *Contemporary Family Therapy* (Dr. Russell Crane) in 2010 to co-construct a special issue on MedFT. This then led to an exciting collaboration in 2014 to assemble an edited text through Springer called *Medical Family Therapy: Advanced Applications*. This landmark volume synthesized contemporary advancements in MedFT training, research, policy, and financial models (Hodgson, Lamson, Mendenhall, & Crane,

2014). It has been well-received by colleagues in practice, research, policy think tanks, and teaching/training sites—and serves as a go-to reference for practitioners, administrators, scholars, supervisors, and students/trainees alike.

This new text, *Clinical Methods in Medical Family Therapy*, serves to highlight MedFTs in action across a variety of specialized healthcare settings. Alongside our own shared and respective areas of expertise, we have recruited and engaged skilled and innovative colleagues (including practitioners, theorists, supervisors, leaders, administrators, researchers, policy makers, and up-and-coming professionals)—most of whom identify as family therapists and/or medical family therapists—to describe the applications of MedFT within and across a myriad of care contexts and foci.

Layout of the Text

This edited book begins (Chapter 1) by providing a brief history and description of MedFT's evolution, as well as the interweaving of our own relationships with one another and with our worlds as MedFTs. In this chapter, we introduce Hodgson, Lamson, Mendenhall, and Tyndall's (2014) five-level *MedFT Healthcare Continuum* and then use the continuum as a guiding framework for each of the remaining chapters. This continuum serves to assist MedFTs in understanding the scope (breadth), sophistication (depth), and application of specific knowledge and skill sets at different levels. Respective levels do not represent sequential or chronological steps en route to an ultimate goal (i.e., *Level 5*); instead, they serve as anchors onto which you, as our readers, can position and conceptualize the MedFT work that best fits your aims.

We then divide the book into four distinct sections, wherein authors introduce research-informed practice and applications of MedFT across (a) primary care, (b) secondary care, (c) tertiary care, and (d) unique care environments and clinical populations. Contexts described in primary care include MedFT in *Family Medicine* (Chapter 2), MedFT in *Pediatrics* (Chapter 3), and MedFT in *Internal Medicine* (Chapter 4). Contexts described in secondary care include MedFT in *Intensive Care* (Chapter 5), MedFT in *Obstetrics and Gynecology* (Chapter 6), MedFT in *Emergency Medicine* (Chapter 7), MedFT in *Oncology* (Chapter 8), and MedFT in *Psychiatry* (Chapter 9). Contexts described in tertiary care include MedFT in *Hospice and Palliative Care* (Chapter 10), MedFT in *Endocrinology* (Chapter 11), and MedFT in *Alcohol and Drug Treatment* (Chapter 12). Contexts representing unique care environments and clinical populations include MedFT in *Community Health Centers* (Chapter 13), MedFT in *Community Engagement* (Chapter 14), MedFT in *Disaster Preparedness and Trauma Response Teams* (Chapter 15), MedFT in *Spiritual Care* (Chapter 16), MedFT in *Employee Assistance Programs* (Chapter 17), and MedFT in *Military and Veteran Health Systems* (Chapter 18).

Each chapter begins with a description of the unique context that it is oriented to (e.g., health foci targeted and treated, conditions under which care is provided). The authors provide a case example (vignette) to illustrate commonplace challenges that MedFTs see and engage with as part of their work with patients, families, and colleagues. They describe the makeup of care teams tailored for the chapter's focused environment (e.g., members trained in a unique discipline or specialty) and highlight fundamental knowledge and practical skill sets that are essential for MedFTs positioned therein. The *MedFT Healthcare Continuum* (Hodgson et al., 2014) and research-informed practices are used to depict diverse ways in which MedFTs can function in each care context. To further assist you in applying the content of each chapter, the authors offer reflection questions that encourage personal deliberations, collective (small-group) discussion, and/or further exploration regarding specialized content and practical applications. The authors also present resources that are specific to chapter foci (e.g., literature, websites, organizations, measures/instruments), and asterisked readings in their reference lists to denote significant publications worthy of review.

In our conclusion (Chapter 19), we describe new and emerging directions in MedFT and IBHC. We offer descriptions of field leaders' efforts as they—to use Mac Baird's often-cited adage (Baird, 1995)—build ships as they sail them. Their accounts frame MedFT as a field still very much evolving, charging forward into and across new and uncharted treatment sites and contexts. We are frequently asked what types of job opportunities exist for MedFTs. Therefore, the premise behind this chapter is to feature those who are successfully leading careers in MedFT in the following areas: (a) interdisciplinary research; (b) training innovations and health specializations; (c) faculty appointments in primary, secondary, and tertiary care departments; and (d) policy and leadership.

This edited text represents a timely undertaking. MedFT is becoming a mainstream and widely recognized field, as evidenced by (a) the advent and growth of new MedFT training programs; (b) increasing numbers of couple/marriage and family therapy (C/MFT) students aligning their studies and clinical placements to medical/healthcare settings; and (c) increasing numbers of behavioral health workforce members across a myriad of disciplines (e.g., C/MFT, psychology, social work, counseling) entering medical schools and other healthcare facilities. Our intent with this book is to recognize and advance the work of MedFT's leaders while at the same time inspire new professionals and students who are preparing to engage in and further advance this work across a diverse range of care contexts, populations, and job markets.

Tai Mendenhall
Angela Lamson
Jennifer Hodgson
Macaran Baird

References

- Baird, M. (1995). Building the ship as we sail it. *Family Systems Medicine, 13*, 269–273. <https://doi.org/10.1037/h0089066>.
- Hodgson, J., Lamson, A., Mendenhall, T., & Crane, D. (Eds.). (2014). *Medical family therapy: Advanced applications*. New York, NY: Springer.
- Hodgson, J., Lamson, A., Mendenhall, T. & Tyndall, L. (2014). Introduction to Medical family therapy: Advanced applications. In J. Hodgson, A. Lamson, T. Mendenhall, and D. Crane (Eds.), *Medical family therapy: Advanced applications* (pp. 1–9). New York, NY: Springer.
- McDaniel, S., Doherty, W., & Hepworth, J. (2014). *Medical family therapy and integrated care* (2nd ed.). Washington, DC: American Psychological Association.
- McDaniel, S., Hepworth, J., & Doherty, W. (1992). *Medical family therapy: A biopsychosocial approach to families with health problems*. New York, NY: Basic Books.
- Tyndall, L., Hodgson, J., White, M., Lamson, A., & Knight, S. (2010). *Medical family therapy: Conceptual clarification and consensus for an emerging profession* (Unpublished doctoral dissertation). East Carolina University, Greenville, NC.

Acknowledgments

The editors would like to send a special thank you to the following individuals for their time and boundless energy in serving as junior editors for this text:

Catherine Futoransky (University of Minnesota)
Jessica Goodman (East Carolina University)
Therese Nichols (University of Minnesota)
Olivia Riser (East Carolina University)
Erin Sesemann (East Carolina University)
Julie Smith (East Carolina University)

And to the following colleagues for their valuable consultations, recommendations, and guidance:

Caanan Crane, PhD, LMFT (Oklahoma Baptist University)
CAPT Brenda Gearhart, LCSW-C, BCD
Chad Lamson, MBA, RN (AxoGen, Inc.)
Tiffany M. Martin, MS, PA-C (Forsyth Medical Center, NC)
Bret Roark, PhD (Oklahoma Baptist University)
Doug Smith, CEO (Greene County Health Care, Inc.)

Contents

1	The Beginning of Us: A Conversation Among Friends About Our MedFT Family	1
	Angela Lamson, Jennifer Hodgson, and Tai Mendenhall	
Part I Medical Family Therapy in Primary Care		
2	Medical Family Therapy in Family Medicine	17
	Jennifer Hodgson, Lisa Trump, Grace Wilson, and Diego Garcia-Huidobro	
3	Medical Family Therapy in Pediatrics	61
	Keeley Pratt, Catherine Van Fossen, Katharine Didericksen, Rola Amar, and Jerica Berge	
4	Medical Family Therapy in Internal Medicine	87
	Jennifer Harsh and Rachel Bonnema	
Part II Medical Family Therapy in Secondary Care		
5	Medical Family Therapy in Intensive Care	113
	Angela Lamson and Jessica Goodman	
6	Medical Family Therapy in Obstetrics and Gynecology	147
	Angela Lamson, Kenneth Phelps, Ashley Jones, and Rebecca Bagley	
7	Medical Family Therapy in Emergency Medicine	181
	Rosanne Kassekert and Tai Mendenhall	
8	Medical Family Therapy in Oncology	207
	Talia Zaider and Peter Steinglass	
9	Medical Family Therapy in Psychiatry	231
	Kenneth Phelps, Jennifer Hodgson, Alison Heru, and Jakob Jensen	

Part III Medical Family Therapy in Tertiary Care

10 Medical Family Therapy in Palliative and Hospice Care 263
 Jackie Williams-Reade and Stephanie Trudeau

11 Medical Family Therapy in Endocrinology 293
 Max Zubatsky and Tai Mendenhall

12 Medical Family Therapy in Alcohol and Drug Treatment 321
 Kristy Soloski and Jaclyn Cravens Pickens

Part IV Medical Family Therapy in Unique Care Contexts and Populations

13 Medical Family Therapy in Community Health Centers 357
 Jennifer Hodgson, Angela Lamson, Rola Aamar,
 and Francisco Limon

14 Medical Family Therapy in Community Engagement 401
 Tai Mendenhall, William Doherty, Elizabeth “Nan” LittleWalker,
 and Jerica Berge

15 Medical Family Therapy in Disaster Preparedness and Trauma-Response Teams 431
 Tai Mendenhall, Jonathan Bundt, and Cigdem Yumbul

16 Medical Family Therapy in Spiritual Care 463
 Jonathan Wilson, Jennifer Hodgson, Eunicia Jones,
 and Grace Wilson

17 Medical Family Therapy in Employee Assistance Programs 497
 Calvin Paries, Angela Lamson, Jennifer Hodgson, Amelia Muse,
 and Glenda Mutinda

18 Medical Family Therapy in Military and Veteran Health Systems 537
 Angela Lamson, Meghan Lacks, Erin Cobb,
 and Grace Seamon

19 Innovations in MedFT: Pioneering New Frontiers! 583
 Jennifer Hodgson, Tai Mendenhall, Angela Lamson,
 Macaran Baird, and Jackie Williams-Reade

Index 603

About the Authors

Rola Aamar is a postdoctoral scholar in the medical family therapy program at East Carolina University (ECU). Her clinical interests include medical and behavioral mental health disparities among underserved and minority populations and patient-centered treatment of comorbid medical and mental health conditions. Her research agenda is focused on factors associated with obesity in children and families, as well as the relationship between treatment alliance and treatment for childhood obesity and adult chronic illnesses. As a postdoctoral scholar, Dr. Aamar helped establish clinical practice protocols that increase patients' knowledge about health behaviors to promote better outcomes for both mental health and medical diagnoses.

Rebecca Bagley is a clinical associate professor at East Carolina University's (ECU) College of Nursing. She currently serves as the nurse-midwifery program director while continuing a faculty practice in labor and delivery and at ECU Women's Medical Clinic. She has experience in full scope midwifery, including women's health throughout the lifespan, in private practice, in public health, and in the academic setting. She serves on the board of the Association of Professors of Gynecology and Obstetrics (APGO) and is a site visitor for the Accreditation Commission for Midwifery Education (ACME).

Macaran Baird is professor and head of the University of Minnesota Medical School's Department of Family Medicine and Community Health. He began his medical career in 1978 as a rural physician and family therapist. He and Dr. Bill Doherty coauthored *Family Therapy and Family Medicine* in 1983, which launched his academic and leadership career. Dr. Baird has since held positions in Oklahoma, New York, and Rochester, MN. His leadership involvement has also included service on the Robert Wood Johnson Foundation's (RWJF) Depression in Primary Care National Advisory Council and as cochair of the Institute of Medicine's (IOM) *Report on Health and Behavior*. He is a past president of the Society of Teachers of Family Medicine (STFM) and was a recipient of the American Academy of Family Physician's (AAFP) Thomas Johnson Award for career contributions in family

medicine education. Dr. Baird's principal research and clinical foci center on the integration of behavioral health and primary care and in identifying social and care system factors that inhibit and/or contribute to positive outcomes for patients and families.

Jerica Berge is an associate professor, researcher, and behavioral medicine provider in the Department of Family Medicine and Community Health at the University of Minnesota (UMN) Medical School. She is a clinical member of the American Association for Marriage and Family Therapy (AAMFT) and an AAMFT-approved supervisor. Dr. Berge's research expertise is in measuring and analyzing risk and protective factors for childhood and adolescent obesity. She conducts epidemiological research, mixed-methods studies, and randomized controlled trials to reduce childhood obesity disparities. Dr. Berge is the codirector of the Healthy Eating and Activity Across the Lifespan (HEAL) Center, which facilitates integration across research, clinical practice, policy, and community to promote a culture of health.

Rachel Bonnema is an associate professor in the Department of Internal Medicine at the University of Nebraska Medical Center (UNMC). She is an associate program director for the internal medicine residency at UNMC and directs the women's health elective for fourth year medical students, internal medicine residents, and obstetrics/gynecology residents. Her clinical area of interest is women's health, and her academic focus remains in medical education—particularly in women's health, professional development, and communication skills.

Jonathan Bundt is a board-certified expert in crisis response and traumatic stress. He has worked in the behavioral science and mental health fields for over 30 years, specializing in disaster and crisis, preparedness, response, and recovery. Jonathan operates his own consulting company, called Masa Consulting, which specializes in the integration of behavioral science into risk and threat mitigation of workplace violence. In his early career, he rose to the rank of chief inspector in the National Israeli Police Force, wherein he worked in the field of anti- and counter-terrorism training and response. Jonathan's work in the United States began in 1995 as a mental health professional for the Hennepin County Sheriff's Office, Minneapolis Police Department (SWAT), as a trainer and on-scene support advisor where he specialized in training crisis/hostage negotiators and critical incident response. He has been involved in responding to over 3000 local, regional, and national incidents of crisis, violence, and risk mitigation. He regularly provides consultation and training services to the private sector, hospitals, EMS, police and fire departments, and the MN State Departments of Corrections, Public Health, Human Services, Public Safety, and Emergency Management.

Erin Cobb is a doctoral candidate in the medical family therapy program at East Carolina University. She is currently completing an internship in behavioral medicine at Dartmouth Family Medicine Residency/Concord Family Health Center. Her dissertation explores disordered eating among veterans and military service

members. She has served as a MedFT researcher and clinician in a variety of contexts, ranging from eating disorder treatment in pediatric primary care to mobile mental health services for homeless veterans.

Katharine Didericksen is an assistant professor of human development and family science in East Carolina University's (ECU) medical family therapy and marriage and family therapy programs. She is an American Association for Marriage and Family Therapy (AAMFT) clinical fellow and approved supervisor. Dr. Wickel Didericksen's primary research interests focus on pediatric obesity within family contexts, the relationship(s) between poverty and health, and community-engaged research.

William Doherty is a medical family therapist and professor in the Department of Family Social Science at the University of Minnesota (UMN). He is also the director of the UMN's Citizen Professional Center. Along with Susan McDaniel and Jeri Hepworth, Dr. Doherty pioneered the conceptual and clinical development of the field of MedFT. He works actively on citizen professional projects to bring democratic engagement to health care.

Catherine Van Fossen is a doctoral student in the human development and family science program and couple and family therapy specialization in the Department of Human Sciences at The Ohio State University. Her primary interests include how integrated care models meet the needs of minority and underserved populations and assessing family functioning in pediatric primary care to determine MedFT need and involvement.

Diego Garcia-Huidobro is an assistant professor at Pontificia Universidad Católica de Chile Department of Family Medicine and adjunct faculty at the University of Minnesota (UMN) Medical School's Department of Family Medicine and Community Health. He completed medical school and residency training at Pontificia Universidad Católica de Chile and then a PhD in family social science and postdoctoral training from the UMN. Dr. García-Huidobro conducts transdisciplinary community-based participatory translational research focused on how family and other psychosocial factors influence health outcomes and on how family interventions can promote healthier behaviors to prevent chronic illnesses.

Jessica Goodman is a doctoral student in medical family therapy at East Carolina University (ECU). She is a preclinical fellow with the American Association for Marriage and Family Therapy (AAMFT) and has worked as a MedFT across dental, emergency department, employee assistance, inpatient, primary care, and traditional care settings. Jessica's current research focuses on frequent utilization of the emergency department, alongside policy and advocacy efforts in family therapy.

Jennifer Harsh is an assistant professor in the Department of Internal Medicine at the University of Nebraska Medical Center (UNMC), wherein she directs the

behavioral medicine and resident wellness programs in the Division of General Internal Medicine. She is actively involved in providing patient and family care across both outpatient and inpatient internal medicine settings, supervising MedFT interns, teaching behavioral health providers and internal medicine residents, and conducting research. Her investigative interests currently include the use of novel approaches to assess medical providers' well-being and integrating MedFT into general hospital settings.

Alison Heru is an interim chair and professor of psychiatry at the University of Colorado Denver, wherein she established and directs the psychosomatic medicine psychiatry fellowship. Dr. Heru is the treasurer of the Association of Family Psychiatrists. She has presented and published on multiple topics, including family therapy, culture and family, and medical student mistreatment. She has authored four books about families, most recently *Working with Families in Medical Settings*. Dr. Heru publishes a monthly column in *Clinical Psychiatry News* called "Families in Psychiatry." She is a member of the Group for the Advancement of Psychiatry (GAP) and chair of GAP's Family Committee.

Jennifer Hodgson is a professor at East Carolina University (ECU) in the Department of Human Development and Family Science. She is the director for the doctoral program in medical family therapy and coeditor of the 2014 text *Medical Family Therapy: Advanced Applications* with Angela Lamson, Tai Mendenhall, and D. Russell Crane. Dr. Hodgson is a clinical member of the American Association for Marriage and Family Therapy (AAMFT) and an AAMFT-approved supervisor. She has numerous presentations, publications, and funded grants in the areas of MedFT and integrated behavioral healthcare. Dr. Hodgson has held national leadership positions for her profession and in the Collaborative Family Healthcare Association (CFHA).

Jakob Jensen is an assistant professor at East Carolina University (ECU) in the Department of Human Development and Family Science. He is also an affiliated member of ECU's Center for Applied Psychophysiology. Dr. Jensen has several national and international publications and presentations about romantic/social relationships, issues in aging, and psychophysiological stress. He currently provides supervision to doctoral-level MedFT students at a psychiatric inpatient hospital facility.

Ashley Jones is an assistant professor of clinical neuropsychiatry and adjunct assistant professor of clinical obstetrics and gynecology at the University of South Carolina (USC) School of Medicine. She is a board-certified psychiatrist with special interests in reproductive psychiatry. She serves as the associate program director for USC's general psychiatry residency and director of Adult Resident Outpatient Clinics within the Outpatient Psychiatry Clinic. Additionally, Dr. Jones supervises residents practicing in an integrated psychiatry-ob-gyn clinic, wherein comprehensive treatment is delivered to prenatal and postpartum women and their families.

Eunicia Jones is a doctoral student in the medical family therapy program at East Carolina University (ECU). Niecie has worked in several clinical, research, and teaching settings focused on identity and development. She has worked primarily with teens and adults on issues such as trauma, grief, and life transitions and uses methods that focus on spirituality and narrative construction. Niecie is a past fellow of the American Association for Marriage and Family Therapy's (AAMFT) Minority Fellowship Program, which has helped to further her research with racial and ethnic minorities. She plans to continue doing clinical and academic work using spirituality as a tool for change and growth.

Rosanne Kassekert (recently retired) served as the director of the behavioral science education program at Health Partners Institute of Education's family medicine residency at Regions Hospital in Saint Paul, MN. She worked actively in the conduct of critical care and residency education for 27 years. She was an active member of the Society for Teachers of Family Medicine (STFM) and, along with supervising resident physicians, mentored graduate students in both social work and MedFT. Rosanne also worked at Regions Hospital's Emergency Medicine Department crisis intervention program for 14 years, wherein she evaluated and triaged patients experiencing mental health trauma and other illnesses.

Meghan Lacks is the director of integrated care at a federally qualified health center (FQHC) in North Carolina. Dr. Lacks is responsible for the implementation of integrated care in over 30 primary care clinics, and she provides support, training, and supervision to clinicians working as behavioral health consultants in these clinics. She earned both her master's degree in marriage and family therapy and Ph.D. in medical family therapy from East Carolina University. She completed a predoctoral internship with the Association for Marriage and Family Therapy (AAMFT) serving as a research and policy analyst for military initiatives. Dr. Lacks completed her doctoral dissertation on the biopsychosocial-spiritual (BPSS) health of active duty women. She also conducted research on integrated care with military couples.

Angela Lamson is a professor at East Carolina University (ECU) in the Department of Human Development and Family Science. She is also the associate dean for research in the College of Health and Human Performance and coeditor of the 2014 text *Medical Family Therapy: Advanced Applications* with Jennifer Hodgson, Tai Mendenhall, and D. Russell Crane. Dr. Lamson is a clinical member of the American Association for Marriage and Family Therapy (AAMFT) and an AAMFT-approved supervisor. Dr. Lamson has served as the program director for the medical family therapy doctoral program and marriage and family therapy master's program at ECU, as division president for the North Carolina Association for Marriage and Family Therapy, and as member of the Elections Council for AAMFT. In addition, she is on the Executive Committee for the Alliance of Military and Veteran Family Behavioral Health Providers at the national level. Dr. Lamson's teaching, funding, and publications have been devoted to MedFT and integrated care, particularly in the areas of trauma, chronic illness, loss, and compassion fatigue in the lives of

individuals, couples, families, and providers. Her training and research initiatives have been housed in community health, primary care, specialty care, and military bases.

Francisco Limon is the behavioral health director at Greene County Health Care (GCHC) in the state of North Carolina. Dr. Limon is a clinical fellow of the American Association of Marriage and Family Therapy (AAMFT) and a member of the Collaborative Family Healthcare Association (CFHA). His research interests include health disparities in the areas of depression and diabetes in underserved populations, acculturation stress, and program development and evaluation.

Elizabeth “Nan” LittleWalker is a Native American member of the Ho-Chunk Nation; she has lived and served in the Twin Cities of St. Paul and Minneapolis for more than 30 years. As a dedicated stakeholder and leader in the community, Nan has worked as an educator, volunteer, American Indian advisor and liaison, outreach worker, and advocate for programs and initiatives oriented to the advancement of Native people. She is one of the founding members of the Interfaith Action of Greater Saint Paul/Department of Indian Work’s Family Education Diabetes Series (FEDS), which was developed through community-based participatory research (CBPR) methods in partnership with biomedical and behavioral health providers at the University of Minnesota (UMN). Through these and related efforts, Nan is very knowledgeable regarding Minnesota’s American Indian community and its respective tribes, their religious and spiritual belief systems, family and clan organizations, and service organizations and providers.

Tai Mendenhall is an associate professor and medical family therapist in the couple and family therapy program at the University of Minnesota (UMN) in the Department of Family Social Science. He is also an adjunct professor and clinician in the UMN Medical School’s Department of Family Medicine and Community Health, an associate director of the UMN’s Citizen Professional Center, and the director of the UMN’s Medical Reserve Corps’ Mental Health Disaster-Response Teams. Dr. Mendenhall is a coeditor of the 2014 text *Medical Family Therapy: Advanced Applications* with Drs. Jennifer Hodgson, Angela Lamson, and D. Russell Crane. He is a clinical member of the American Association for Marriage and Family Therapy (AAMFT) and an AAMFT-approved supervisor. He works actively in the conduct of integrated health care and community-based participatory research (CBPR) focused on a variety of public health issues.

Amelia Muse is the director of operations at the Center of Excellence for Integrated Care, a program of the Foundation for Health Leadership and Innovation in North Carolina. She graduated from East Carolina University (ECU) with a PhD in medical family therapy and a certificate in quantitative methods for social and behavioral sciences. In her role at the Center of Excellence for Integrated Care, Dr. Muse assists health systems in integrating physical and behavioral healthcare services.

She has clinical experience in community mental health, rural primary care, and occupational health.

Glenda Mutinda is a medical family therapy doctoral student at East Carolina University (ECU). She is currently completing her research, clinical, and teaching fellowship at St. Mary's Family Medicine Department in Grand Junction, Colorado.

Calvin Paries is the director of the employee assistance/health and wellness program for Centura Health, a large health system in Colorado and Western Kansas. He earned his doctorate in occupational health/EAP and is a certified employee assistance professional (CEAP). Dr. Paries has worked in the EAP field for over 25 years, serving in senior management positions in both regional and large national EAP and wellness companies. He has worked as a consultant for several large organizations and has run numerous internal hospital-based employee assistance programs focusing on integrated care and outcome-based counseling.

Kenneth Phelps is an associate professor of clinical neuropsychiatry and adjunct associate professor of clinical pediatrics at the University of South Carolina (USC) School of Medicine. With a doctorate in medical family therapy, he also serves as the director for the Palmetto Health, University of South Carolina Outpatient Psychiatry Clinic. Dr. Phelps has prior clinical experience in labor and delivery, neonatal intensive care units, pediatric intensive care units, and other pediatric settings.

Jaelyn Cravens Pickens is an assistant professor and director of the addictive disorders and recovery studies (ADRS) program at Texas Tech University (TTU). Her administrative role at TTU has included the development of an online/distance education offering of the undergraduate minor in ADRS, which provides the educational requirements for the licensed chemical dependency counselor (LCDC) designation in Texas. She teaches both undergraduate- and graduate-level courses in addiction recovery. Dr. Cravens Pickens' area of research focuses on the impact of technology and the Internet on couples and families, including process addictions related to technology use.

Keeley Pratt is an assistant professor in the human development and family science program, couple and family therapy specialization, in the Department of Human Sciences at The Ohio State University. She also is an assistant professor at The Ohio State University's Wexner Medical Center in the Department of Surgery, wherein she oversees the behavioral health and family therapy programming for adult weight management and bariatric surgery patients. Dr. Pratt is an American Association for Marriage and Family Therapy (AAMFT) clinical fellow and approved supervisor. Her research interests include the assessment of family factors to predict successful outcomes in child and adult weight management programs, designing family-based weight management interventions for children in pediatric

obesity treatment, and couples interventions in adult weight management and bariatric surgery programs.

Grace Seamon is a graduate of the East Carolina University's marriage and family therapy program. She works as a clinical specialist on two military installations.

Kristy Soloski is an assistant professor in the marriage and family therapy program at Texas Tech University (TTU). She is an associate licensed marriage and family therapist and a licensed chemical dependency counselor in the state of Texas. Dr. Soloski was a fellow of the American Association for Marriage and Family Therapy (AAMFT) Minority Fellowship Program for 3 years, where she received specialized training in the delivery of culturally competent mental health and substance abuse services to underserved populations. She has designed and taught coursework on adolescent substance use. Dr. Soloski's area of research examines factors related to the trajectory of binge drinking from adolescence onward, including the gene-environment interaction. She is also presently examining how a biological versus environmental narrative on addiction impacts people's perceptions of and attitudes toward substance users.

Peter Steinglass is president emeritus of the Ackerman Institute for the Family, director of the Ackerman Institute for the Family's Center for Substance Use and the Family, and clinical professor of psychiatry at Weill Cornell Medical College. He is a board-certified psychiatrist whose multi-decade research career has focused on family factors influencing the onset and clinical course(s) of substance use disorders and chronic medical illnesses. These efforts included a series of studies with colleagues at the Memorial Sloan-Kettering Cancer Center, a part of which has been Dr. Steinglass's pioneering work in the use of multifamily discussion groups for families dealing with major medical illnesses.

Stephanie Trudeau is a doctoral candidate at the University of Minnesota (UMN) in the Department of Family Social Science's couple and family therapy program. Her clinical and research interests include family medicine, family coping with chronic illness and end of life, provider well-being, and integrated behavioral healthcare model design, development, and evaluation.

Lisa Trump is a marriage and family therapist at Stone Arch Psychology and Health Services in Minneapolis, MN. She completed her doctoral education at the University of Minnesota (UMN) in the Department of Family Social Science, specializing in couple and family therapy and medical family therapy. Dr. Trump's clinical work and research focuses on the biopsychosocial-spiritual (BPSS) health of military couples, patients' and families' coping with—and management of—chronic illnesses, and integrated behavioral healthcare. She has published in our field's top journals and has presented her work across both local and national forums and conferences.

Jackie Williams-Reade is an associate professor at Loma Linda University in the marriage and family therapy (MFT) doctoral program. She is a clinical fellow and approved supervisor with American Association for Marriage and Family Therapy (AAMFT). Dr. Williams-Reade received her MedFT training through her MS at Seattle Pacific University and her PhD from East Carolina University. She completed her internship and postdoc at Johns Hopkins University where she conducted NIH-supported research on the application of pediatric palliative care to adolescents with complex conditions. She is interested in the application and advancement of MedFT in pediatric specialty care settings and utilizing qualitative research to privilege patient and family voices in healthcare.

Grace Wilson is a behavioral science faculty member at the Great Plains family medicine residency program. She is a former fellow in the Society of Teachers of Family Medicine's (STFM) behavioral science/family systems educator fellowship. In her role as a behaviorist, Dr. Wilson facilitates interdisciplinary cross-training of family medicine residents alongside MedFT interns and supervises the delivery of integrated behavioral health services in a community-based primary care clinic. Her clinical and research interests center on infertility, pregnancy, trauma, and couple relationship.

Jonathan Wilson is an assistant professor at Oklahoma Baptist University in the Department of Behavioral and Social Sciences. He cofounded Oklahoma's first advanced clinical training certificate in medical family therapy and has various publications and presentations in MedFT and integrated behavioral healthcare. He has also held leadership positions for the Oklahoma's Association for Marriage and Family Therapy.

Cigdem Yumbul is a doctoral student in the couple and family therapy program at the University of Minnesota (UMN), Twin Cities. She is currently completing an autoethnographic dissertation regarding behavioral health relief efforts provided to affected communities following the 2014 Soma Mining Massacre in Turkey. As a psychotherapist, Cigdem works with individuals, couples, and families—primarily targeting issues related to trauma, loss, and grief—at the Bude Psychotherapy Center in Istanbul, Turkey. She is a member of the Turkish Psychological Association and continues to actively participate in psychosocial support efforts delivered to individuals and communities impacted by mass trauma.

Talia Zaider is assistant attending psychologist and director of the Family Therapy Clinic at Memorial Sloan Kettering Cancer Center (MSKCC) in New York, NY. Her research has focused on identifying and addressing the support needs of couples and families in the context of cancer care. She leads an interdisciplinary outpatient clinic that serves couples and families under care at MSKCC, and is leading an effort to advance the roles of inpatient oncology nurses to deliver family-centered supportive care in acute care settings. She has served as a coinvestigator on randomized

controlled trials testing psychosocial support interventions for couples and families coping across early- and advanced-stage disease.

Max Zubatsky is an assistant professor in the medical family therapy program at Saint Louis University. He is an American Association for Marriage and Family Therapy (AAMFT) clinical fellow and approved supervisor. Dr. Zubatsky is a coinvestigator on two Health Resources and Service Administration (HRSA)-funded grants for behavioral health workforce training of MedFTs and primary care training and enhancement for family medicine residents. In addition, he directs the Memory Clinic, which is a comprehensive geriatrics clinic at Saint Louis University's Center for Counseling and Family Therapy.