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The Intersection of Catholic Social Teaching, Internationalization, and Marriage and Family Therapy: Lessons from the Borderlands

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This article explores the relevance and challenge of Catholic Social Teaching (CST) and internationalization to the Marriage and Family Therapy (MFT) program at the University of San Diego. These issues are discussed in the context of a graduate level course on human diversity that culminated in a 1-day cultural immersion and service learning trip to Tijuana, Mexico. Students learned firsthand about the legacies of colonialism, poverty, and injustice as well as the resilience and potential of rural Mexican communities to transform these experiences into new cultural and business practices, healing, and survival against many odds. Excerpts from student essays suggest the potential for MFT programs to create a space in Catholic higher education in which the intersection of CST and MFT could be openly examined and realized with opportunities to create new knowledge and energy to work for social change and justice beyond the borders. The pedagogical challenges, recommendations, and areas for future inquiry are discussed.

“The U.S.-Mexican border es una herida abierta where the third world grates against the first and bleeds. And before a scab forms, it hemorrhages again, the lifeblood of two worlds merging to form a third country—a border culture” (Anzaldúa, 1987, p. 25).

Since the 19th century, the legacy of Catholic education in the United States has focused on creating a public space or a “vocation of space” for working-class, racial/ethnic, and immigrant groups (Pulido, 2006). Unfortunately, due to the pressures of Anglo-conformity beginning in the mid-20th century, this vocation largely has been forgotten and abandoned (Pulido, 2006). In a parallel way, Marriage and Family Therapy (MFT) has a history of serving poor, ethnic minority, and disrupted families from economically depressed and immigrant communities (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967). However, in search of a distinct professional identity, family therapists quickly shifted their focus from concerns about broader social issues, such as discrimination and poverty as the basis for health and mental health

problems, to interpersonal dynamics within the family (Aldarondo, 2007).

It is time for Catholic higher education and MFT to revisit these earlier goals and aspirations. This is particularly relevant at the University of San Diego (USD) where the Catholic tradition provides the foundation upon which Catholic Social Teaching (CST) is nurtured and central to the mission. The MFT program at USD shares this vision and is committed to the fullest development of the whole human person in their families and communities.

Our increasingly interconnected world has presented new challenges for burgeoning clinicians and their mentors to address domestic issues of diversity as well as broaden the lens to include an international perspective. Hernández, Taylor, and McDowell (2009) argue that we are in the midst of a “silent crisis” in providing competent, racially and culturally informed, and responsive mentoring and supervision to students of color entering the MFT field. Studies of international MFT students describe students feeling inferior, marginalized, and minimized by faculty; experiencing discrimination; and perceiving U.S. faculty and students as lacking in international awareness and faculty as ill-prepared to guide international students (Mittal & Wieling, 2006).

We are pressed to develop clinical training programs and educational experiences to prepare a new generation of clinicians and scholars who are culturally competent, globally informed, and equipped with the interdisciplinary knowledge and skills to address the issues that confront our domestic as well as our international communities (Martin-Baró, 1994; McDowell et al., 2006; Platt, in press; Wieling & Mittal, 2002). One educational strategy, which is documented in the current work, has been to embed an international immersion experience in clinical training courses. The purpose of this manuscript is to explore the relevance and challenge of CST and internationalization to the MFT program that is offered at USD. These issues will be discussed in the context of a human diversity graduate course that included an international immersion trip to Tijuana, Mexico. Excerpts from students’ final essays are shared in relation to CST and their international experience.

Catholic Social Teaching and Marital and Family Therapy

System theory and Engel’s (1977) biopsychosocial model of mental health service delivery provide a strong foundation for MFT. The biopsychosocial model conceptualizes problems as the result of the complex interaction of biological, psychological, and social variables. Interventions must address healing one’s spiritual, physical, psychological, and biological systems in an integrated way.

This requires collaboration with other professionals and community members who attend to their clients. MFT practitioners evaluate and treat mental and emotional disorders and health and behavioral problems, and address a wide range of relationship issues within the context of the couple, marriage, and family systems (American Association for Marriage and Family Therapy [AAMFT], 2010). Research indicates that MFT is effective in addressing many challenging mental health problems, including childhood autism, children's conduct disorders, adolescent drug abuse, anorexia in young adult women, chronic physical illness in adults and children, marital distress and conflict, adult schizophrenia, affective or mood disorders, and adult alcoholism and drug abuse (AAMFT, 2010). MFTs are licensed or certified in all 50 states in the United States, and are held accountable to the AAMFT ethical guidelines, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) standards, and the AAMFT core competencies, all of which explicitly focus on the human welfare of families and individual clients in their general principles and ethical standards.

CST is a set of religious and Scriptural writings rooted in a long and elaborate written doctrine that include papal encyclicals, councilor documents, and episcopal statements. It is a body of teaching on social, economic, political, and cultural matters intended to address social issues and the "signs of the times" that reflect God at work in human history (DeBerri & Hug, 2003). In 1999, the U.S. Conference of Catholic Bishops (USCCB) identified seven interrelated core principles of CST, including human dignity; call to family, community, and participation; human rights and responsibilities; option for the poor and vulnerable; dignity of work and rights of workers; global solidarity; and care for the earth (USCCB, 2010).

CST is grounded in the principle of human dignity, the idea that all life and people are sacred and created in the image of God. Because of our inherent worth and dignity, people are always valued over things, and the social, cultural, political, and spiritual dimensions of human life are embraced as well (DeBerri & Hug, 2003). Women and men have inalienable rights that must be protected, respected, and sustained (USCCB, 2010). The principle of human dignity explicitly guides us to create a diverse, inclusive, and equitable graduate school environment that supports the development of all students. Our theories and clinical practices must not exploit but serve those who differ by class, gender, national origin, physical and psychological abilities, religion, sexual preference, or other attributes. To realize this goal, it is critical for faculty to create an intentional learning environment for honest, respectful, and challenging dialogue

as students begin to understand the historical, social, and political forces that have contributed to and maintained social inequities, have adversely affected people's mental health and well-being, and are disproportionately represented in racial/ethnic minorities and immigrant communities (Ancis, 2004). Injustices in the lives of people of color, such as discrimination, prejudice, violence, trauma, and incarceration, have led to a reexamination of current training and intervention practices and expansion of definitions of clinical competence and service delivery models to serve these communities (Sue et al., 1982). One remedy, which is offered in the Human Diversity course, a required course in the MFT program at USD, is to increase therapists' cultural clinical competence, which is defined as the extent to which therapists acquire appropriate levels of self-awareness, knowledge, and skills in working with individuals from diverse cultural backgrounds (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). Self-awareness involves being conscious of one's attitudes, beliefs, and values regarding race, ethnicity, and culture, as well as one's awareness of the sociopolitical implications of cultural group membership in terms of cultural privilege, discrimination, and oppression. The knowledge component refers to being informed about various worldview orientations, histories of oppression endured by marginalized groups, and culture-specific values that influence the subjective and collective experiences of marginalized populations. The skills dimension is the ability to draw from a cultural knowledge base in designing and implementing mental health interventions tailored to marginalized populations. Creating a strong fit between the therapist and client systems, including being knowledgeable, flexible, and highly sensitive to the unique cultural worlds of clients, is critical. This would include familiarity with holistic and indigenous forms of health and healing, and actively collaborating with such entities, when appropriate.

It is argued here that CST and MFT both identify families and communities as the space and locations where the dignity and rights of the human person are recognized, fostered, and protected (DeBerri & Hug, 2003; USCCB, 2010). People develop in relationships with others that are rooted in love and justice, work for the common good, and promote the right of people to participate in society. Therefore, marriages, committed relationships, and families must be peaceful, secure, and supported. Domestic and international demographics have expanded MFT definitions of the family, notions about what is normative for families, and family intervention strategies. The two-parent, two-generation nuclear family united by marriage and having conceived their own biological children is no longer the norm, and represents less than

6% of the U.S. population (McGoldrick & Hardy, 2008). An inclusive definition of families extends well beyond this depiction to include extended three- and four-generation families; foster families; adoptive families that may be biracial and/or multicultural; commuter couples; single-parent families headed primarily by the mother or by the father; gay, lesbian, or transgendered couples with or without children; nonmarried heterosexual couples with or without children; remarried/stepfamilies; and several people living together with no legal ties to one another, but with strong mutual commitments (Kaslow, 2008). Therapists are often challenged to respond to the needs of diverse family forms without the benefit of a strong research base to guide their clinical decisions.

In the Catholic social vision, the principle of rights and responsibilities asserts that people have a fundamental right to life and to resources that address basic human needs to include adequate food, shelter, health care, a safe environment, education, and employment with a just and sufficient wage (DeBerri & Hug, 2003; USCCB, 2010). It also includes civil and political rights, such as freedom of speech, conscience, and worship, raising a family, immigrating, and living without discrimination. Along with these rights are duties and responsibilities to one another, to our families, and to the larger society: to respect the rights of others and to work for the common good. Many of our MFT students take the principle of common good for granted and have not directly confronted issues of discrimination, human rights, and equity in their own lives, or are unaware of such injustices in their families or communities.

Honoring the rights and development of each person in our families and communities requires special attention to our most vulnerable members (DeBerri & Hug, 2003; USCCB, 2010). Building on the foundation of human dignity, the Catholic tradition recognizes a special obligation to the poor who are often trapped in abject poverty as global and local economies falter. This reality has provided fertile ground for many social justice initiatives. According to Constantine, Hage, Kindaichi, and Bryant (2007), social justice refers to the ongoing commitment to ensuring change by valuing fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power in society because of their immigration status, race, ethnicity, age, socioeconomic status, religion, physical ability, or sexual orientation. The principle of global solidarity invites us to develop an ongoing awareness of the range of social injustices that occur within and across international contexts and to become peacemakers (DeBerri & Hug, 2003); that is, to prevent conflicts and resolve them by peaceful means at all ages and at all levels—individual, interpersonal, and international. In an increasingly

shrinking world besieged by violence and conflict, we are called to transcend our national, racial, ethnic, economic, and ideological differences and boundaries, and to pursue justice and peace in an increasingly interdependent world. The Catholic teaching on the dignity of work and the rights of workers reminds us that the basic rights of workers must be respected to include the right to productive work, to decent and fair wages, to the organization and joining of unions, to private property, and to economic initiative (DeBerri & Hug, 2003). Work must be organized to serve the workers' humanity, support their family life, and increase the common good of the human community. These principles challenge MFT clinicians and faculty to address pressing and escalating issues that are adversely affecting families around the world, including strife between different ethnic, religious, racial, and/or cultural groups leading to warfare or ethnic cleansing; dislocation, forced migration, and relocation; massive immigration to new and/or hostile recipient countries; terrorism and communal violence; family abuse and violence; technological revolution providing rapid, worldwide communication and problems for families; globalization of many businesses and wealth that lead to separation of families; increased bicultural, biracial, and bi-religious partnering; rising divorce rates, estimated at between 25% and 65% in countries where divorce is not totally forbidden; and sexual diversity (see Kaslow, 2008). Addressing these unsettling and tragic experiences also offers important insights into the human spirit, resilience, creativity, and strengths of these people and their communities.

Finally, caring for God's creation calls us to protect people and the planet in all its biodiversity (DeBerri & Hug, 2003). Living one's faith in relationship with all of God's creation is a requirement and an environmental challenge based in moral and ethical decisions. The tenets of system theory and the biopsychosocial model invite us to attend to the sustainability of the earth by developing in ways that meet the needs of the present generation without compromising the ability of future generations to meet their own needs. In Catholic higher education, and in MFT, we are challenged to expand our notions of education to include sustainable development. Education for Sustainable Development (United Nations Educational, Scientific and Cultural Organization, 2010) represents such a vision of education that helps people of all ages better understand the world in which they live, addressing the complexity and interconnectedness of problems such as poverty, wasteful consumption, environmental degradation, urban decay, population growth, health, conflict, and the violation of human rights that threaten our future. All of these issues clearly impact the health and welfare of families,

communities, and nations, and are directly or indirectly implicated in the biopsychosocial model.

In sum, CST supports marriage, family, and community; honors human development, human diversity, and basic human needs; struggles for the poor; respects historical and sociocultural differences; dignifies work; and cares for mother earth. All of these principles are a call to action to the faculty, students, and the field of MFT, and were explicitly addressed in the Human Diversity course at USD.

The University of San Diego

It is important to describe briefly the institutional context in which this course was offered. The Human Diversity course is a required offering in our COAMFTE nationally accredited master's program in MFT in the School of Leadership and Education Sciences (SOLES) at USD. Consistent with the education mission and vision statements of USD and SOLES, this course was designed to develop students' critical thinking skills, support engagement in transborder and international communities, and strengthen cultural awareness and cultural competencies (Estrada, 2009). Additionally, the SOLES strategic plan requires all students to engage in an international educational experience prior to program completion (SOLES, 2010; USD, 2010). These goals are consistent with the principles of CST, and encourage students to investigate them in a global context.

Course Description and Requirements

This course adopted an international and interdisciplinary lens and broad definition of diversity in critically examining the historical, cultural, social, and structural dynamics of race, class, sexuality, gender, and nation that impact children, families, and communities across the life span. This course aimed to build students' clinical capacities from the "inside-out," beginning with increasing students' self-awareness and knowledge of their own social locations, and then developing clinical skills to address the needs of oppressed, immigrant, and clinically underserved people both domestically and internationally.

The goals of the course included increasing awareness and knowledge of the ways that human diversity issues may emerge in clinical practice, of systems of privilege and oppression that affect students and clients; of students' own cultural values, biases, and personal assumptions of diverse people; of in-

digenous communities, forms of healing, and the potential for collaboration; of the empirically based clinical practices to address specific issues in diverse populations; skills to conceptualize cases and design treatment plans taking into account clients' multiple intersecting identities that affect well-being and mental health; and an appreciation of issues of equity, social justice, and advocacy in one's professional identity and practice. Given the location of USD, and the reality that students are serving Mexican immigrant populations in their clinical practicum settings, part of this course focused on the lives of immigrant families in our community: the border region between Mexico and the United States. In an effort to bridge classroom learning, this course culminated in a day-long journey to Tijuana, Mexico. It is important to note that there are 18 federally recognized Indian reservations in the borderlands of San Diego County, more than in any other county in the United States, with very limited representation on college campuses. Thus, the Human Diversity course also focused on the historical trauma, legislation, and current survival of Native Americans in this country. It was an opportunity to understand tribal rituals and indigenous forms of healing in these communities.

The course was structured in an interactive format to allow students to participate extensively in the learning experience through small group discussions, experiential activities, written assignments, and viewing various media (i.e., websites, film, music, personal cultural artifacts). The course met over a 15-week period for 3 hours each week. Students received three academic credits (of a 51-credit program) after completing this required course. This was the first time the course was offered in a 3-unit format; it had been traditionally offered as a 1-unit course. The syllabus was structured around the clinical applications of diversity issues and served as a framework for the content areas. Students were encouraged to assume a curious, open, and respectful stance from the outset of the course and were responsible for facilitating discussions during the first half of the class meeting, based on the readings and other media. Students' questions, insights, and excerpts from writing assignments shaped the direction of each session.

Students completed several reflective papers, designed to help students begin to dialogue with others about their sociocultural background, issues of injustice and discrimination, and the ways in which their multiple intersecting identities affected their development, well-being, and mental health. It was an opportunity to form hypotheses from the readings, conceptual frameworks, clinical applications, and experiences from our course meetings, and to test them in dialogue with others. The assignments were structured so that students would

have choices about the content and methods of completing the assignments.

Toward the end of the course, students embarked on a 1-day cultural immersion and service learning trip to Tijuana, Baja California, Mexico in collaboration with USD's Center for Community Service Learning and Via International, a nonprofit agency devoted to international community development work. Tijuana is the fourth largest city in Mexico, the busiest land border crossing in the world, and accounts for 37% of the migrant flow between Mexico and the United States (Brouwer et al., 2009). The aims of the trip were to cross the border, immerse ourselves in Tijuana culture, and to create a meaningful learning experience about the culture and child, family, and community interventions developed in some of the most vulnerable and poor *colonias* in Tijuana. All of these goals revealed the many ways in which CST principles were alive in international rural communities. In Tijuana, Mexico we traveled past many visible *maquiladoras*, which are export assembly plants that are associated with the dehumanization and devaluation of Mexican labor. We visited families in some of the poorest *colonias* who participated in a microcredit loan program that provided them the opportunity to launch their own small businesses or otherwise improve their lives. We interacted with groups of women who had launched their own businesses, including opening a small, home-based convenience store, making and selling hair accessories, applying loans to nursing school tuition, building a bathroom to support a home-based hair salon, and cultivating and selling organic fruits and vegetables. These experiences demonstrated the importance of dignifying work, and the motivation and resilience of these women in pursuing economic initiatives to support their families and communities.

We visited the Kilo de Ayuda program, which aims to eradicate malnutrition in Mexico and is designed to serve more than 70,000 children throughout Mexico. The program provides a multidimensional approach, including monitoring the height and weight of children, anemia screening, nutritional education, food packages with essential provisions (i.e., rice, pasta, beans), and early childhood neuro-stimulation. This program is also offered in schools where children are taught how to lead healthy lifestyles. Parents whose children have successfully participated in the program are subsequently trained and many are employed to provide these services to the community with the goal of educating and developing leaders in the community and creating a self-sustaining program. This program was a moving example of a poor rural community caring for its most vulnerable, malnourished children using empirically documented biopsychosocial interventions.

Our day ended with a visit to the border fence where it meets the Mexican beach. We were oriented to the history of the border, its fencing that makes up a 3,169 km (1,969 miles) wall, and the environmental concerns of the Mexican people related to the continued construction of the multilayered wall. We viewed memorials constructed to remember those who have died attempting to cross the border.

It should be noted that the immersion trip was optional. Students were offered the option of designing their own immersion experience instead of traveling to Mexico. Several students and/or their parents and grandparents expressed reservations about this trip. For many students, it was the first time they had ventured across the U.S.–Mexican border, and applying for their passport was part of their preparation for the trip. Also, the instructor's original intent was to stay for a weekend, but student and family concerns around safety prompted the instructor to shorten the excursion to 1 day. During the preparation meeting, students reported a range of emotions about their pending trip. Some reported feeling excitement, ambivalence, openness, trepidation, curiosity, concerns about safety, and cautious optimism. Much of the discussion focused on their expectations and fantasies about crossing the border.

At the last class meeting students offered their final presentations and submitted their final papers. The presentations provided a venue for students to share the impact of the course and immersion experience on their emerging identity as a marriage and family therapist, making use of multimedia, photos, and readings. In the final paper, students were asked to reflect critically on their learning from this course and on their immersion trip to Tijuana, Mexico. Students were instructed to address how the readings, discussions, and activities in the course pushed their thinking, philosophy, current work, and beliefs about families, family therapy, and their professional identities as marriage and family therapists in the 21st century. Excerpts from these essays are shared in the discussion below.

Student Reflections

The journey across the border was a significant and moving learning experience for the students and the instructor and brought to life many complex issues we grappled with in the Human Diversity course. The excerpts below were not systematically analyzed but rather were selected from students' final essays to illustrate the impact of the course and how the themes of CST and internationalization were emphasized in the course. For example, the impor-

tance of protecting, respecting, and sustaining the life, dignity, and rights of Mexican women is captured in the following student excerpt:

Our trip to Tijuana was a greatly conflicting experience for me. I gained in-depth experience about community programs that enhance the quality of life of Mexican families. It enhanced my clinical work with Mexican women because it opened my eyes to the harsh reality that many Mexicans are born into, leading a life that does not offer much hope of change. I was particularly impacted by the resiliency and pride that the women in these programs displayed: their affect, their talk, their smiles...all portrayed a sense of overall contentment. This was almost breathtaking considering their living conditions. They were definitely proof of the power that resiliency has in helping individuals cope with stress, depression, drug and alcohol problems, violence, and health issues.

For another student the course and immersion trip helped reinforce that recognizing, supporting, and embracing families and communities where people develop in relationships rooted in love and justice is an important component of MFT.

Our visit to the Tijuana border fence on the beach was the most striking part of the trip. Learning the painful history and struggles of the U.S.-Mexico border gave me an added perspective about Mexican history, life, and families across the border. It especially touched me because my own family migrated to the United States from Cuba. This experience immediately helped me join with my clients and their families, 90% of whom are Mexican, mostly from the border and some illegal immigrants. The course instilled in me a strong desire to learn more about the traditions and cultural practices about a population I serve everyday in my clinical work...to become more culturally sensitive, appreciative, and empathic with a culture that the United States has made it so difficult to be sensitive towards.

Most of the students were shocked by the limited basic human resources in the Tijuana communities we visited, especially in the elementary school. For example, one student reflected:

It was so hard to go to the school and watch children playing in the courtyard like they didn't have a care in the world. It was embarrassing to go into the girl's restroom at the school and be confused as to what to do, until I saw a 7-year-old girl walk in and grab toilet paper before walking in the stall like she had been doing it all her life. And to not be able to flush my toilet paper down the toilet was horrifying. I wanted to help. When I got home I realized that the most I could do is listen, accept them, and not judge. It dawned on me, I can help and I will.

This excerpt represented a valuable opportunity for this student to confront her own cultural values, biases, and personal assumptions and to work toward understanding and normalizing the experiences and strengths of these children in their school context, which are key cross-cultural clinical competencies.

Understanding and honoring the needs, rights, and development of each person, with particular attention to poor communities and families, was an eye-opening experience for students.

The fact that it took only 20 minutes to get to this other world was perhaps the most shocking and devastating part of the trip. I was heartbroken to see homes built out of scraps. Our discarded garage doors became their walls. Trash was ground into their dirt roads, riddled with holes. Everything felt dirty. Many homes didn't have plumbing, a luxury we in the United States of America take for granted. Similarly the women receiving the microcredit loans explained that their neighborhoods are not even eligible for traditional bank loans. I, on the other hand, am currently unemployed but have been entrusted with tens of thousands of dollars in school loans. I felt guilty. I wanted to change the system. I wanted to share my own resources, as if it would be enough. I felt helpless. What kind of impact could I possibly make, especially knowing that injustices extend far beyond the United States and Mexico?

This quote highlights the importance of extending our awareness and knowledge of systems of privilege and oppression that affect physical and mental health as a first step toward designing informed and systemic biopsychosocial interventions.

The CST principle of respecting the dignity and basic rights of workers, including the right to work and earn fair wages, was a daunting lesson.

The most meaningful experiences tied to this immersion trip involved the women who were working together to provide a better life for their families through the microcredit program. When we went to the home and “business” of one of the ladies who was in the microcredit program, one student asked how all the women know each other and the nature of the relationships between each other. The women used the term “co-madres” which evoked a sense of sisterhood. They reminded me of an important goal of family therapy: creating strong bonds between human beings and enforcing those bonds to overcome adversity.

This student is beginning to recognize and respect diverse ways of knowing, collaborating, and healing in culturally diverse and indigenous communities, which is a key requisite for addressing the clinical needs of underserved populations.

Lessons about sustainable development and the interconnectedness of the earth’s limited resources, wasteful consumption, and the impact on the health and welfare of families and communities were captured in this essay:

I expected Tijuana to be atrocious: police at every corner and people begging for money, but that did not happen. Having people guide us, seeing different parts of town, and learning about the nutrition programs were very refreshing. Tijuana obviously lacked many things that the U.S. has, such as water, technology, electricity, and better school environments. After that day I felt so blessed for everything we have. I told myself that I would be careful about not wasting water. I could not stop thinking about how selfish and thoughtless I have been for wasting water.

Finally, the principle of global solidarity requires us to become vigilant and to work for justice and peace across the globe. This principle is expressed in the following excerpt:

I am forever connected to the people I saw in Mexico—through my spending, my votes, the land we share, and the voice I am privileged to possess. This class has really served as a call to action and service in that regard. I am called to be accountable of the “slate” I inherited in this world. It is not blank—far from it. It is loaded with messages of prejudice, and privilege....I am so thankful to be more aware of class

and how integral it is to a person's life station, to their schemas and their options. I see the work I have to do personally around my own relationship to my class. In many ways this course has been a lesson on class relations—I see it in our class discussions and certainly the trip to Mexico.

In sum, the influence of CST upon the MFT students' learning and training was powerfully expressed in each of the above excerpts and in their exchanges and writings in the Human Diversity course. These lessons challenged students to address injustice and to pursue peace at all levels—individual, interpersonal, and international—in the fullest sense of system theory and the biopsychosocial perspective.

Discussion

The purpose of this manuscript is to explore the relevance and challenge of CST and internationalization to the students and faculty of the MFT program at USD. These issues are discussed in the context of a graduate level course on human diversity that embedded a 1-day international service learning trip to Tijuana, Mexico. The diversity course was a modest but significant step toward bringing an international perspective into our MFT curriculum. Based on students' reflections and feedback, the trip to Tijuana was a jarring and rich opportunity for students to grasp indigenous, domestic, and international human rights and social injustices. It also offered a valuable glimpse into course themes of the human spirit, resilience, creativity, and strengths of these communities. The course and the immersion trip brought the principles of CST into full focus for students and the instructor to examine and experience in open, honest, and challenging learning environments.

At the outset of the course, it is important to note that most of the students had limited experience traveling internationally and in confronting issues of privilege and oppression. At the end of the course and visit to Tijuana, students expressed a range of reactions such as feeling overwhelmed, paralyzed, guilty, and uncertain about how to make a difference. Others were quickly mobilized to action, including modifying their lifestyles to conserve water and recycle. Many chose to volunteer with local poor and vulnerable populations, or to collect supplies to send to the people we met in Tijuana. Most students felt anger toward the Mexican government and economy that allow its people to suffer. Others reflected on the U.S. and/or global economies that also dis-

tribute resources and wealth in an unjust manner. Students clearly struggled with their desire to “rescue” or to work alongside their neighbors. For example, some students wanted to fix the plumbing and housing problems, or donate gardening resources like rich soil, tools, and organic seeds for planting gardens. Other students reflected on how much they had learned from the Tijuana and how they might work in collaboration rather than solve the problem for them. Interestingly, at the conclusion of the course, and after only a 1-day visit to Tijuana, many students were energized to work for social change to address local and international inequities in their personal and professional lives. In sum, the human diversity course created a space in Catholic higher education in which the intersection of CST and MFT could be more fully examined and embraced, and where human dignity and respect could be understood to extend beyond many borders.

These varied reactions seem to suggest roughly a three-phased recursive process or nonlinear progression from initial exposure, to internal struggle with emotional and visceral reactions, to social action. The extent to which these differentiated emotions, change strategies, and post-trip commitments reflect student’s prior experience, developmental capacity, or a progression to social action is an area for further study. Future efforts will follow up with students about their engagement with CST and their actual involvement in personal and social change initiatives.

Pedagogical Challenges and Recommendations

As an experienced instructor who has offered variations of the Human Diversity course for over 25 years in five distinct university contexts and using a range of course formats (such as weekend, 5-week, and 15-week semester-long courses), I would like to share some of the unique challenges and limitations in teaching and facilitating the Human Diversity course. Many of these recommendations are consistent with best practices in increasing therapists’ cultural clinical competence, including creating an inclusive and equitable classroom, recognizing the sociopolitical nature of education and clinical work, grounding discussion in student experience, challenging educational practices that marinate social inequalities, and creating social change through education (e.g., Hays & Erford, 2010; McDowell, Storm, & York, 2007).

It is impossible for this course to cover comprehensively all issues of diversity. Instructors have to be flexible and take into account the cultural backgrounds and interests of students, the clinical populations they are serving,

access to experts in the field, and the location where the course is being offered in organizing the readings and focus of the course in a particular semester. Some material can be addressed in another course, such as gender issues and families with special needs, as is done in our curriculum at USD. The current course emphasized immigration and the borderland region between southern California and Tijuana. A previous Human Diversity course emphasized working with Asians and Asian-Americans, since half of the students were of Asian heritage and intended to work with this population in California and in Asia.

The Human Diversity course addresses historical and sociopolitical forces that have contributed to and sustained social inequities and injustices (Kailin, 2002). This material often evokes strong feelings and reactions in students, and so it is critical to create an honest, respectful, inclusive yet challenging environment where all viewpoints can be heard and examined. In this context, I have observed a number of student stances and/or classroom dynamics: a) at some point in the semester all students push back, resist, become impatient, and/or are fatigued by diversity issues; b) some students, often students of color or international students, view themselves as experts and take up a teaching role in the course rather than the role of a peer or learner, or sit back in silence while they assess the climate of the group; c) at the outset of the course, many White students report feeling uncomfortable, guilty, and sometimes overwhelmed by the material; d) enthusiasm or fervor of students and/or the instructor related to social justice and equity can be perceived as “preachy,” prescriptive, politically correct, and off-putting to students; e) polarization can occur along conservative and liberal political or religious views, class distinctions, and gender lines, which can derail and/or dominate class discussions; and f) some White students can bring a rejecting or even indifferent presence to issues of diversity and oppression and often see this required course as irrelevant to their clinical training, coercive, and an exercise in “political correctness.” These varied attitudes and dispositions can challenge even the most skilled instructor, and often reflect the developmental stages of students. While addressing these issues is an area ripe for further analysis, these dynamics can be recognized and processed in class, and in my experience, can shift throughout the semester. It is important for instructors to get to know their students, anticipate student and group reactions, be accessible, and to respond to students in an open and timely way.

Structure is particularly important in this course. As with any course, students should have a clear syllabus, outlining the course content, goals, expecta-

tions, and methods for evaluation. I incorporate many experiential activities and field trips, and have found it useful to provide an agenda for class meetings. Since this is a 3-hour class, it is important to honor the breaks and not overload students with readings and assignments throughout the semester. This provides students and faculty a chance to reflect and process the work and progress of the class.

At the beginning of each class meeting, I allow some time for students to express, process, and, if needed, “unload” the raw thoughts, experiences, and reactions that they are importing to the class meeting. This is particularly important in the beginning of the semester where students are just beginning to grapple with new and provocative ideas and material. I have found that most of these reflections can be related or a by-product of the readings, assignments, and the growth that is occurring related to the course. In particular, it is common for students to begin to mobilize around confronting oppression and discrimination in their personal and professional lives, and the class is an important time to process and support these new roles and stances against injustice. I frequently assign additional readings or written exercises to assist students in understanding the issues they seem to be grappling with, including further readings on CST. My goal is to anchor the course in students’ varied perspectives and experiences to help them understand the linkages of their reactions to the substantive issues we are examining in the course. As the semester progresses, students often freely collaborate with one another in understanding and processing these reactions and experiences, and in taking a firm stance against injustice, with minimal intervention from the instructor. While processing reactions during class time is an important dimension of the course, it is critical for the instructor to be engaged with students, attend to the group dynamics, and to exercise judgment for setting limits on the amount of “check-in” time so that other tasks can be accomplished during the class meetings. Office hours are also an important time for consultation with students.

Related to the points identified above, I suggest that students be provided with a set of guidelines or rules around dialogue or engagement with others; this protects some students and provides important boundaries for others. Some students are more skilled and comfortable with self-disclosure than others and in responding in the passion of the moment. For example, having the option to “pass” during a discussion or to observe during a class exercise can be an important source of learning. In this course, I employ an adapted version of a “learning circle,” an approach to diversity education and dialogue. Rooted in Native American traditions, the learning circle is based on a spirit of recipro-

cal and cooperative learning for self and social transformation. This approach stimulates openness, and it is critical that expectations around confidentiality be clarified and enforced.

Class discussions are more effective when students are provided roles and responsibilities for facilitating some of them. This includes students taking responsibility for developing activities and bringing in contemporary and creative examples (such as music, poetry, videos, film clips, websites, personal cultural artifacts, newspaper articles, legislation, and excerpts from their essays) that can bring the relevance of the material to life. These are also effective strategies for instructors to highlight the relevance and accessibility of these concepts and issues. In this course I assign students to read novels that augment the more academic readings, such as *Enrique's Journey* (Nazario, 2007).

This course is challenging, provocative, and unsettling for most students. In my experience, significant learning and growth is a nonlinear process, continues well beyond the semester, and for some students is not apparent until they are engaged in clinical work a year later or even after graduation. Instructors need to stay steady, seek support and consultation from informed colleagues, and be prepared for the range of student reactions and feedback, including working with aggressive comments from students in class and withstanding critical, and at times hostile, feedback on course evaluations. I find this particularly challenging when students' views are uninformed (i.e., they did not complete the assigned readings) or they directly collide with my own views and/or the course goals. Creating a space for these exchanges is a critical part of this work, central to the instructors' role, and often results in rich learning experiences for all involved. It is extremely rewarding to learn about students' insights, "aha" moments, and successful applications of these complex concepts whenever they occur in their clinical work or personal lives. It is not uncommon for former students, who have become your colleagues, to share these experiences even years after they have launched their careers.

The present course emphasized domestic as well as international issues of diversity. While the background knowledge, skills, and clinical competencies are related, these are two distinct areas of study and can overload students and an instructor in one semester. A full semester focusing on global issues would afford more in-depth study and readings from international authors and perspectives, and provide time for students to process the material and to experiment with new behaviors and skills as their awareness and knowledge base expands. Ideally, these would be two separate courses that would mutually inform each other, with a team of instructors, and involve an extended stay or

immersion in another location or country, beyond the time scheduling constraints of a traditional semester.

It does take an international “village” and partnerships with the university to offer international cultural immersion trips successfully, even if they are for 1-day. Securing institutional and community support, including funding through alignment with university, college, and program goals, is essential. For example, this trip was underwritten with funds to enhance faculty and student interactions beyond the classroom from the provost. The USD’s Center for Community Service Learning and Via International, a nonprofit agency devoted to international community development work, was centrally involved in organizing, supporting, translating, transporting, preparing, and engaging students throughout the day. Equally important is to enlist the support of your colleagues and deans and to communicate with them about intense course dynamics, parental or grandparental concerns, and the timing of field trips and international travel during the semester. All of these resources and individuals were essential to making this capstone experience an educational, engaging, and safe excursion.

Conclusion

Catholic universities are uniquely poised to meet the demands for an increased international perspective in clinical training that is grounded in CST. Catholic universities and communities are located on all continents, including Africa, North America (Canada, the United States, and Mexico), South America, Asia, Europe, and Australia (International Federation of Catholic Universities, 2011). Each institution is rooted in its own history, language, country, region, and educational and cultural practices, and has the potential for MFT students to expand their globally informed knowledge, awareness, and skill sets to address pressing issues around the world. At the same time, students and faculty can explore many shared academic, cultural, social, and spiritual values and practices.

While the borderlands certainly represent a physical or geographical location, in our case the San Ysidro, California-Tijuana, Mexico border, it should not be solely interpreted in a concrete, restrictive way. According to Anzaldúa (1987), the borderlands are physically present wherever two or more cultures edge one another, where people of different races occupy the same territory, and where the lower, middle, and upper classes touch. This metaphor, coupled with instructional technology that affords worldwide communication, rep-

resents an unprecedented opportunity for Catholic colleges and universities that are not situated on an international boundary to engage and to explore this discourse.

CST has been a long-standing influence in this instructor's professional development and identity, and has inspired my vision to educate for social change and a peaceful world and to serve our neighbors who are in most need of our mental health interventions. These principles, the spirit and commitment of my students, and the "vocational space" offered by Catholic higher education, have fueled my efforts to recruit students from diverse backgrounds and underrepresented communities, to mentor and support them in higher education, and to teach and conduct clinical work with underserved and poor communities both domestically and internationally. The Human Diversity course and this article represent a timely call for me to reassert the relevance of CST in my own work, and to find creative ways to meet the domestic and transnational needs of families and communities in the 21st century.

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