

The University of Rochester's 28th Annual Intensive

INTEGRATED CARE AND MEDICAL FAMILY THERAPY: The knowledge, skills, and interpersonal process

June 7 – 11, 2021



University of Rochester
Family Therapy Training Program
Institute for the Family
Department Psychiatry
300 Crittenden Boulevard
Rochester, New York 14642-8409

Co-Directors, Medical Family Therapy Intensive



Susan H. McDaniel, Ph.D.
*Dr. Laurie Sands Distinguished
Professor of Families & Health*



Tziporah Rosenberg, Ph.D., LMFT
*Clinical Director, Family Therapy
Services, Institute for the Family*

Co-Directors, Family Therapy Training Program

Carol A. Podgorski, Ph.D., LMFT
Associate Professor

Jenny A. Speice, Ph.D., LMFT
Associate Professor

Contact: Phylliss Paeth, AA
Phylliss_Paeth@urmc.rochester.edu
Phone: 585.275.0577

The Annual Intensive on Integrated Care and Medical Family Therapy is one week (Monday—Friday) of interdisciplinary training that blends clinical presentations (see Faculty & Presentations), small group learning, and skill development. The primary goal is to provide training for professionals interested in health care and mental health collaboration when working with patients and families dealing with illness, health concerns and trauma.*

Participants will develop individualized goals at the beginning of the intensive. Goal attainment will be discussed and assessed during the final group discussion.

Participants will work in small groups, each convened by a core faculty. These groups will focus on the influence of family of origin and personal experience in one's professional work. The groups will also provide context for case and systems consultation.

Registrations Begins: April 1, 2021

Registration Deadline: April 29, 2021

Cost:

To Receive Course Credit: Please register using
PSI 492 / 3.0 per credit hrs. *Standard UR Tuition fees apply*

If Course Credit is Not Required: Please register using
PSI 498 / 0.0 credit hrs. *Flat course fee of \$TBA applies*
(Credit cards not accepted)

The 28th Annual Intensive on Integrated Care and Medical Family Therapy

For More Information, Please Submit (Please Print)

Name: _____

Home Address: _____

Home Telephone #: _____

Employer: _____

Work Address/Phone #: _____

Profession: _____

Degree: _____

Email: _____

Please email more information and registration materials once it becomes available.

Please send by regular mail more information and registration material.