The Winston Churchill Memorial Trust of Australia

To undertake advanced studies in transcultural mental health education and cross cultural family therapy

Report by: Christine Senediak

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1. Precis and Acknowledgements

This report details the experience gained from my visits to the Academia di Psicoterapia della Famiglia and McGill University Program in Social and Cultural Psychiatry. Due to personal commitments, my Churchill Fellowship was divided over two separate overseas trips the first being in 2002 (Italy) and the later being in 2004 (Canada).

Specific areas of study undertaken during this visit included:
- Family therapy
- Cross cultural issues
- Clinical Supervision

My visits and the invaluable experience I gained from attending both courses would not have been possible without the support of the following:
- The financial assistance given to me by the Winston Churchill Memorial Trust
- The support and commitment of the NSW Health Department and in particular, NSW Institute of Psychiatry for its financial and moral support in allowing me to take this opportunity to further my theoretical and clinical skills
- My colleagues who I met in the in Rome, and Montreal who shared with me their knowledge and expertise
- My family for their love and encouragement from the time of application to the time I was away.
2. **Executive Summary**

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Project Description: To undertake advanced cross cultural and family therapy training  
Location: Academia di Psicoterapia della Famiglia, Via Guattani 15, 00161 Rome, Italy  
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2.1 **Fellowship Topic**  
- To undertake advanced studies in cross cultural family therapy practice  
- To undertake advanced studies in cross cultural psychiatric assessment and treatment  
- To investigate models of clinical supervision in training mental health practitioners in cross cultural therapy

2.2 **Background to the Fellowship**  
**Why Family Therapy Training within a Cross Cultural Context**  
Family therapy has been a growing area of practice within Australia since the 1960s and has gained popularity amongst health professionals working with problematic families presenting with complex clinical presentations. Following my training as a Clinical Psychologist I realised very quickly that the specific individualistic treatment skills I had learnt, did not equip me with the ability to deal with the range of psychological problems experienced by the children, adolescents and families attending for therapy. This led me to undertake extensive family therapy training within Australia. I have also been fortunate to learn from masters in this field including Narrative therapy training with Michael White, Brief therapy with Insoo Kim Berg and Milan training with Luigi Boscolo. Over the past 20 years I have attempted to integrate these ideas in my practice and further my understanding and skills in the practice of family therapy.

Since then I have developed my skills as a family therapist, trainer and supervisor encouraging other health professionals, including psychologists, psychiatrists, social workers, nurses, occupational therapists and other related health professionals, to explore the application of working with whole family groups within an interactional model. Currently, I coordinate training programs in family therapy, cross cultural studies as well as in child and adolescent mental health. I consult widely to various Area Health Services providing clinical supervision to health practitioners including psychologists, social workers, child psychiatrists, doctors and drug and alcohol counsellors. The underlying force of my work with clients today is determined by my curiosity to better understand the developmental perspective of their presenting concerns and to help them...
work with their whole system, and it is this approach that I encourage those that I teach and supervise.

I was initially attracted to the training offered by Andolfi because of his strong use of the self and curiosity in working with families. Andolfi believes that to work with an individual presenting with a problematic situation, you need to work as an ‘anthropologist’…. that is, to be curious in furthering your understanding of the family context from an interactional and developmental perspective. He believes also, that the therapist working with the family must also be aware of their own family history and position oneself to be marginal and flexible when working with the family. He works extensively with genograms (family histories) and believes that to help a person or family to better understand their problem it is important to explore intergenerational issues from grandparents to the children and horizontally with siblings. That is, the more history you put into the picture for the family, the better the understanding you have about the ‘frame’ from which they work and continue to operate. This is particularly the case for working with families in distress from differing cultures as they often have the added complication of immigration, change and loss.

These were the ideas that I wanted to explore further in my training at the Academia di Psicoterapia della Famiglia. This course offered this framework for learning about family systems therapy. It also offered the opportunity to discuss, observe and review models of practice through clinical case discussions, observing ‘live family interviews’ and therapist self-reflection and review. The opportunity to learn from my fellow participants was an added bonus.

The course offered at the Program of Social and Cultural Psychiatry at McGill University provided a different context of learning being predominately lectures, tutorials, seminars and class presentations of cultural psychiatric assessment and treatment interventions. A highlight of the program of study was the opportunity to review the specialist family therapy cross cultural family therapy consultation services offered at two of the major teaching hospitals in Montréal.

Programme of Study

**ACADEMIA DI PSICOTERAPIA DELLA FAMIGLIA (2002)**

The two-week course was conducted in English for international health professionals specialising in working with families in therapy. There were seven participants from Israel, Norway and Sweden, Columbia, United States of America, France and Australia. The course provided advanced skills training and those attending were all senior practitioners offering training and clinical supervision in their workplaces. Professional backgrounds included psychology, social work and psychiatry.

The course provided in depth discussion on clinical case management, live supervision of families, theoretical discussion and opportunities for personal skill development. I found the course extremely beneficial in that it provided opportunities for self-reflection on my own personal skills development and the way I provide training and clinical supervision in family therapy. Another aspect of the course which was particularly rewarding was the learning gained from other participants regarding transcultural and family therapy practice. The course provided renewed ways of thinking about the context of family therapy practice and the need for understanding the function of the symptom for the
individual, family and system. A visit to the Andolfi Foundation took place to review and discuss service delivery for migrants and refugees.

The programmes of study included both postgraduate students from McGill University in addition to international participants from Norway, Belgium, Turkey, South America, United States of America, Japan, Hong Kong and Uganda. The course provided advanced skills training and those attending were all senior practitioners or postgraduate students specialising in cross cultural mental health practice.

The course was structured in a way that opportunities were provided for students to specialise in areas of interest and clinical expertise. I chose the following:

3.1 Cultural Psychiatry
This series of seminars surveyed recent theory and practice on the interaction of culture and psychiatric disorders. Topics included: cross-national epidemiological research on major and minor psychiatric disorders; culture-bound syndromes and idioms of distress; culture, emotion and social interaction; ritual and symbolic healing mental health of indigenous peoples; mental health of immigrants and refugees; psychiatric theory and practice as cultural constructions and methods of cross cultural research.

3.2 Working with Culture
This series of seminars provided an overview of clinical models and methods in cultural mental health practice. Topics included working with interpreters and cultural brokers; attending to culture, ethnicity, racism and power in individual and family interventions with migrants and ethnocultural minorities; how cultural work transforms the therapist; ethical issues in intercultural work; strategies for working in different settings including schools, community organisations and refugee immigration boards. Workshop discussions focussed on issues relating to clinical interventions through the paradigm of cultural voices and languages of symptoms, art, and play. The clinical intersection of healer, culture, diagnosis, and therapy was reviewed through examination of developmental theories, identity and life cycle variations in migrant and minority experience.

Another aspect of the course that was particularly rewarding was the knowledge gained from other participants. Because participants worked within a cross cultural context in their home country, it was useful to discuss the impact of different political systems and policies and the influence this had on the provision of medical and mental health services.

The Division of Social and Transcultural Psychiatry at McGill University are considered leaders in cultural and mental health services research and practice. As already noted, opportunities were provided throughout the course to review clinical practice at hospitals where transcultural consultation is offered.

The course provided renewed ways of thinking about the context of cross cultural practice and the need for examining the intersection of culture in understanding the context and content of the symptom for the individual, family and system.
### 4.0 Fellowship Highlights

- Attending a practicum with international practitioners and undertaking family therapy training. We were able to discuss models of therapy and how they apply across the world, observe and participate in family therapy sessions with clients attending the Academia, and engaging in personal supervision regarding ‘personal handicaps’ which influence our own clinical practice. This was an extraordinary experience as our work was taped and the group of professionals participated in discussion regarding interventions that could be applied to aid in these handicaps upon return to our workplace. Not only was this an opportunity to review and discuss my own work, but it also enabled me to take part in reviewing and supervising the work of my colleagues attending the course at the Academia di Psicoterapia della Famiglia

- The opportunity to observe, discuss and compare differing models of clinical practice with experienced practitioners

- The opportunity to undertake advanced cross cultural studies with world renowned leaders in the field

- The opportunity to visit and observe specific treatment services offering cross culturally specific family therapy consultation services to children, adolescents and families

### 5 Findings

Overall I found the visits challenging and rewarding in that I developed a broader knowledge and understanding of cultural psychiatry, assessment and family therapy practice. In particular, the introspective and experiential work required by all participants in both courses strengthened me as a therapist, trainer and supervisor. This training broadened my perspective and beliefs about the use of self in therapy, family history taking and working from the premise of helping families to understand the development of the problem and the impact this may have on family relationships. Within the cross cultural context, where individuals and families typically experience loss of self, identity and homeland, it is important for the therapist to approach counselling with openness and regard to cultural awareness and sensitivity.

### 6 Dissemination of Information

- Presentations at invited seminars (e.g. Transcultural Mental Health Centre; consultations at Area Health Services)
- Presentations and lectures at the NSW Institute of Psychiatry
- Core concepts integrated into training and clinical supervision (eg. offered to Health Department, Corrections Health)

### 7 Future Developments

#### 7.1 Publications

- Since returning from Italy I have begun my Doctoral Research program. My chosen area of study is clinical supervision and the first study I have undertaken is the ‘Examination of Factors that influence effective supervision within the cross cultural context’. I have presented the results of my first study at the Mental Health conference (THEMES Canberra August
2003) and will presenting at a forthcoming Research Symposium at the New South Institute of Psychiatry September 2004.

- I am currently working on writing a paper for publication in a recognised mental health journal.
- As a direct result of my fellowship and consultations with experts in the field of family therapy and cross cultural practice, components of both courses I attended have been included in the training program I have designed and coordinated at the NSW Institute of Psychiatry. These include: ‘Issues in Transcultural Mental Health Practice’ and ‘Clinical Consultation’ in the Graduate Diploma Family Therapy course.

### 7.2 Future Programmes

Overall, the visits provided an opportunity for intense learning, liaison with colleagues and reflection on my own clinical and teaching practice. Because I am in an ideal position to pass on my knowledge to the graduate students that enrol in the courses that I coordinate and teach, I am able to integrate my learning in all aspects of the learning material. Further developments include:

- Incorporating intergenerational, developmental approaches when working with families in therapy (2003 – 2004 training programs Family Therapy)
- Incorporating intergenerational, developmental approaches in training therapists in clinical supervision (incorporated in training 2003 – 2004 programs of study)
- Discussions with the Transcultural Mental Health Centre to examine the possibility of working collaboratively to conduct research in the area of family migration and settlement, in line with the work conducted at the Andolfi Centre and McGill University. This will involve research examining family migration adjustment, with a particular focus addressing children’s adjustment to migration, resettlement and the response to the stressors of the dominant culture. Preliminary discussions have already taken place.
- A most exciting development will be the setting up of a Family Therapy Cross Cultural Clinical Consultation Clinic at the New South Wales Institute of Psychiatry in 2005, which will provide innovative consultative services to culturally and linguistically diverse families. To my knowledge, this is an innovative programme for New South Wales, where family therapy consultation services are provided to support mainstream therapists working with immigrant children and adolescents presenting with psychological distress.

### Recommendations

The improvements that can be made in Australia relate to the way cross cultural mental health education can be integrated into mainstream education. Currently, working with culturally and linguistically diverse clients remains ‘on the fringe’ of mental health practice, but yet our numbers of overseas born Australian residents continues to grow. It is not enough to offer the same assessment and treatment services to clients of non-English backgrounds. It is not enough to say that as a health practitioner, you are ‘culturally aware or culturally sensitive,’ without having undertaken specific cross cultural studies in mental health.

What is needed is greater understanding of the influence of culture in the development and maintenance of mental illness for clients of diverse backgrounds. Factors that need to be better understood include pre-migration, the process of resettlement and potential environmental sources of stress and conflict that may occur within the dominant culture. These factors alone can
contribute adversely to the expression and experience of mental illness for an individual and their family.

With the above in mind then, mainstream training in mental health assessment and intervention strategies, including family therapy, need to include culture in every aspect of clinical training. It is not enough to ‘just have one topic or lecture’ and considered this area covered. Mental health practitioners need to explore and understand explanatory models of cross cultural mental health, and learn how to effectively conduct cross cultural clinical consultations. For those considering working with families, it is imperative to learn effective communication skills that engage and respect family members as ‘experts of their problem’, so that they can become effective managers of their own problems and ease psychological distress.

8. Bibliography


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